



Office of the Governor

THE CAPITOL TALLAHASSEE, FLORIDA 32399-0001

RON DESANTIS GOVERNOR www.flgov.com 850-717-9418

August 15, 2024

The Honorable Kathleen Passidomo Senate President 409 Capitol 404 S. Monroe Street Tallahassee, Florida 32399 The Honorable Paul Renner Speaker of the House 420 Capitol 402 S. Monroe Street Tallahassee, Florida 32399

#### Re: Direct Support Organization Reporting Requirements

Dear Senator Passidomo and Speaker Renner:

Enclosed is the annual reporting information received by the Executive Office of the Governor ("EOG") from direct support organizations ("DSO") Volunteer Florida Foundation, Inc. and the Florida Emergency Management Assistance Foundation, Inc., pursuant to Section 20.058, Florida Statutes.

The Volunteer Florida Foundation, Inc. is created pursuant to Section 14.29(9), Florida Statutes, and is organized and operated exclusively to receive, hold, invest, and administer property and funds and to make expenditures to or for the benefit of the Florida Commission on Community Service. Volunteer Florida supports EOG initiatives such as Black History Month, Hispanic Heritage Month, Governor's Veterans Service Award, and the Gubernatorial Fellows Program. The EOG is actively engaged with Volunteer Florida and recommends continuance of the EOG's association with this organization.

The Florida Emergency Management Assistance Foundation, Inc. ("Foundation") is created pursuant to section 252.71, Florida Statutes, and provides assistance, funding, and support to the Florida Division of Emergency Management ("FDEM") disaster response, recovery, and relief efforts for natural emergencies. The FDEM recommends a continued association with the Foundation. Since its creation, the Foundation has provided assistance to communities and individuals impacted by the January North Florida Tornadoes, has supported the training of Emergency Management Personnel and Stakeholders at the 2024 Florida Training for Emergency Managers, and has supported FDEM's efforts in the awareness of disaster preparedness, response, recovery, and mitigation, by supporting the 2024 Emergency Management Day at the Florida Capitol.

If you require any further information, please do not hesitate to contact me.

Sincerely,

## Dawn Hanson

Dawn Hanson Director of Administration



STATE OF FLORIDA

# Office of the Governor

THE CAPITOL TALLAHASSEE, FLORIDA 32399-0001

RON DESANTIS GOVERNOR www.flgov.com 850-717-9418

August 15, 2024

Ms. Kara Collins-Gomez Coordinator for the Office of Program Policy Analysis & Governmental Accountability 111 W. Madison Street, Room 312 Tallahassee, Florida 32399-1475

#### Re: Direct Support Organization Reporting Requirements

Dear Coordinator Collins-Gomez:

Enclosed is the annual reporting information received by the Executive Office of the Governor ("EOG") from direct support organizations ("DSO") Volunteer Florida Foundation, Inc. and the Florida Emergency Management Assistance Foundation, Inc., pursuant to Section 20.058, Florida Statutes.

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If you require any further information, please do not hesitate to contact me.

Sincerely,

### Dawn Hanson

Dawn Hanson Director of Administration



1545 Raymond Diehl Road Suite 250 Tallahassee, Florida 32308

Phone: 850.414.7400 Fax: 850.921.5146

Volunteer Florida.org

July 30, 2024

The Honorable Ron DeSantis Governor of Florida PL-05, The Capitol 400 South Monroe Street Tallahassee, Florida 32399

Dear Governor DeSantis:

In accordance with section 20.058, Florida Statutes relating to Citizen Support and Direct Support Organizations, please find the attached annual report regarding the Volunteer Florida Foundation (Foundation). The Foundation is a Direct Support Organization (DSO) established by Section 14.29, Florida Statutes, to support the Florida Commission on Community Service (Volunteer Florida).

The Foundation raises funds to support Volunteer Florida's work as well other established Governor initiatives.

A large focus has continued to be the fiscal support, administration and oversight of the Florida Disaster Fund.

I recommend the Volunteer Florida Foundation, as established under the authority of section 14.29(12), F.S. and 27O-1, F.A.C., be permitted to continue as established.



For questions or additional information, please contact me at (850) 414-7400.

Sincerely,

Tamy **Sosefina Tamayo** 

Chief Executive Officer Volunteer Florida

Attachments: Volunteer Florida Foundation 2022 IRS Form 990

Cc: The Honorable Ben Albritton, President of the Florida Senate
 The Honorable Daniel Perez, Speaker of the Florida House of
 Representatives
 Ms. Kara Collins-Gomez, Coordinator, Florida Office of Program Policy
 Analysis and Government Accountability

### The Volunteer Florida Foundation

### 2024 Report for Compliance with Section 20.058, Florida Statutes, relating to Citizen Support and Direct-Support Organizations

| Organization:      | Volunteer Florida Foundation, Inc.                                                                 |
|--------------------|----------------------------------------------------------------------------------------------------|
| Organization Type: | Direct Support Organization                                                                        |
| Authorizations:    | Florida Statutes 14.29 (9) and Florida<br>Administrative Code 270-1                                |
| Address:           | 1545 Raymond Diehl Road, Suite 250<br>Tallahassee, FL 32308<br>(Co-located with Volunteer Florida) |
| Phone:             | (850) 414-7400                                                                                     |
| Website:           | http://www.volunteerflorida.org/foundation/                                                        |

**Mission**: The Volunteer Florida Foundation (Foundation) is a non-profit organization established, organized and operated exclusively as a Direct Support Organization to assist the Florida Commission on Community Service (Volunteer Florida). The Foundation raises funds to aid Volunteer Florida in accomplishing its goals of meeting important human needs in Florida as well as supporting special initiatives of the Governor. The Foundation's activities are guided by a voluntary board of directors.

The Foundation supports Volunteer Florida's volunteer programs, emergency management and national service programs. In addition to supporting Volunteer Florida's primary programs, the Foundation also administers and raises funds for the Florida Disaster Fund which supports Florida communities in disaster recovery. The Foundation further raises funds for statewide Governor's initiatives, such as those that honor outstanding Floridians for their service and promote volunteerism statewide. In addition, administrative services to support the Gubernatorial Fellows program is provided by the Volunteer Florida Foundation. Lastly, as the Foundation continues to fundraise through corporate and individual giving, additional programming will be developed in concert with the mission and work of Volunteer Florida. The inaugural program is the Rural Community Assets Fund (RCAF) grant which is designed to allow grantees to recruit,

equip and mobilize volunteers in rural areas across the state to address pressing community needs. There are also plans to include a service project, TBD, to further the mission of the Commission and work to further extend its reach throughout Florida.

Funds raised by the Foundation support the following other programs:

- Florida Disaster Fund
- Black History Month
- Hispanic Heritage Month
- Native American Heritage Month
- Champion of Service Award/Excellence in Volunteerism Award Programs
- Florida Gubernatorial Fellows Program
- Other and various medals as established by the Executive Office of the Governor

The Foundation was re-established as a non-profit corporation in 2010, but did not become a fundraising organization until August 2013. In its first year of operation, the Foundation raised \$359,958; since that time it has continued to raise funds to support current initiatives.

**Plans for the Next Three Fiscal Years:** The 2024-2025 proposed fundraising revenue for the Foundation is \$920,000. This includes annual giving from current and future board member organizations. Over the next three years, the Foundation will continue fundraising efforts in support of Volunteer Florida's work to secure and promote high-impact national service and volunteer programs; assist Floridians before, during and after disaster; and support special initiatives of the Governor and the Board of Directors to promote volunteerism statewide. Under the guidance of the Foundation's active Board of Directors, the Volunteer Florida Commission and CEO, the Foundation will continue to evaluate its plans and objectives to ensure that the Foundation is operating in a manner consistent with the goals and purposes of Volunteer Florida and in the best interest of the state.

### Code of Ethics

Foundation Employees are required to act in accordance with the Volunteer Florida Personnel Policies and the shared services contract entered into between the Volunteer Florida Foundation and the Volunteer Florida Commission.

It is the policy of Volunteer Florida that no employee will have any interest, financial or otherwise, direct or indirect; or engage in any business transaction or professional activity; or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties in the public interest. To implement this code of ethics, there is an enacted policy setting forth standards of conduct required of all employees in the performance of their official duties. This code serves not only as a guide for official conduct, but also as a basis for discipline of those who violate its provisions.

### **Conflict of Interest**

Employees may not engage in activities that represent a conflict of interest with Volunteer Florida's mission or purpose, or with their job responsibilities. This includes, but is not limited to, the solicitation or acceptance of money, gifts, gratuities or favors for personal benefit from current or prospective vendors, contractors or funding sources, or partner agencies of Volunteer Florida in exchange for special preferential treatment by the employee or Volunteer Florida.

### Nepotism/Employment of Relatives

A Volunteer Florida manager may not employ, promote, advance or advocate the employment, promotion, or advancement of an individual who is a relative, to a position in the area over which he or she exercises supervision or control. Relatives include: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister or domestic partner.

### **Political Activities**

Employees are free to act as individuals in political activities outside of regular work hours and off the premises of Volunteer Florida and its affiliated programs. Employees may not use their position at Volunteer Florida to influence or affect the outcome of any election, to coerce or attempt to advise other employees to contribute to any political party or organization, or to engage in any voter registration or transportation activity.

### AFFIDAVIT OF JOSEFINA TAMAYO REGARDING COMPLIANCE WITH FLORIDA STATUTE § 20.058(1)(g)

I, JOSEFINA TAMAYO of full age, being duly sworn according to law upon his oath, deposes and says:

- 1. I am fully competent to make this affidavit and have personal knowledge of the facts stated herein.
- 2. I am the Executive Director for the Volunteer Florida Foundation.
- 3. The Volunteer Florida Foundation is a citizen support organization or direct-support organization created or authorized pursuant to law or executive order.
- 4. The Volunteer Florida Foundation does not have investments other than money market accounts and certificates of deposit.
- 5. The Volunteer Florida Foundation makes all investment decisions based solely on pecuniary factors and does not subordinate the interests of the people of Florida to other objectives, including sacrificing investment return or undertaking additional investment risk to promote any nonpecuniary factor.

I signed this affidavit on the day of July, 2024.

State of Florida County of Leon

SEFINA TAMAYO

Sworn to (or affirmed) and subscribed before me by means of physical presence, this \_\_\_\_\_ day of July, 2024 by Josefina Tamayo, who is personally known to me, regarding the attached affidavit and to whose signature this notarization applies.

Notary Public Signature Notary Public Printed Name



TRACIE L. LAMBRIGHT Commission # HH 096453 Expires June 13, 2025 Bonded Thru Troy Fain Insurance 800-385-7019

## TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

June 30, 2023

#### **Prepared For:**

VOLUNTEER FLORIDA FOUNDATION, INC 1545 RAYMOND DIEHL ROAD 250 TALLAHASSEE, FL 32308

#### **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.

|                           | _                         |                               | EXTENDED TO MAY 15, 202<br>Return of Organization Exempt Fro                        | 24<br>om In     | icome Tax                          |             | OMB No. 1545-0047                 |
|---------------------------|---------------------------|-------------------------------|-------------------------------------------------------------------------------------|-----------------|------------------------------------|-------------|-----------------------------------|
| Forr                      | <b>" 9</b> (              | 90                            | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co                 |                 |                                    |             | 2022                              |
|                           |                           |                               | Do not enter social security numbers on this form as it r                           | •               |                                    | 10113)      | Open to Public                    |
|                           |                           | f the Treasury<br>nue Service | Go to www.irs.gov/Form990 for instructions and the I                                | -               | •                                  |             | Inspection                        |
| AF                        | or the                    | e 2022 calend                 | ar year, or tax year beginning $ { m JUL}1,2022$ and end                            | ding JT         | JN 30, 202                         | 3           | -                                 |
| B c<br>a                  | heck if pplicable         | e: C Name of                  | organization                                                                        |                 | D Employer iden                    | tificati    | on number                         |
|                           | Addres                    | volu                          | NTEER FLORIDA FOUNDATION, INC                                                       |                 |                                    |             |                                   |
|                           | Name<br>change            |                               | usiness as                                                                          |                 | 01-0973                            | 168         |                                   |
|                           | Initial<br>return         | Number                        | and street (or P.O. box if mail is not delivered to street address) Roo             | om/suite        | E Telephone num                    | ber         |                                   |
|                           | Final<br>return/          |                               | RAYMOND DIEHL ROAD 25                                                               | 0               | 850-414                            | -74         | 00                                |
|                           | termin-<br>ated           | City or t                     | own, state or province, country, and ZIP or foreign postal code                     |                 | <b>G</b> Gross receipts \$         |             | 64,415,008.                       |
|                           | Amend                     | IALL                          | AHASSEE, FL 32308                                                                   |                 | <b>H(a)</b> Is this a grou         | o retur     |                                   |
|                           | Applica<br>tion<br>pendin |                               | nd address of principal officer: JOSEFINA TAMAYO                                    |                 | for subordina                      |             |                                   |
|                           | -                         | SAME                          | AS C ABOVE                                                                          |                 | H(b) Are all subordinate           | es includ   | led? Yes No                       |
|                           |                           | empt status:                  |                                                                                     | 527             | -                                  |             | . See instructions                |
|                           | Vebsit                    |                               |                                                                                     |                 | H(c) Group exemp                   |             |                                   |
|                           |                           | organization: [<br>Summary    | X Corporation Trust Association Other                                               | <b>L</b> Year o | f formation: 2010                  | <b>M</b> St | tate of legal domicile: <b>FL</b> |
| ГС                        |                           |                               | e the organization's mission or most significant activities: DIRECT                 |                 |                                    | Τワλ         |                                   |
| e                         |                           |                               | RIDA COMMISSION OF MOST SIGNIFICANT ACTIVITIES: DIRECT                              |                 | ONI ONGAN                          | 고고자         |                                   |
| Governance                | · ·                       | Check this bo                 |                                                                                     |                 | han 25% of its not                 | accoto      |                                   |
| /err                      | _                         |                               |                                                                                     |                 | 1                                  | 3           | . 10                              |
| ĝ                         |                           |                               | ing members of the governing body (Part VI, line 1a)                                |                 |                                    | 4           | 10                                |
| <u>م</u>                  |                           |                               | of individuals employed in calendar year 2022 (Part V, line 2a)                     |                 |                                    | 5           | 29                                |
| ities                     |                           |                               | of volunteers (estimate if necessary)                                               |                 |                                    | 6           | 10                                |
| Activities &              |                           |                               | d business revenue from Part VIII, column (C), line 12                              |                 |                                    | 7a          | 0.                                |
| Ă                         |                           |                               | business taxable income from Form 990-T, Part I, line 11                            |                 | F                                  | 7b          | 0.                                |
|                           |                           |                               | · · · · · · · · · · · · · · · · · · ·                                               |                 | Prior Year                         |             | Current Year                      |
| <b>n</b>                  | 8                         | Contributions                 | and grants (Part VIII, line 1h)                                                     |                 | 551,733                            | •           | 63,444,604.                       |
| Revenue                   | 9                         | Program servi                 | ce revenue (Part VIII, line 2g)                                                     |                 |                                    | •           | 0.                                |
| eve                       | 10                        | Investment ind                | come (Part VIII, column (A), lines 3, 4, and 7d)                                    |                 | 2,033                              | •           | 970,404.                          |
| £                         | 11                        | Other revenue                 | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                          |                 | -                                  | •           | 0.                                |
|                           | 12                        | Total revenue                 | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                |                 | 553,766                            |             | 64,415,008.                       |
|                           | 13                        | Grants and sir                | nilar amounts paid (Part IX, column (A), lines 1-3)                                 |                 | 597,740                            |             | 29,992,329.                       |
|                           |                           | •                             | to or for members (Part IX, column (A), line 4)                                     |                 |                                    | •           | 0.                                |
| Se                        |                           |                               | compensation, employee benefits (Part IX, column (A), lines 5-10)                   |                 | 113,886                            |             | 202,302.                          |
| ense                      | 16a                       | Professional f                | undraising fees (Part IX, column (A), line 11e)                                     |                 | 0                                  | •           | 0.                                |
| Expenses                  |                           |                               | ng expenses (Part IX, column (D), line 25) 0                                        | •               |                                    |             | 105 100                           |
| ш                         |                           | -                             | es (Part IX, column (A), lines 11a-11d, 11f-24e)                                    |                 | 311,940                            | •           | 195,483.                          |
|                           |                           |                               | s. Add lines 13-17 (must equal Part IX, column (A), line 25)                        |                 | 1,023,566                          | •           | 30,390,114.                       |
|                           |                           | Revenue less                  | expenses. Subtract line 18 from line 12                                             |                 | -469,800                           |             | 34,024,894.                       |
| t Assets or<br>d Balances |                           | <b>-</b>                      |                                                                                     |                 | inning of Current Yea<br>1,698,968 |             | End of Year                       |
| Sset<br>Bala              | 20                        | Total assets (F               |                                                                                     |                 |                                    |             | 35,780,764.                       |
| let A                     | 21                        |                               | (Part X, line 26)                                                                   |                 | 188,685                            |             | 245,588.<br>35,535,176.           |
|                           | 22<br>art II              | Signature                     | fund balances. Subtract line 21 from line 20                                        |                 | 1,J10,203                          | •           | JJ,JJJ,1/0.                       |
|                           |                           | -                             | I declare that I have examined this return, including accompanying schedules and    | d statemer      | its and to the hest of             | my kny      | owledge and helief it is          |
|                           |                           |                               | Declaration of preparer (other than officer) is based on all information of which p |                 |                                    | THY KIN     | אוויטעט מווע שטווטו, וג וא        |
|                           |                           | -, « σοπριστο                 |                                                                                     | p. sparor I     |                                    |             |                                   |

| Sign         | Signature of off                                                                                    | icer                                 |                      |      | Date                           |  |  |
|--------------|-----------------------------------------------------------------------------------------------------|--------------------------------------|----------------------|------|--------------------------------|--|--|
| Here         | JASON NO                                                                                            | ORRIS, CFO                           |                      |      |                                |  |  |
|              | Type or print na                                                                                    | ame and title                        |                      |      |                                |  |  |
|              | Print/Type prep                                                                                     | arer's name                          | Preparer's signature | Date | Check PTIN                     |  |  |
| Paid         | MICHAEL                                                                                             | KALIFEH                              |                      |      | self-employed <b>P00742470</b> |  |  |
| Preparer     | Firm's name                                                                                         | THOMAS HOWELL FERO                   | GUSON P.A.           |      | Firm's EIN 59-3186310          |  |  |
| Use Only     | Firm's address                                                                                      | 2615 CENTENNIAL B                    | LVD., SUITE 200      |      |                                |  |  |
|              |                                                                                                     | TALLAHASSEE, FL 32                   | 2308                 |      | Phone no.850-668-8100          |  |  |
| May the IF   | RS discuss this                                                                                     | return with the preparer shown above | ve? See instructions |      | X Yes No                       |  |  |
| 232001 12-13 | 232001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022) |                                      |                      |      |                                |  |  |

|       | 990 (2022) VOLUNTEER FLORIDA FOUNDATION, INC 01-0973168 Page 2                                                                                                                                                                                                                       |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pa    | t III Statement of Program Service Accomplishments                                                                                                                                                                                                                                   |
| 1     | Check if Schedule O contains a response or note to any line in this Part III                                                                                                                                                                                                         |
| •     | DIRECT SUPPORT ORGANIZATION OF THE FLORIDA COMMISSION ON COMMUNITY<br>SERVICE.                                                                                                                                                                                                       |
|       |                                                                                                                                                                                                                                                                                      |
| 2     | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?                                                                                                                                               |
| 3     | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.                                                                                                                |
| 4     | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.<br>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 |
| 4a    | revenue, if any, for each program service reported.<br>(Code: ) (Expenses \$ 250,605. including grants of \$ ) (Revenue \$ )                                                                                                                                                         |
|       | THE VOLUNTEER FLORIDA FOUNDATION RAISES FUNDS TO SUPPORT VOLUNTEER                                                                                                                                                                                                                   |
|       | FLORIDA, HELPING ADMINISTER HIGH-IMPACT NATIONAL SERVICE PROGRAMS AND<br>PROMOTE VOLUNTEERISM THROUGHOUT THE STATE. THE FOUNDATION IS ALSO                                                                                                                                           |
|       | RESPONSIBLE FOR THE GOVERNOR'S SPECIAL INITIATIVES, INCLUDING THE BLACK                                                                                                                                                                                                              |
|       | HISTORY MONTH, NATIVE AMERICAN HERITAGE MONTH, AND HISPANIC HERITAGE                                                                                                                                                                                                                 |
|       | MONTH CELEBRATIONS, AS WELL AS AWARDS THAT HONOR FLORIDA'S OUTSTANDING                                                                                                                                                                                                               |
|       | VOLUNTEERS, EDUCATORS, HEALTH CARE PROFESSIONALS AND VETERANS.                                                                                                                                                                                                                       |
|       |                                                                                                                                                                                                                                                                                      |
|       |                                                                                                                                                                                                                                                                                      |
|       |                                                                                                                                                                                                                                                                                      |
|       |                                                                                                                                                                                                                                                                                      |
| 4b    | (Code:) (Expenses \$ 29,992,329. including grants of \$ 29,992,329. ) (Revenue \$)<br>THE FLORIDA DISASTER FUND IS THE STATE OF FLORIDA'S OFFICIAL PRIVATE )                                                                                                                         |
|       | FUND ESTABLISHED TO ASSIST FLORIDA'S COMMUNITIES AS THEY RESPOND TO AND                                                                                                                                                                                                              |
|       | RECOVER DURING TIMES OF EMERGENCY OR DISASTER. IN PARTNERSHIP WITH THE                                                                                                                                                                                                               |
|       | PUBLIC SECTOR, PRIVATE SECTOR AND OTHER NON-GOVERNMENTAL ORGANIZATIONS,                                                                                                                                                                                                              |
|       | THE FLORIDA DISASTER FUND SUPPORTS RESPONSE AND RECOVERY ACTIVITIES.                                                                                                                                                                                                                 |
|       |                                                                                                                                                                                                                                                                                      |
|       |                                                                                                                                                                                                                                                                                      |
|       |                                                                                                                                                                                                                                                                                      |
|       |                                                                                                                                                                                                                                                                                      |
|       |                                                                                                                                                                                                                                                                                      |
| 4c    | (Code:) (Expenses \$ including grants of \$) (Revenue \$)                                                                                                                                                                                                                            |
|       |                                                                                                                                                                                                                                                                                      |
|       |                                                                                                                                                                                                                                                                                      |
|       |                                                                                                                                                                                                                                                                                      |
|       |                                                                                                                                                                                                                                                                                      |
|       |                                                                                                                                                                                                                                                                                      |
|       |                                                                                                                                                                                                                                                                                      |
|       |                                                                                                                                                                                                                                                                                      |
|       |                                                                                                                                                                                                                                                                                      |
|       |                                                                                                                                                                                                                                                                                      |
| 4d    | Other program services (Describe on Schedule O.)                                                                                                                                                                                                                                     |
|       | (Expenses \$ including grants of \$ ) (Revenue \$ )                                                                                                                                                                                                                                  |
| 4e    | Total program service expenses     30,242,934.       Form 990 (2022)                                                                                                                                                                                                                 |
| 23200 | Porm <b>990</b> (2022)                                                                                                                                                                                                                                                               |

3 2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

| Form | 990 | (2022) |
|------|-----|--------|

 Form 990 (2022)
 VOLUNTEER FLORIDA FOUNDATION, INC

 Part IV
 Checklist of Required Schedules

|        |                                                                                                                                  |      | Yes | No     |
|--------|----------------------------------------------------------------------------------------------------------------------------------|------|-----|--------|
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                              |      |     |        |
|        | If "Yes," complete Schedule A                                                                                                    | 1    | Х   |        |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                                  | 2    | Х   |        |
| 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    |     | Х      |
| 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    |     | Х      |
| 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    |     | Х      |
| 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                     |      |     |        |
|        | or in quasi endowments? If "Yes," complete Schedule D, Part V                                                                    | 10   |     | х      |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, |      |     |        |
|        | as applicable.                                                                                                                   |      |     |        |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,      |      |     |        |
|        | Part VI                                                                                                                          | 11a  |     | 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  |     | х      |
| 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      |
| 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)? <i>If</i> "Yes," <i>complete Schedule E</i>                  | 13   |     | Х      |
| 14a    | Did the organization maintain an office, employees, or agents outside of the United States?                                      | 14a  |     | Х      |
| b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,          |      |     |        |
|        | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       |      |     |        |
|        | or more? If "Yes," complete Schedule F, Parts I and IV                                                                           | 14b  |     | X      |
| 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any        |      |     |        |
|        | foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                             | 15   |     | X      |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to         |      |     |        |
|        | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                      | 16   |     | 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      |
|        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                     | 20b  |     |        |
| 21     | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                      |      |     |        |
|        | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II                                | 21   | Х   |        |
| 232003 | 12-13-22                                                                                                                         | Form | 990 | (2022) |

232003 12-13-22

| Form  | 990 | (2022) |
|-------|-----|--------|
| FUIII | 330 | (2022) |

 Form 990 (2022)
 VOLUNTEER FLORIDA FOUNDATION, INC

 Part IV
 Checklist of Required Schedules (continued)

|        |                                                                                                                             |           | Yes | No     |
|--------|-----------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------|
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on               |           |     |        |
|        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                 | 22        |     | X      |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current |           |     |        |
|        | 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      |
|        | 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      |
| С      | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If                    |           |     |        |
|        | "Yes," complete Schedule L, Part IV                                                                                         | 28c       |     | 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        | Х   |        |
|        | 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 X    |
| 38     | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?              |           |     |        |
| Dor    | Note: All Form 990 filers are required to complete Schedule O                                                               | 38        | Х   |        |
| Par    |                                                                                                                             |           |     |        |
|        | Check if Schedule O contains a response or note to any line in this Part V                                                  | <u></u>   |     |        |
|        |                                                                                                                             |           | Yes | No     |
|        | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 79                                          |           |     |        |
|        | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0                                        |           |     |        |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming          |           |     |        |
|        | (gambling) winnings to prize winners?                                                                                       | <u>1c</u> | 000 | (0000) |
| 232004 | - 12-13-22<br>5                                                                                                             | ⊦orm      | 990 | (2022) |
|        | C C                                                                                                                         |           |     |        |

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|            | 990 (2022) VOLUNTEER FLORIDA FOUNDATION, INC 01-0973                                                                                                                                                                                              | 168      | P        | <sub>age</sub> 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,<br>filed for the calendar year ending with or within the year covered by this return 2a 29                                                            |          |          |                  |
|            | , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                           | Oh.      | х        |                  |
| -          | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                                    | 2b<br>3a | <u> </u> | x                |
| 3a<br>h    | Did the organization have unrelated business gross income of \$1,000 or more during the year?<br>If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O                               | 3b       |          |                  |
|            | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                                                                                                                         | 30       |          | <u> </u>         |
| ти         | 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       |          | 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                                                                                                                       |          |          |                  |
|            | 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       |          | <b></b>          |
| 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                                                                                                                                 |          |          | 37               |
| _          | to file Form 8282?                                                                                                                                                                                                                                | 7c       |          | X                |
| d          | If "Yes," indicate the number of Forms 8282 filed during the year 7d                                                                                                                                                                              | _        |          |                  |
| e          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                   | 7e       |          |                  |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                      | 7f       |          |                  |
| g<br>L     | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                  | 7g<br>7⊳ |          | <u> </u>         |
| h<br>o     | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?<br><b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the | 7h       |          |                  |
| 8          | sponsoring organization have excess business holdings at any time during the year?                                                                                                                                                                | 8        |          |                  |
| 9          | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                         | 0        |          |                  |
| a          | 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:                                                                                                                                                                                                          |          |          |                  |
| а          | Gross income from members or shareholders 11a                                                                                                                                                                                                     |          |          |                  |
| b          | Gross income from other sources. (Do not net amounts due or paid to other sources against                                                                                                                                                         |          |          |                  |
|            | amounts due or received from them.)                                                                                                                                                                                                               |          |          |                  |
| 12a        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                        | 12a      |          |                  |
| b          | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                             |          |          |                  |
| 13         | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                  |          |          |                  |
| а          | Is the organization licensed to issue qualified health plans in more than one state?                                                                                                                                                              | 13a      |          |                  |
|            | <b>Note:</b> 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                                                                                                                                                                                      |          |          |                  |
| C<br>1/1-2 | Enter the amount of reserves on hand                                                                                                                                                                                                              | 14a      |          | x                |
| 14a        |                                                                                                                                                                                                                                                   | 14b      |          |                  |
| ь<br>15    | If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i>                                                                                                                  | עדי      |          |                  |
| .0         | 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.                                                                                                                                                                                                                     |          |          |                  |

232005 12-13-22

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Form **990** (2022)

 $<sup>^{6}</sup>$  2022.06000 volunteer florida foundat 3742vf\_1

| Form | 990 | (2022) |
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|      | 330 |        |

### VOLUNTEER FLORIDA FOUNDATION, INC

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

| Check if Schedule O contains a response or note to any line in this Part VI |  |
|-----------------------------------------------------------------------------|--|
| Section A. Governing Body and Management                                    |  |

|      |                                                                                                                       | г I                      |               | Yes     |        |
|------|-----------------------------------------------------------------------------------------------------------------------|--------------------------|---------------|---------|--------|
|      | Enter the number of voting members of the governing body at the end of the tax year                                   | 1a                       | 10            |         |        |
|      | 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.                 |                          |               |         |        |
|      | Enter the number of voting members included on line 1a, above, who are independent                                    | 1b                       | 10            |         |        |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relationship             | with any other           |               |         |        |
|      | officer, director, trustee, or key employee?                                                                          |                          | 2             |         | X      |
| 3    | Did the organization delegate control over management duties customarily performed by or under the                    | direct supervision       |               |         |        |
|      | of officers, directors, trustees, or key employees to a management company or other person?                           |                          | 3             |         | X      |
| 4    | Did the organization make any significant changes to its governing documents since the prior Form 99                  | 90 was filed?            | 4             |         | X      |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's asse               | ets?                     | 5             |         | X      |
|      | 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                   |                          |               |         |        |
|      | more members of the governing body?                                                                                   |                          | 7a            |         | x      |
|      | Are any governance decisions of the organization reserved to (or subject to approval by) members, sto                 |                          |               |         |        |
|      | persons other than the governing body?                                                                                |                          | 7b            |         | x      |
|      | Did the organization contemporaneously document the meetings held or written actions undertaken during the year       |                          |               |         |        |
|      | The governing body?                                                                                                   |                          | 80            | x       |        |
|      |                                                                                                                       |                          |               | X       |        |
|      | Each committee with authority to act on behalf of the governing body?                                                 |                          | <u>8b</u>     |         |        |
|      | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac            |                          | _             |         | -<br>- |
| 2001 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O                               |                          | 9             |         | X      |
| Sect | ion B. Policies (This Section B requests information about policies not required by the Internal Rev                  | venue Code.)             |               | 1       |        |
|      |                                                                                                                       |                          |               | Yes     | No     |
|      | Did the organization have local chapters, branches, or affiliates?                                                    |                          | <u>10a</u>    |         | X      |
|      | If "Yes," did the organization have written policies and procedures governing the activities of such cha              | apters, affiliates,      |               |         |        |
|      | and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$               |                          | <u>10b</u>    |         |        |
| 11a  | Has the organization provided a complete copy of this Form 990 to all members of its governing body                   | before filing the form   | n? <b>11a</b> | X       |        |
| b    | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                         |                          |               |         |        |
| 12a  | Did the organization have a written conflict of interest policy? If "No," go to line 13                               |                          | 12a           | Х       |        |
|      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise |                          |               | 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       |        |
|      | Did the organization have a written whistleblower policy?                                                             |                          |               | Х       |        |
|      | Did the organization have a written document retention and destruction policy?                                        |                          |               | Х       |        |
|      | Did the process for determining compensation of the following persons include a review and approval                   |                          |               |         |        |
|      | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                     |                          |               |         |        |
|      | The organization's CEO, Executive Director, or top management official                                                |                          | 15a           |         | x      |
|      | Other officers or key employees of the organization                                                                   |                          | 15a           |         | X      |
|      | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                    |                          |               |         |        |
|      |                                                                                                                       | ant with a               |               |         |        |
|      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem           |                          | 10            |         | v      |
|      | taxable entity during the year?                                                                                       |                          | <u>16a</u>    |         | X      |
|      | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate            |                          |               |         |        |
|      | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi                |                          |               |         |        |
|      | exempt status with respect to such arrangements?                                                                      |                          | 16b           |         |        |
|      | ion C. Disclosure                                                                                                     |                          |               |         |        |
|      | 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, an                 | d 990-T (section 501     | (c)(3)s only  | availal | ble    |
|      | for public inspection. Indicate how you made these available. Check all that apply.                                   |                          |               |         |        |
|      | Own website Another's website X Upon request Other (explain                                                           | on Schedule O)           |               |         |        |
| 19   | Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor                    | nflict of interest polic | y, and finar  | ncial   |        |
|      | statements available to the public during the tax year.                                                               |                          |               |         |        |
|      | State the name, address, and telephone number of the person who possesses the organization's bool                     | ks and records           |               |         |        |
|      | JASON NORRIS - 850-414-7400                                                                                           |                          |               |         |        |
|      |                                                                                                                       |                          |               |         |        |
|      | 1545 RAYMOND DIEHL ROAD, STE 250, TALLAHASSEE, FL                                                                     | 32308                    |               |         |        |

| Part VII | Со | mpensation of | of Officers, | Directors, | Trustees, | Key Employees, | Highest | Compensated |
|----------|----|---------------|--------------|------------|-----------|----------------|---------|-------------|
|          | Em | ployees, and  | Independe    | ent Contra | ctors     |                |         |             |

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)               |                                |                        | (0      | C)           |                                 |        | (D)                  | (E)                          | (F)                 |
|---------------------------|-------------------|--------------------------------|------------------------|---------|--------------|---------------------------------|--------|----------------------|------------------------------|---------------------|
| Name and title            | Average           |                                | not cl                 | heck r  |              | than o                          |        | Reportable           | Reportable                   | Estimated           |
|                           | hours per<br>week |                                |                        |         |              | s both<br>r/trus                |        | compensation<br>from | compensation<br>from related | amount of<br>other  |
|                           | (list any         | ctor                           |                        |         |              |                                 |        | the                  | organizations                | compensation        |
|                           | hours for         | ır dire                        |                        |         |              | ted                             |        | organization         | (W-2/1099-MISC/              | from the            |
|                           | related           | stee o                         | rustee                 |         |              | pensa                           |        | (W-2/1099-MISC/      | 1099-NEC)                    | organization        |
|                           | organizations     | ıal tru                        | onal t                 |         | ploye        | ee                              |        | 1099-NEC)            |                              | and related         |
|                           | below<br>line)    | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                      |                              | organizations       |
| (1) ERIN SJOSTROM         | 5.00              |                                |                        |         |              |                                 |        |                      |                              |                     |
| <u>coo</u>                | 40.00             |                                |                        | Х       |              |                                 |        | 0.                   | 126,927.                     | 59,870.             |
| (2) JASON NORRIS          | 5.00              |                                |                        |         |              |                                 |        |                      |                              |                     |
| CFO                       | 40.00             |                                |                        | Х       |              |                                 |        | 0.                   | 95,987.                      | 51,813.             |
| (3) CATHERINE KEEN        | 0.00              |                                |                        |         |              |                                 |        |                      |                              |                     |
| NATIONAL SERVICE DIRECTOR | 40.00             |                                |                        |         |              | X                               |        | 0.                   | 102,108.                     | 21,168.             |
| (4) JOSEFINA TAMAYO       | 5.00              |                                |                        |         |              |                                 |        |                      |                              |                     |
| CEO                       | 40.00             |                                |                        | Х       |              |                                 |        | 0.                   | 44,938.                      | 16,931.             |
| (5) TAMELA PERDUE         | 3.00              |                                |                        |         |              |                                 |        |                      |                              |                     |
| CHAIR                     |                   | Х                              |                        | Х       |              |                                 |        | 0.                   | 0.                           | 0.                  |
| (6) CYNTHIA O'CONNELL     | 3.00              |                                |                        |         |              |                                 |        |                      |                              |                     |
| VICE CHAIR                |                   | Х                              |                        | Х       |              |                                 |        | 0.                   | 0.                           | 0.                  |
| (7) CATHERINE AGUIRRE     | 3.00              |                                |                        |         |              |                                 |        |                      |                              |                     |
| TREASURER                 |                   | Х                              |                        | Х       |              |                                 |        | 0.                   | 0.                           | 0.                  |
| (8) STEVE ARTUSI          | 2.00              |                                |                        |         |              |                                 |        |                      |                              |                     |
| BOARD MEMBER              |                   | Х                              |                        |         |              |                                 |        | 0.                   | 0.                           | 0.                  |
| (9) MONESIA BROWN         | 2.00              |                                |                        |         |              |                                 |        |                      |                              |                     |
| BOARD MEMBER              |                   | Х                              |                        |         |              |                                 |        | 0.                   | 0.                           | 0.                  |
| (10) CAMERON COOPER       | 2.00              |                                |                        |         |              |                                 |        |                      |                              |                     |
| BOARD MEMBER              |                   | Х                              |                        |         |              |                                 |        | 0.                   | 0.                           | 0.                  |
| (11) DEREK COOPER         | 2.00              |                                |                        |         |              |                                 |        |                      |                              |                     |
| BOARD MEMBER              |                   | Х                              |                        |         |              |                                 |        | 0.                   | 0.                           | 0.                  |
| (12) DEBRA KERR           | 2.00              |                                |                        |         |              |                                 |        |                      |                              | _                   |
| BOARD MEMBER              |                   | Х                              |                        |         |              |                                 |        | 0.                   | 0.                           | 0.                  |
| (13) DWAINE STEVENS       | 2.00              |                                |                        |         |              |                                 |        |                      | _                            |                     |
| BOARD MEMBER              |                   | Х                              |                        |         |              |                                 |        | 0.                   | 0.                           | 0.                  |
| (14) BRITTNEY HUNT        | 2.00              |                                |                        |         |              |                                 |        |                      |                              | _                   |
| BOARD MEMBER              |                   | Х                              |                        |         |              |                                 |        | 0.                   | 0.                           | 0.                  |
|                           |                   |                                |                        |         |              |                                 |        |                      |                              |                     |
|                           |                   |                                |                        |         |              |                                 |        |                      |                              |                     |
|                           |                   |                                |                        |         |              |                                 |        |                      |                              |                     |
|                           |                   |                                |                        |         |              | -                               |        |                      |                              |                     |
|                           |                   |                                |                        |         |              |                                 |        |                      |                              |                     |
|                           | I                 |                                |                        |         |              |                                 | I      |                      |                              | <b>– 000</b> (2222) |

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232007 12-13-22

Form 990 (2022)

|      | 90 (2022) VOLUNTEER                                                                                                  | R FLORID                                                             | A                              | FO                     | UN              | DA               | TI                              | ON     | I, INC                                              | 01-09                                             | <u>731(</u> | 58                                | Page <b>8</b>   |
|------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------|------------------------|-----------------|------------------|---------------------------------|--------|-----------------------------------------------------|---------------------------------------------------|-------------|-----------------------------------|-----------------|
| Part | VII Section A. Officers, Directors, Trust                                                                            | ees, Key Emp                                                         | oloye                          | ees,                   | and             | Hig              | ghes                            | t C    | ompensated Employee                                 | s (continued)                                     |             |                                   |                 |
|      | (A)<br>Name and title                                                                                                | <b>(B)</b><br>Average<br>hours per<br>week                           | box,                           | not ch<br>unles        | neck r<br>s per | nore t<br>son is | than o<br>s both<br>r/trust     | an     | <b>(D)</b><br>Reportable<br>compensation<br>from    | (E)<br>Reportable<br>compensation<br>from related |             | <b>(F</b><br>Estim<br>amou<br>oth | nated<br>Int of |
|      |                                                                                                                      | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | In stitutional trustee | Officer         | Key em ployee    | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC<br>1099-NEC)      | 2/          | from<br>organi<br>and re          | zation          |
|      |                                                                                                                      |                                                                      |                                |                        |                 |                  |                                 |        |                                                     |                                                   | +           |                                   |                 |
|      |                                                                                                                      |                                                                      |                                |                        |                 |                  |                                 |        |                                                     |                                                   |             |                                   |                 |
|      |                                                                                                                      |                                                                      |                                |                        |                 |                  |                                 |        |                                                     |                                                   |             |                                   |                 |
|      |                                                                                                                      |                                                                      |                                |                        |                 |                  |                                 |        |                                                     |                                                   |             |                                   |                 |
|      |                                                                                                                      |                                                                      |                                |                        |                 |                  |                                 |        |                                                     |                                                   |             |                                   |                 |
| 1b : | Subtotal                                                                                                             |                                                                      |                                |                        |                 |                  |                                 |        | 0.                                                  | 369,96                                            |             | 149,                              | 782.            |
|      | Total from continuation sheets to Part VII                                                                           |                                                                      |                                |                        |                 |                  |                                 |        | 0.                                                  |                                                   | 0.          |                                   | 0.              |
|      | Fotal (add lines 1b and 1c)                                                                                          |                                                                      |                                |                        |                 |                  |                                 |        | 0.                                                  | 369,96                                            | 0.[         | 149,                              | 782.            |
|      | Fotal number of individuals (including but no<br>compensation from the organization                                  | ot limited to th                                                     | ose                            | listeo                 | d ab            | ove)             | ) who                           | o re   | eceived more than \$100,                            | 000 of reportable                                 |             | Y                                 | 0<br>es No      |
|      | Did the organization list any <b>former</b> officer,<br>ine 1a? <i>If "Yes," complete Schedule J for su</i>          | -                                                                    |                                |                        | •               | •                |                                 | Ŭ      |                                                     | •                                                 |             | 3                                 | X               |
| 4    | For any individual listed on line 1a, is the su                                                                      | m of reportabl                                                       | e co                           | mpe                    | nsat            | tion             | and                             | oth    | er compensation from t                              | he organization                                   |             | -                                 |                 |
| 5    | and related organizations greater than \$150<br>Did any person listed on line 1a receive or a                        | ccrue compen                                                         | satio                          | on fro                 | om a            | any              | unre                            | late   | ed organization or individ                          | dual for services                                 |             | 4 2                               |                 |
|      | rendered to the organization? <i>If</i> "Yes." com<br>on <b>B. Independent Contractors</b>                           | plete Schedule                                                       | e J fo                         | or su                  | ch p            | berso            | on .                            |        |                                                     |                                                   | _           | 5                                 | X               |
| 1 (  | Complete this table for your five highest cor                                                                        |                                                                      |                                |                        |                 |                  |                                 |        |                                                     |                                                   | nsatio      | n from                            |                 |
| 1    | the organization. Report compensation for the calendar year ending with or within (A) Name and business address NONE |                                                                      |                                |                        |                 |                  |                                 |        | the organization's tax y<br>(B)<br>Description of s |                                                   | Cor         | (C)                               | ation           |
|      |                                                                                                                      |                                                                      | 140                            |                        | <u>.</u>        |                  |                                 |        |                                                     |                                                   |             |                                   |                 |
|      |                                                                                                                      |                                                                      |                                |                        |                 |                  |                                 |        |                                                     |                                                   |             |                                   |                 |
|      |                                                                                                                      |                                                                      |                                |                        |                 |                  |                                 |        |                                                     |                                                   |             |                                   |                 |
|      |                                                                                                                      |                                                                      |                                |                        |                 |                  |                                 |        |                                                     |                                                   |             |                                   |                 |
|      |                                                                                                                      |                                                                      |                                |                        |                 |                  |                                 |        |                                                     |                                                   |             |                                   |                 |
|      | Total number of independent contractors (in<br>\$100,000 of compensation from the organiz                            | -                                                                    | ot lin                         | nited                  | to t            | hos<br>0         |                                 | ed     | above) who received mo                              | ore than                                          |             |                                   |                 |

Form **990** (2022)

232008 12-13-22

|                                                           |      |        | 2022) VOLUNTEER FLO                                                  | ORIDA FOU            | NDATION, IN                  | NC                                           | 01-0973                              | 168 Page <b>9</b>                                               |
|-----------------------------------------------------------|------|--------|----------------------------------------------------------------------|----------------------|------------------------------|----------------------------------------------|--------------------------------------|-----------------------------------------------------------------|
| Pa                                                        | rt V | /111   | Statement of Revenue                                                 |                      |                              |                                              |                                      |                                                                 |
|                                                           |      |        | Check if Schedule O contains a response                              | e or note to any lin |                              | (5)                                          | (0)                                  |                                                                 |
|                                                           |      |        |                                                                      |                      | ( <b>A)</b><br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
| S S                                                       | 1    | а      | Federated campaigns 1a                                               |                      |                              |                                              |                                      |                                                                 |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |      |        | Membership dues 1b                                                   |                      |                              |                                              |                                      |                                                                 |
| Ω<br>Ω<br>Ω                                               |      |        | Fundraising events 1c                                                |                      |                              |                                              |                                      |                                                                 |
| ar /                                                      |      |        | Related organizations 1d                                             |                      |                              |                                              |                                      |                                                                 |
| inil<br>inil                                              |      | е      | Government grants (contributions) 1e                                 |                      |                              |                                              |                                      |                                                                 |
| er S                                                      |      | f      | All other contributions, gifts, grants, and                          |                      |                              |                                              |                                      |                                                                 |
| ,<br>Ete                                                  |      |        | similar amounts not included above 1f                                | 63,444,604.          |                              |                                              |                                      |                                                                 |
| onti                                                      |      | -      | Noncash contributions included in lines 1a-1f                        |                      | 62 444 604                   |                                              |                                      |                                                                 |
| <u> </u>                                                  |      | h      | Total. Add lines 1a-1f                                               | Business Code        | 63,444,604.                  |                                              |                                      |                                                                 |
|                                                           | •    | ~      |                                                                      |                      |                              |                                              |                                      |                                                                 |
| Program Service<br>Revenue                                | 2    | a<br>b |                                                                      |                      |                              |                                              |                                      |                                                                 |
| Ser                                                       |      | c      |                                                                      |                      |                              |                                              |                                      |                                                                 |
| am Ser                                                    |      | d      |                                                                      |                      |                              |                                              |                                      |                                                                 |
| Be                                                        |      | е      |                                                                      |                      |                              |                                              |                                      |                                                                 |
| P,                                                        |      | f      | All other program service revenue                                    |                      |                              |                                              |                                      |                                                                 |
|                                                           |      | g      | Total. Add lines 2a-2f                                               |                      |                              |                                              |                                      |                                                                 |
|                                                           | 3    |        | Investment income (including dividends, inter other similar amounts) |                      | 970,404.                     |                                              |                                      | 970,404.                                                        |
|                                                           | 4    |        | Income from investment of tax-exempt bond                            | -                    |                              |                                              |                                      |                                                                 |
|                                                           | 5    |        | Royalties                                                            | (ii) Personal        |                              |                                              |                                      |                                                                 |
|                                                           | 6    | ~      |                                                                      |                      | -                            |                                              |                                      |                                                                 |
|                                                           | 0    |        | Gross rents                                                          |                      | -                            |                                              |                                      |                                                                 |
|                                                           |      |        | Rental income or (loss) 6c                                           |                      |                              |                                              |                                      |                                                                 |
|                                                           |      |        | Net rental income or (loss)                                          |                      |                              |                                              |                                      |                                                                 |
|                                                           | 7    |        | Gross amount from sales of (i) Securities                            |                      |                              |                                              |                                      |                                                                 |
|                                                           |      |        | assets other than inventory <b>7a</b>                                |                      |                              |                                              |                                      |                                                                 |
|                                                           |      | b      | Less: cost or other basis                                            |                      |                              |                                              |                                      |                                                                 |
| venue                                                     |      |        | and sales expenses 7b                                                |                      |                              |                                              |                                      |                                                                 |
| sver                                                      |      |        | Gain or (loss)                                                       |                      |                              |                                              |                                      |                                                                 |
| r, R                                                      | _    |        | Net gain or (loss)                                                   |                      |                              |                                              |                                      |                                                                 |
| Other Ro                                                  | 8    | а      | Gross income from fundraising events (not including \$ of            |                      |                              |                                              |                                      |                                                                 |
|                                                           |      |        | contributions reported on line 1c). See                              |                      |                              |                                              |                                      |                                                                 |
|                                                           |      |        | Part IV, line 18                                                     |                      |                              |                                              |                                      |                                                                 |
|                                                           |      |        | Less: direct expenses 8                                              |                      |                              |                                              |                                      |                                                                 |
|                                                           | •    |        | Net income or (loss) from fundraising events                         |                      |                              |                                              |                                      |                                                                 |
|                                                           | Э    | d      | Gross income from gaming activities. See<br>Part IV, line 19         | a                    |                              |                                              |                                      |                                                                 |
|                                                           |      | þ      | Less: direct expenses                                                |                      |                              |                                              |                                      |                                                                 |
|                                                           |      |        | Net income or (loss) from gaming activities                          |                      |                              |                                              |                                      |                                                                 |
|                                                           | 10   |        | Gross sales of inventory, less returns                               |                      |                              |                                              |                                      |                                                                 |
|                                                           |      |        | and allowances 10                                                    | )a                   |                              |                                              |                                      |                                                                 |
|                                                           |      | b      | Less: cost of goods sold 10                                          |                      |                              |                                              |                                      |                                                                 |
|                                                           |      | с      | Net income or (loss) from sales of inventory                         |                      |                              |                                              |                                      |                                                                 |
| s                                                         |      |        |                                                                      | Business Code        |                              |                                              |                                      |                                                                 |
| eou                                                       | 11   | а      |                                                                      |                      |                              |                                              |                                      |                                                                 |
| llan<br>'ent                                              |      | b      |                                                                      |                      |                              |                                              |                                      |                                                                 |
| Miscellaneous<br>Revenue                                  |      | C<br>d |                                                                      |                      |                              |                                              |                                      |                                                                 |
| Ϊ                                                         |      |        | All other revenue                                                    |                      |                              |                                              |                                      |                                                                 |
|                                                           | 12   |        | Total revenue. See instructions                                      |                      | 64,415,008.                  | 0.                                           | 0.                                   | 970,404.                                                        |
| 23200                                                     |      |        |                                                                      |                      | , , .                        |                                              |                                      | Form <b>990</b> (2022                                           |

232009 12-13-22

VOLUNTEER FLORIDA FOUNDATION, 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).

INC

| Sect            | ion 501(c)(3) and 501(c)(4) organizations must comp                                                  |                              |                                           | nplete column (A).              |                         |
|-----------------|------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------|---------------------------------|-------------------------|
|                 | Check if Schedule O contains a respon                                                                |                              |                                           | (C)                             | (D)                     |
|                 | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                           | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | Management and general expenses | Fundraising<br>expenses |
| 1               | Grants and other assistance to domestic organizations                                                |                              |                                           |                                 |                         |
|                 | and domestic governments. See Part IV, line 21                                                       | 29,992,329.                  | 29,992,329.                               |                                 |                         |
| 2               | Grants and other assistance to domestic                                                              |                              |                                           |                                 |                         |
|                 | individuals. See Part IV, line 22                                                                    |                              |                                           |                                 |                         |
| 3               | Grants and other assistance to foreign                                                               |                              |                                           |                                 |                         |
|                 | organizations, foreign governments, and foreign                                                      |                              |                                           |                                 |                         |
|                 | individuals. See Part IV, lines 15 and 16                                                            |                              |                                           |                                 |                         |
| 4               | Benefits paid to or for members                                                                      |                              |                                           |                                 |                         |
| 5               | Compensation of current officers, directors,                                                         |                              |                                           |                                 |                         |
|                 | trustees, and key employees                                                                          |                              |                                           |                                 |                         |
| 6               | Compensation not included above to disqualified                                                      |                              |                                           |                                 |                         |
|                 | persons (as defined under section 4958(f)(1)) and                                                    |                              |                                           |                                 |                         |
|                 | persons described in section 4958(c)(3)(B)                                                           |                              |                                           |                                 |                         |
| 7               | Other salaries and wages                                                                             | 151,815.                     | 95,643.                                   | 56,172.                         |                         |
| 8               | Pension plan accruals and contributions (include                                                     | ,0_0                         | 20,0100                                   |                                 |                         |
| 5               | section 401(k) and 403(b) employer contributions)                                                    | 18,917.                      | 11,918.                                   | 6,999.                          |                         |
| 9               | Other employee benefits                                                                              | 20,131.                      | 12,683.                                   | 7,448.                          |                         |
|                 |                                                                                                      | 11,439.                      | 7,207.                                    | 4,232.                          |                         |
| 10<br>11        | Payroll taxes<br>Fees for services (nonemployees):                                                   | ±±,=JJ•                      | 1,201•                                    |                                 |                         |
|                 |                                                                                                      |                              |                                           |                                 |                         |
| a               | Management                                                                                           |                              |                                           |                                 |                         |
| b               | Legal                                                                                                | 21,824.                      | 13,749.                                   | 8,075.                          |                         |
| c               | Accounting                                                                                           | 21,024.                      | 13,149.                                   | 0,075.                          |                         |
| d               | Lobbying                                                                                             |                              |                                           |                                 |                         |
| е               | Professional fundraising services. See Part IV, line 17                                              |                              |                                           |                                 |                         |
| f               | Investment management fees                                                                           |                              |                                           |                                 |                         |
| g               | Other. (If line 11g amount exceeds 10% of line 25,                                                   |                              | 25 202                                    | 00 501                          |                         |
|                 | column (A), amount, list line 11g expenses on Sch 0.)                                                | 56,164.                      | 35,383.                                   | 20,781.                         |                         |
| 12              | Advertising and promotion                                                                            | 518.                         | 326.                                      | 192.                            |                         |
| 13              | Office expenses                                                                                      | 49,767.                      | 31,353.                                   | 18,414.                         |                         |
| 14              | Information technology                                                                               |                              |                                           |                                 |                         |
| 15              | Royalties                                                                                            |                              |                                           |                                 |                         |
| 16              | Occupancy                                                                                            | 25,451.                      | 16,034.                                   | 9,417.                          |                         |
| 17              | Travel                                                                                               | 35,857.                      | 22,590.                                   | 13,267.                         |                         |
| 18              | Payments of travel or entertainment expenses                                                         |                              |                                           |                                 |                         |
|                 | for any federal, state, or local public officials                                                    |                              |                                           |                                 |                         |
| 19              | Conferences, conventions, and meetings                                                               |                              |                                           |                                 |                         |
| 20              | Interest                                                                                             |                              |                                           |                                 |                         |
| 21              | Payments to affiliates                                                                               |                              |                                           |                                 |                         |
| 22              | Depreciation, depletion, and amortization                                                            |                              |                                           |                                 |                         |
| 23              | Insurance                                                                                            | 871.                         | 549.                                      | 322.                            |                         |
| 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               | MISC EXPENSES                                                                                        | 5,031.                       | 3,170.                                    | 1,861.                          |                         |
| b               |                                                                                                      | ŀ                            |                                           |                                 |                         |
| c               |                                                                                                      |                              |                                           |                                 |                         |
| d               |                                                                                                      |                              |                                           |                                 |                         |
|                 | All other expenses                                                                                   |                              |                                           |                                 |                         |
| 25              | Total functional expenses. Add lines 1 through 24e                                                   | 30,390 114                   | 30,242,934.                               | 147,180.                        | 0.                      |
| <u>25</u><br>26 | Joint costs. Complete this line only if the organization                                             |                              | 50,232,553.                               |                                 | <u></u>                 |
| 20              |                                                                                                      |                              |                                           |                                 |                         |
|                 | reported in column (B) joint costs from a combined                                                   |                              |                                           |                                 |                         |
|                 | educational campaign and fundraising solicitation.<br>Check here if following SOP 98-2 (ASC 958-720) |                              |                                           |                                 |                         |
|                 |                                                                                                      |                              |                                           |                                 |                         |
| 23201           | 0 12-13-22                                                                                           |                              |                                           |                                 | Form <b>990</b> (2022)  |

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VOLUNTEER FLORIDA FOUNDATION, INC

01-0973168 Page 11

|                             |     | Check if Schedule O contains a response or note      | e to any line in this Part X |                                 |             |                                   |
|-----------------------------|-----|------------------------------------------------------|------------------------------|---------------------------------|-------------|-----------------------------------|
|                             |     |                                                      |                              | <b>(A)</b><br>Beginning of year |             | <b>(B)</b><br>End of year         |
|                             | 1   | Cash - non-interest-bearing                          |                              |                                 | 1           |                                   |
|                             | 2   | Savings and temporary cash investments               |                              | 1,598,161.                      | 2           | 35,729,540.                       |
|                             | 3   | Pledges and grants receivable, net                   |                              |                                 | 3           |                                   |
|                             | 4   | Accounts receivable, net                             |                              | 88,802.                         | 4           | 39,219.                           |
|                             | 5   | Loans and other receivables from any current or      | former officer, director,    |                                 |             |                                   |
|                             |     | trustee, key employee, creator or founder, substa    |                              |                                 |             |                                   |
|                             |     | controlled entity or family member of any of thes    | e persons                    |                                 | 5           |                                   |
|                             | 6   | Loans and other receivables from other disqualif     | ied persons (as defined      |                                 |             |                                   |
|                             |     | under section 4958(f)(1)), and persons described     | in section 4958(c)(3)(B)     |                                 | 6           |                                   |
| ts                          | 7   | Notes and loans receivable, net                      |                              |                                 | 7           |                                   |
| Assets                      | 8   | Inventories for sale or use                          |                              | 12,005.                         | 8           | 12,005.                           |
| ¥                           | 9   | Prepaid expenses and deferred charges                |                              |                                 | 9           |                                   |
|                             | 10a | Land, buildings, and equipment: cost or other        |                              |                                 |             |                                   |
|                             |     | basis. Complete Part VI of Schedule D                | 10a                          |                                 |             |                                   |
|                             | b   | Less: accumulated depreciation                       |                              |                                 | 10c         |                                   |
|                             | 11  | Investments - publicly traded securities             |                              | 11                              |             |                                   |
|                             | 12  | Investments - other securities. See Part IV, line 1  |                              | 12                              |             |                                   |
|                             | 13  | Investments - program-related. See Part IV, line 1   |                              | 13                              |             |                                   |
|                             | 14  | Intangible assets                                    |                              |                                 | 14          |                                   |
|                             | 15  | Other assets. See Part IV, line 11                   |                              |                                 | 15          |                                   |
|                             | 16  | Total assets. Add lines 1 through 15 (must equa      |                              | 1,698,968.                      | 16          | 35,780,764.                       |
|                             | 17  | Accounts payable and accrued expenses                |                              | 85,672.                         | 17          | 85,454.                           |
|                             | 18  | Grants payable                                       |                              | 18                              |             |                                   |
|                             | 19  | Deferred revenue                                     | 0.                           | 19                              | 75,000.     |                                   |
|                             | 20  | Tax-exempt bond liabilities                          |                              | 20                              |             |                                   |
|                             | 21  | Escrow or custodial account liability. Complete F    | 103,013.                     | 21                              | 85,134.     |                                   |
| Se                          | 22  | Loans and other payables to any current or form      | er officer, director,        |                                 |             |                                   |
| Liabilities                 |     | trustee, key employee, creator or founder, substa    |                              |                                 |             |                                   |
| iabi                        |     | controlled entity or family member of any of thes    |                              |                                 | 22          |                                   |
| -                           | 23  | Secured mortgages and notes payable to unrela        |                              |                                 | 23          |                                   |
|                             | 24  | Unsecured notes and loans payable to unrelated       | I third parties              |                                 | 24          |                                   |
|                             | 25  | Other liabilities (including federal income tax, pay |                              |                                 |             |                                   |
|                             |     | parties, and other liabilities not included on lines | , .                          |                                 |             |                                   |
|                             |     | of Schedule D                                        |                              | 100 005                         | 25          | 0.45 500                          |
|                             | 26  | Total liabilities. Add lines 17 through 25           |                              | 188,685.                        | 26          | 245,588.                          |
| Net Assets or Fund Balances |     | Organizations that follow FASB ASC 958, che          | ck here X                    |                                 |             |                                   |
|                             |     | and complete lines 27, 28, 32, and 33.               |                              | 115 650                         |             | 501 050                           |
|                             | 27  | Net assets without donor restrictions                |                              | 115,658.                        | 27          | 791,258.                          |
|                             | 28  | Net assets with donor restrictions                   | 1,394,625.                   | 28                              | 34,743,918. |                                   |
| nu                          |     | Organizations that do not follow FASB ASC 95         | 58, check here               |                                 |             |                                   |
| ж FL                        |     | and complete lines 29 through 33.                    |                              |                                 |             |                                   |
| ts c                        | 29  | Capital stock or trust principal, or current funds   |                              |                                 | 29          |                                   |
| sse                         | 30  | Paid-in or capital surplus, or land, building, or eq |                              |                                 | 30          |                                   |
| t A                         | 31  | Retained earnings, endowment, accumulated inc        |                              | 1 510 000                       | 31          | 2E E2E 19C                        |
| Re                          | 32  |                                                      |                              | 1,510,283.                      | 32          | <u>35,535,176.</u><br>35,780,764. |
|                             | 33  | Total liabilities and net assets/fund balances       |                              | 1,698,968.                      | 33          | 33,/00,/04.                       |

Form **990** (2022)

# Form 990 (2022) Part X Balance Sheet

|    | <u>1990 (2022)</u> VOLUNTEER FLORIDA FOUNDATION, INC                                                                      | 01-0      | 973168  | Pa         | <sub>ge</sub> 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         | 64,41   |            |                  |  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                                  | 2         | 30,39   |            |                  |  |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                                        | 34,02     | 4,8     | 94.        |                  |  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                                 | 4         | 1,51    | 0,2        | 83.              |  |
| 5  | Net unrealized gains (losses) on investments                                                                              | 5         |         |            |                  |  |
| 6  | Donated services and use of facilities                                                                                    | 6         |         |            |                  |  |
| 7  | Investment expenses                                                                                                       | 7         |         |            |                  |  |
| 8  | Prior period adjustments                                                                                                  | 8         |         |            |                  |  |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)                                                      | 9         |         |            | 0.               |  |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                        |           |         |            |                  |  |
|    | column (B))                                                                                                               | 10        | 35,53   | <u>5,1</u> | <u>77.</u>       |  |
| 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>   | <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 O.         |           |         |            |                  |  |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant?                        |           |         |            |                  |  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed           | on a      |         |            |                  |  |
|    | separate basis, consolidated basis, or both:                                                                              |           |         |            |                  |  |
|    | Separate basis Consolidated basis Both consolidated and separate basis                                                    |           |         |            |                  |  |
| b  | Were the organization's financial statements audited by an independent accountant?                                        |           | 2b      | 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:                                                                                              |           |         |            |                  |  |
|    | Separate basis Consolidated basis X 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?                            |           | 2c      | Х          |                  |  |
|    | 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      |            | X                |  |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required     | red audit |         |            |                  |  |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                                  |           | 3b      |            |                  |  |
|    |                                                                                                                           |           |         | 000        |                  |  |

Form **990** (2022)

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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<br>Inspection |

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| Nar       | ne or t   | the organization                                                                                                                                                                                                                                |                         |                                                       | олт тл                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10                               |                                       |                            |  |
|-----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------|----------------------------|--|
| Pa        | art I     | Reason for Public                                                                                                                                                                                                                               | Charity Status          | IDA FOUNDATI                                          | $\sum_{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n$ | NC<br>Dis Dart \ S               | ee instructions                       | 1-0973168                  |  |
|           |           |                                                                                                                                                                                                                                                 |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       |                            |  |
|           | organ     | ization is not a private found                                                                                                                                                                                                                  |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | 4 \/ A \/:\                           |                            |  |
| 1         | $\square$ | A church, convention of ch                                                                                                                                                                                                                      |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | )(a)011 no                       | I)(A)(I).                             |                            |  |
| 2         | $\square$ | A school described in <b>sec</b>                                                                                                                                                                                                                |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | /L\/4\/A\/;;                     | ::\                                   |                            |  |
| 3<br>4    | $\square$ | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).<br>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       |                            |  |
| 4         |           | city, and state:                                                                                                                                                                                                                                | cation operated in cor  |                                                       | described                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | III Sectio                       |                                       | the hospital s hame,       |  |
| 5         |           | An organization operated f                                                                                                                                                                                                                      | or the benefit of a col | lege or university owner                              | l or operat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ed by a do                       | wernmental unit describ               | ed in                      |  |
| 5         |           | section 170(b)(1)(A)(iv). (                                                                                                                                                                                                                     |                         |                                                       | or operat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | cu by u ge                       |                                       |                            |  |
| 6         |           | A federal, state, or local go                                                                                                                                                                                                                   |                         | ental unit described in                               | section 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 70(b)(1)(A)                      | (v)                                   |                            |  |
| 7         | $\square$ | An organization that norma                                                                                                                                                                                                                      | -                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       | nublic described in        |  |
| •         |           | section 170(b)(1)(A)(vi). (C                                                                                                                                                                                                                    |                         |                                                       | ionn a gove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                                       |                            |  |
| 8         |           | A community trust describ                                                                                                                                                                                                                       |                         | 1)(A)(vi). (Complete Par                              | † 11.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                       |                            |  |
| 9         | $\square$ | An agricultural research or                                                                                                                                                                                                                     |                         |                                                       | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ed in coniu                      | unction with a land-grant             | college                    |  |
|           |           | or university or a non-land-                                                                                                                                                                                                                    |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       |                            |  |
|           |           | university:                                                                                                                                                                                                                                     |                         | ,                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , ,                              | , C                                   |                            |  |
| 10        |           | An organization that norma                                                                                                                                                                                                                      | ally receives (1) more  | than 33 1/3% of its supp                              | ort from c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ontributior                      | ns, membership fees, ar               | d gross receipts from      |  |
|           |           | activities related to its exer                                                                                                                                                                                                                  |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       |                            |  |
|           |           | income and unrelated busi                                                                                                                                                                                                                       | ness taxable income     | (less section 511 tax) fro                            | om busines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ses acqui                        | red by the organization               | after June 30, 1975.       |  |
|           |           | See section 509(a)(2). (Co                                                                                                                                                                                                                      | mplete Part III.)       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       |                            |  |
| 11        |           | An organization organized                                                                                                                                                                                                                       | and operated exclusi    | vely to test for public sa                            | fety. See                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | section 50                       | 09(a)(4).                             |                            |  |
| 12        | X         | An organization organized                                                                                                                                                                                                                       | and operated exclusi    | vely for the benefit of, to                           | perform t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | he functio                       | ns of, or to carry out the            | purposes of one or         |  |
|           |           | more publicly supported or                                                                                                                                                                                                                      | rganizations describe   | d in section 509(a)(1) o                              | or section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 509(a)(2).                       | See section 509(a)(3).                | Check the box on           |  |
|           |           | lines 12a through 12d that                                                                                                                                                                                                                      | describes the type of   | supporting organization                               | n and com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | plete lines                      | 12e, 12f, and 12g.                    |                            |  |
| a         |           |                                                                                                                                                                                                                                                 | -                       |                                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                                |                                       |                            |  |
|           |           | the supported organizati                                                                                                                                                                                                                        |                         |                                                       | i majority c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | of the direc                     | tors or trustees of the s             | upporting                  |  |
|           |           | organization. You must                                                                                                                                                                                                                          | -                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       |                            |  |
| b         |           | <b>Type II.</b> A supporting org                                                                                                                                                                                                                |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | • • • •                               | •                          |  |
|           |           | control or management of                                                                                                                                                                                                                        |                         |                                                       | ame perso                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ns that co                       | ntrol or manage the sup               | ported                     |  |
|           |           | organization(s). You mus                                                                                                                                                                                                                        |                         |                                                       | in connod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ion with a                       | and functionally interret             | ad with                    |  |
| C         | ;         | J Type III functionally inte                                                                                                                                                                                                                    |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       | ed with,                   |  |
| c         |           | its supported organizatio                                                                                                                                                                                                                       |                         | -                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       | zation(c)                  |  |
| Ľ         | •         | that is not functionally in                                                                                                                                                                                                                     |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | ••••                                  |                            |  |
|           |           | requirement (see instruct                                                                                                                                                                                                                       | <b>v</b>                | <b>e</b> ,                                            | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | •                                     | Veness                     |  |
| e         |           | Check this box if the org                                                                                                                                                                                                                       |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       |                            |  |
|           | ,         | functionally integrated, o                                                                                                                                                                                                                      |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | , , , , , , , , , , , , , , , , , , , |                            |  |
| f         | Ente      | er the number of supported                                                                                                                                                                                                                      | • •                     |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       | 1                          |  |
| ç         |           | vide the following informatio                                                                                                                                                                                                                   | •                       |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       |                            |  |
|           |           | i) Name of supported                                                                                                                                                                                                                            | (ii) EIN                | (iii) Type of organization                            | (iv) Is the orga<br>in your governi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | anization listed<br>ng document? | (v) Amount of monetary                | (vi) Amount of other       |  |
|           |           | organization                                                                                                                                                                                                                                    |                         | (described on lines 1-10<br>above (see instructions)) | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | No                               | support (see instructions)            | support (see instructions) |  |
| FL        | CO        | MMISSION ON                                                                                                                                                                                                                                     |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       |                            |  |
| <u>C0</u> | MMU       | NITY SERVICE                                                                                                                                                                                                                                    | 61-1596268              | 6                                                     | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | 270,000.                              |                            |  |
|           |           |                                                                                                                                                                                                                                                 |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       |                            |  |
|           |           |                                                                                                                                                                                                                                                 |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       |                            |  |
|           |           |                                                                                                                                                                                                                                                 |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       |                            |  |
|           |           |                                                                                                                                                                                                                                                 |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       |                            |  |
|           |           |                                                                                                                                                                                                                                                 |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       |                            |  |
|           |           |                                                                                                                                                                                                                                                 |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       |                            |  |
|           |           |                                                                                                                                                                                                                                                 |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                       |                            |  |
| Tota      | al        |                                                                                                                                                                                                                                                 |                         |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  | 270,000.                              | 0.                         |  |

| Schedule | A (Form 990 | ) 2022 |
|----------|-------------|--------|
| Part II  | Suppor      | rt Scl |

VOLUNTEER FLORIDA FOUNDATION, INC

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

| Sec  | ction A. Public Support                                                                                                                                                                                                                                    |                       |                       |             |          |                     |                 |  |  |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-------------|----------|---------------------|-----------------|--|--|
| Cale | ndar year (or fiscal year beginning in)                                                                                                                                                                                                                    | (a) 2018              | <b>(b)</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.                                                                                                                                                                                                               |                       |                       |             |          |                     |                 |  |  |
| Sec  | ction B. Total Support                                                                                                                                                                                                                                     |                       |                       |             |          |                     |                 |  |  |
| Cale | ndar year (or fiscal year beginning in)                                                                                                                                                                                                                    | (a) 2018              | <b>(b)</b> 2019       | (c) 2020    | (d) 2021 | (e) 2022            | (f) Total       |  |  |
|      | Amounts from line 4                                                                                                                                                                                                                                        |                       |                       |             |          |                     |                 |  |  |
| 8    | Gross income from interest,                                                                                                                                                                                                                                |                       |                       |             |          |                     |                 |  |  |
|      | dividends, payments received on                                                                                                                                                                                                                            |                       |                       |             |          |                     |                 |  |  |
|      | securities loans, rents, royalties,                                                                                                                                                                                                                        |                       |                       |             |          |                     |                 |  |  |
|      | and income from similar sources                                                                                                                                                                                                                            |                       |                       |             |          |                     |                 |  |  |
| 9    | Net income from unrelated business                                                                                                                                                                                                                         |                       |                       |             |          |                     |                 |  |  |
|      | activities, whether or not the                                                                                                                                                                                                                             |                       |                       |             |          |                     |                 |  |  |
|      | business is regularly carried on                                                                                                                                                                                                                           |                       |                       |             |          |                     |                 |  |  |
| 10   | Other income. Do not include gain                                                                                                                                                                                                                          |                       |                       |             |          |                     |                 |  |  |
|      | or loss from the sale of capital                                                                                                                                                                                                                           |                       |                       |             |          |                     |                 |  |  |
|      | assets (Explain in Part VI.)                                                                                                                                                                                                                               |                       |                       |             |          |                     |                 |  |  |
| 11   | Total support. Add lines 7 through 10                                                                                                                                                                                                                      |                       |                       |             |          |                     |                 |  |  |
|      | Gross receipts from related activities,                                                                                                                                                                                                                    | etc. (see instruction | ons)                  |             |          | 12                  |                 |  |  |
|      | First 5 years. If the Form 990 is for th                                                                                                                                                                                                                   |                       |                       |             |          |                     |                 |  |  |
|      | organization, check this box and <b>sto</b>                                                                                                                                                                                                                | 0                     |                       | -           |          |                     |                 |  |  |
| Sec  | ction C. Computation of Publi                                                                                                                                                                                                                              |                       |                       |             |          |                     |                 |  |  |
| 14   | Public support percentage for 2022 (I                                                                                                                                                                                                                      | line 6, column (f), d | livided by line 11, o | column (f)) |          | 14                  | %               |  |  |
|      | Public support percentage from 2021                                                                                                                                                                                                                        |                       |                       |             |          | 15                  | %               |  |  |
|      | 33 1/3% support test - 2022. If the                                                                                                                                                                                                                        |                       |                       |             |          | ore, check this bo  | ox and          |  |  |
|      | stop here. The organization qualifies                                                                                                                                                                                                                      |                       |                       |             |          |                     |                 |  |  |
| b    | 33 1/3% support test - 2021. If the                                                                                                                                                                                                                        |                       | -                     |             |          |                     |                 |  |  |
|      | and stop here. The organization qual                                                                                                                                                                                                                       |                       |                       |             |          |                     |                 |  |  |
| 17a  | 10% -facts-and-circumstances test                                                                                                                                                                                                                          |                       | • •                   |             |          |                     |                 |  |  |
|      | and if the organization meets the fact                                                                                                                                                                                                                     |                       |                       |             |          |                     |                 |  |  |
|      | meets the facts-and-circumstances te                                                                                                                                                                                                                       |                       |                       | -           | -        | <u>j</u>            |                 |  |  |
| b    | 10% -facts-and-circumstances test                                                                                                                                                                                                                          | •                     | •                     |             | •        | 17a, and line 15 is | 10% or          |  |  |
|      |                                                                                                                                                                                                                                                            | -                     |                       |             |          |                     |                 |  |  |
|      | more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization |                       |                       |             |          |                     |                 |  |  |
| 18   | <b>Private foundation.</b> If the organization                                                                                                                                                                                                             |                       |                       |             |          |                     | s               |  |  |
|      |                                                                                                                                                                                                                                                            |                       | ,                     |             |          |                     | (Form 990) 2022 |  |  |

Schedule A (Form 990) 202

232022 12-09-22

|      | qualify under the tests listed b                                                                                                                                                       | elow, please com           | olete Part II.)            |                    |                    |                    |                 |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|--------------------|--------------------|--------------------|-----------------|
| Se   | 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.")                                                                                                                                                         |                            |                            |                    |                    |                    |                 |
| 2    | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                            |                            |                    |                    |                    |                 |
| 3    | Gross receipts from activities that                                                                                                                                                    |                            |                            |                    |                    |                    |                 |
|      | are not an unrelated trade or bus-<br>iness under section 513                                                                                                                          |                            |                            |                    |                    |                    |                 |
| 4    | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf                                                                                |                            |                            |                    |                    |                    |                 |
| 5    | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge                                                                          |                            |                            |                    |                    |                    |                 |
| 6    | Total. Add lines 1 through 5                                                                                                                                                           |                            |                            |                    |                    |                    |                 |
|      | Amounts included on lines 1, 2, and                                                                                                                                                    |                            |                            |                    |                    | 1                  |                 |
|      | 3 received from disqualified persons                                                                                                                                                   |                            |                            |                    |                    |                    |                 |
| ł    | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                            |                            |                    |                    |                    |                 |
|      | Add lines 7a and 7b                                                                                                                                                                    |                            |                            |                    | _                  |                    |                 |
|      | Public support. (Subtract line 7c from line 6.)                                                                                                                                        |                            |                            |                    |                    |                    |                 |
|      | ction B. Total Support                                                                                                                                                                 |                            | I                          |                    |                    |                    |                 |
|      | ndar year (or fiscal year beginning in)                                                                                                                                                | (a) 2018                   | <b>(b)</b> 2019            | (c) 2020           | (d) 2021           | (e) 2022           | (f) Total       |
|      | Amounts from line 6<br>a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                      |                            |                            |                    |                    |                    |                 |
| k    | 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<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on                                                   |                            |                            |                    |                    |                    |                 |
| 12   | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)                                                                                  |                            |                            |                    |                    |                    |                 |
|      | Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                                         |                            |                            |                    |                    |                    |                 |
| 14   | First 5 years. If the Form 990 is for th                                                                                                                                               | -                          |                            |                    | •                  |                    |                 |
| 80   | check this box and stop here<br>ction C. Computation of Publi                                                                                                                          |                            |                            |                    |                    |                    |                 |
|      | •                                                                                                                                                                                      |                            |                            | L                  |                    |                    |                 |
|      | Public support percentage for 2022 (I                                                                                                                                                  |                            |                            |                    |                    | 15                 | <u>%</u>        |
|      | Public support percentage from 2021<br>ction D. Computation of Inves                                                                                                                   |                            |                            |                    |                    | 10                 | %               |
|      | Investment income percentage for 20                                                                                                                                                    |                            |                            | ne 13. column (f)) |                    | 17                 | %               |
| 18   |                                                                                                                                                                                        |                            |                            |                    |                    |                    | %               |
| 19a  | a 33 1/3% support tests - 2022. If the                                                                                                                                                 |                            |                            |                    |                    |                    | 7 is not        |
|      | more than 33 1/3%, check this box ar                                                                                                                                                   |                            |                            |                    |                    |                    |                 |
| k    | <b>33 1/3% support tests - 2021.</b> If the                                                                                                                                            |                            |                            |                    |                    |                    | nd              |
|      | line 18 is not more than 33 1/3%, che                                                                                                                                                  | ck this box and <b>s</b> t | t <b>op here.</b> The orga | nization qualifies | as a publicly supp | orted organization |                 |
| 20   | Private foundation. If the organization                                                                                                                                                | n did not check a          | box on line 14, 19         | a, or 19b, check t | his box and see in |                    |                 |
| 2320 | 23 12-09-22                                                                                                                                                                            |                            | 16                         |                    |                    | Schedule A         | (Form 990) 2022 |

VOLUNTEER FLORIDA FOUNDATION, 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

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

Schedule A (Form 990) 2022

2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

Yes No

Х

1

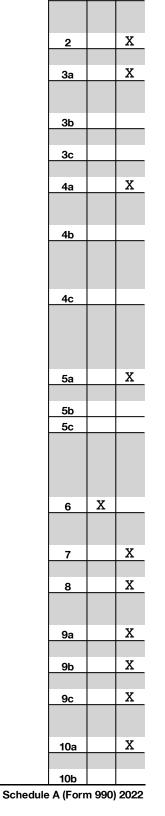
#### Part IV Supporting Organizations

(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



#### VOLUNTEER FLORIDA FOUNDATION, INC 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 x 11c below, the governing body of a supported organization? 11a х **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI. 11c Section B. Type I Supporting Organizations Ves No

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   | res | INO |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----|-----|
| 1  | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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</i> |   |     |     |
|    | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 | Х   |     |
| 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 |     | X   |
| ec | tion C. Type II Supporting Organizations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |     |     |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   | Yes | No  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |     |     |

| Sec | tion D. All Type III Supporting Organizations                                                                    |
|-----|------------------------------------------------------------------------------------------------------------------|
|     | the supported organization(s).                                                                                   |
|     | or management of the supporting organization was vested in the same persons that controlled or managed           |
|     | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control    |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors |

|   |                                                                                                                        |   | 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  | vear (see instructions | 5). |
|---|-----------------------------------------------------------------------------------------------------------|------------------------|-----|
| • | Check the box hext to the method that the organization used to satisfy the integral r art rest during the | year (ooo moa doalon   | 1   |

The organization satisfied the Activities Test. Complete line 2 below. а

| b |  | The organization | is the parent of ea | ch of its supported organizations. | Complete line 3 below. |
|---|--|------------------|---------------------|------------------------------------|------------------------|
|---|--|------------------|---------------------|------------------------------------|------------------------|

| <b>c</b> [ |  | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see instructions). | ). |
|------------|--|---------------------------------------------------|---------------------------------------------------------------------------------|----|
|------------|--|---------------------------------------------------|---------------------------------------------------------------------------------|----|

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes No

10530424 136042 3742VF

Schedule A (Form 990) 2022

| Sche | dule A (Form 990) 2022 VOLUNTEER FLORIDA FOUND                                  |            |                            | 01-0973168 Page 6              |
|------|---------------------------------------------------------------------------------|------------|----------------------------|--------------------------------|
| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting                  |            |                            |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on | Nov. 20, 1970 ( explain in | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations must    | complete   | e Sections A through E.    |                                |
| Sect | ion A - Adjusted Net Income                                                     |            | (A) Prior Year             | (B) Current Year<br>(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<br>(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

|                       |               | FOUNDATION,       |        |             |
|-----------------------|---------------|-------------------|--------|-------------|
| unctionally Integrate | d 509(a)(3) S | upporting Organiz | ations | (continued) |

| Sche |                                                                              | RIDA FOUNDATION               |                                       | 0    | 1-0973168                               | Page 7 |
|------|------------------------------------------------------------------------------|-------------------------------|---------------------------------------|------|-----------------------------------------|--------|
| Par  | t V Type III Non-Functionally Integrated 509                                 | a)(3) Supporting Orga         | nizations (continu                    | ued) |                                         |        |
| Sect | on D - Distributions                                                         |                               |                                       |      | Current Yea                             | r      |
| _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 | 6                                     | 3    |                                         |        |
| 4    | Amounts paid to acquire exempt-use assets                                    |                               |                                       | 4    |                                         |        |
| 5    | Qualified set-aside amounts (prior IRS approval required - pro               | ovide details in Part VI)     |                                       | 5    |                                         |        |
| 6    | Other distributions ( <i>describe in</i> <b>Part VI</b> ). 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                                       |                               | 1                                     | 10   |                                         |        |
| Sect | on E - Distribution Allocations (see instructions)                           | (i)<br>Excess Distributions   | (ii)<br>Underdistributior<br>Pre-2022 | าร   | (iii)<br>Distributable<br>Amount for 20 |        |
| 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)                           |                               |                                       |      |                                         |        |
| i_   | 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:                                                         |                               |                                       |      |                                         |        |
| а    | Excess from 2018                                                             |                               |                                       |      |                                         |        |
|      | Excess from 2019                                                             |                               |                                       |      |                                         |        |
|      | Excess from 2020                                                             |                               |                                       |      |                                         |        |
|      | Excess from 2021                                                             |                               |                                       |      |                                         |        |
|      | Excess from 2022                                                             |                               |                                       |      |                                         |        |

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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

PART IV, SECTION A, LINE 6

DESCRIPTION OF SUPPORT TO EXTERNAL ENTITY VOLUNTEER FLORIDA FOUNDATION RAISES FUNDS TO SUPPORT VOLUNTEER FLORIDA'S PROGRAMS, WHICH PUT NATIONAL SERVICE AND VOLUNTEERS TO WORK IN SCHOOLS AND COMMUNITIES ACROSS THE STATE. THE FOUNDATION ALSO SUPPORTS SPECIAL GOVERNOR'S INITIATIVES, INCLUDING FLORIDA'S BLACK HISTORY MONTH, NATIVE AMERICAN HERITAGE MONTH, AND HISPANIC HERITAGE MONTH CELEBRATIONS, AS WELL AS HONORING OUR STATE'S OUTSTANDING VOLUNTEERS, VETERANS, AND EDUCATORS. THE FOUNDATION FINANCIALLY SUPPORTED THE GOVERNOR'S INITIATIVES DURING THE YEAR.

THE FLORIDA DISASTER FUND IS THE STATE OF FLORIDA'S OFFICIAL PRIVATE FUND ESTABLISHED TO ASSIST FLORIDA'S COMMUNITIES AS THEY RESPOND TO AND RECOVER DURING TIMES OF EMERGENCY OR DISASTER. IN PARTNERSHIP WITH THE PUBLIC SECTOR, PRIVATE SECTOR AND OTHER NON-GOVERNMENTAL ORGANIZATIONS, THE FLORIDA DISASTER FUND SUPPORTS RESPONSE AND RECOVERY ACTIVITIES. DONATIONS TO THE FLORIDA DISASTER FUND ARE MADE TO THE VOLUNTEER FLORIDA FOUNDATION WHICH DISTRIBUTES FUNDS TO SERVICE ORGANIZATIONS THAT WILL SERVE INDIVIDUALS WITHIN THEIR COMMUNITIES WITH DISASTER RESPONSE AND RECOVERY.

232028 12-09-22

## 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

umber

| Name of the organization | Employer identification nu                                                       |            |
|--------------------------|----------------------------------------------------------------------------------|------------|
| V                        | OLUNTEER FLORIDA FOUNDATION, INC                                                 | 01-0973168 |
| Organization type (check | cone):                                                                           |            |
| Filers of:               | Section:                                                                         |            |
| Form 990 or 990-EZ       | $\fbox{X}$ 501(c)( 3 ) (enter number) organization                               |            |
|                          | 4947(a)(1) nonexempt charitable trust <b>not</b> 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 \_\_\_\_\_\_\$

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)

|     | 241 EARL GARRETT           |  |  |
|-----|----------------------------|--|--|
|     | KERRVILLE, TX 78028        |  |  |
|     |                            |  |  |
| (a) | (b)                        |  |  |
| No. | Name, address, and ZIP + 4 |  |  |
| 2   | ABC LIQUORS                |  |  |
|     | 8989 S. ORANGE AVENUE      |  |  |
|     | ORLANDO, FL 32824          |  |  |
|     |                            |  |  |
| (a) | (b)                        |  |  |

5A FAMILY CHARITABLE FUND

VOLUNTEER FLORIDA FOUNDATION, INC

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

(b)

Name, address, and ZIP + 4

Name of organization

Part I

(a)

No.

No.

(a)

No.

(a)

No.

(a)

No.

6

5

4

3

1

Employer identification number

Person Payroll (d)

Type of contribution

X

01-0973168

(c)

**Total contributions** 

#### 50,000. Noncash (Complete Part II for noncash contributions.) (c) (d) **Total contributions** Type of contribution X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 ABUNDANT LIFE MINISTRIES X Person Payroll 3619 KIESSEL ROAD 25,000. Noncash \$ (Complete Part II for THE VILLAGES, FL 32163 noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution ACOSTA X Person Payroll 6600 CORPORATE CENTER PARKWAY 10,000. Noncash \$ (Complete Part II for JACKSONVILLE, FL 32216 noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution AD PARTNERS, INC. X Person Payroll 5020 W. LINEBAUGH AVENUE, #210 5,000. Noncash (Complete Part II for TAMPA, FL 33624 noncash contributions.) (c) (d) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution ADAM BESNARD X Person Payroll 5,000. 3000 BAYPORT DRIVE SUITE 400 Noncash \$ (Complete Part II for TAMPA, FL 33607 noncash contributions.) Schedule B (Form 990) (2022) 23

223452 11-15-22

| Schedule I | B (Form | 990) (2022) |  |
|------------|---------|-------------|--|
|            |         |             |  |

Name of organization

VOLUNTEER FLORIDA FOUNDATION, INC

Employer identification number

01-0973168

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additi                               | ional space is needed.            |                                                                                    |
|------------|---------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                       | (c)<br>Total contributions        | (d)<br>Type of contribution                                                        |
| 7          | ADAMEC HARLEY-DAVIDSON OF ST.<br>AUGUSTINE<br>118 ST. GEORGE STREET<br>ST. AUGUSTINE, FL 32084          | \$5,813.                          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                       | (c)<br>Total contributions        | (d)<br>Type of contribution                                                        |
| 8          | ADRON WALKER<br>607 UPPER MANATEE RIVER ROAD NE<br>BRADENTON, FL 34212                                  | \$5,100.                          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                       | (c)<br>Total contributions        | (d)<br>Type of contribution                                                        |
| 9          | ADS FOUNDATION<br>7081 E. AVENIDA DE SANTIAGO<br>ANAHEIM, CA 92807                                      | \$25,000.                         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)        | (b)                                                                                                     | (c)                               | (d)                                                                                |
| <u>No.</u> | Name, address, and ZIP + 4         AETNA, INC.         151 FARMINGTON AVENUE         HARTFORD, CT 06156 | Total contributions          \$\$ | Type of contribution         Person       X         Payroll                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                       | (c)<br>Total contributions        | (d)<br>Type of contribution                                                        |
| 11         | AGE OF LEARNING, INC.<br>101 N BRAND BLVD.<br>GLENDALE, CA 91203                                        | \$10,000.                         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                       | (c)<br>Total contributions        | (d)<br>Type of contribution                                                        |
| 12         | AILEEN S. ANDREW FOUNDATION<br>10701 WINTERSET DRIVE<br>OAKLAND PARK, IL 60467                          | \$20,000.                         | Person X<br>Payroll<br>(Complete Part II for<br>noncash contributions.)            |

Schedule B (Form 990) (2022)

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| Name of organization |         |             |     |  |  |
|----------------------|---------|-------------|-----|--|--|
| VOLUNTEER            | FLORIDA | FOUNDATION, | INC |  |  |

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

Employer identification number

01-0973168

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|------------|-----------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| 13         | ALAN AND VIRGINIA HUFFENUS<br>184 PURCHASE STREET<br>SOUTH EASTON, MA 02375                                     | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 14         | ALBERT D. AND MARGARET M. BLENDERMAN<br><u>FUND</u><br><u>2635 FRUITVILLE ROAD</u><br><u>SARASOTA, FL 34237</u> | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 15         | ALCHEMY SPETEC<br>4508 BIBB BOULEVARD, SUITE B5<br>TUCKER, GA 30084                                             | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 16         | ALEXANDER ZUHUSKY<br>1000 N US HIGHWAY 1, UNIT 75<br>JUPITER, FL 33477                                          | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 17         | ALLEN AND PATRICIA MURRAY FOUNDATION<br>PO BOX 1298<br>SYOSSET, NY 11791                                        | \$ <u>10,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 18         | ALLIED SOLUTIONS, LLC.<br>PO BOX 262625<br>PLANO, TX 75026                                                      | \$25,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

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VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

Employer identification number

01-0973168

| Part I       | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed. |                            |                                                                                    |  |
|--------------|-------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|--|
| (a)          | (b)                                                                                                   | (c)                        | (d)                                                                                |  |
| No.          | Name, address, and ZIP + 4                                                                            | Total contributions        | Type of contribution                                                               |  |
| <u>19</u>    | ALPHONSE AND JANET WHITMORE          1809 FRANKLIN AVENUE         MCLEAN, VA 22101                    | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |
| (a)          | (b)                                                                                                   | (c)                        | (d)                                                                                |  |
| <u>No.</u>   | Name, address, and ZIP + 4<br>ALVIN L. GLICK FOUNDATION, INC. AND<br>ARLO STEEL                       | Total contributions        | Type of contribution Person X Payroll                                              |  |
|              | 3100 E HIGH STØ                                                                                       | \$100,000.                 | Noncash                                                                            |  |
|              | JACKSON, MI 49203-3467                                                                                |                            | (Complete Part II for noncash contributions.)                                      |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |  |
| 21           | ALYSSA THOMAS<br>6000 FAIRVIEW ROAD<br>CHARLOTTE, NC 28210                                            | \$9,000.                   | Person X<br>Payroll (Complete Part II for<br>noncash contributions.)               |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |  |
| 22           | AMAZON<br>410 TERRY AVE N<br>SEATTLE, WA 98109                                                        | \$ <u>1,000,000.</u>       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |  |
|              | AMERICAN ENDOWMENT FUND<br>5700 DARROW RD # 118<br>HUDSON, OH 44236                                   | \$ <u>110,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |  |
| 24_          | AMERICAN EXPRESS FOUNDATION                                                                           | \$100,000.                 | Person X<br>Payroll Noncash (Complete Part II for                                  |  |
| 223452 11-15 | <u>NEW YORK, NY 10285</u>                                                                             |                            | noncash contributions.)<br>Schedule B (Form 990) (2022)                            |  |

Schedule B (Form 990) (2022)

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No.

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

|            | 12750 MERIT DRIVE, SUITE 350<br>DALLAS, TX 75251                                         | \$ <u>5,000.</u>           | Payroll       Noncash       (Complete Part II for<br>noncash contributions.)       |
|------------|------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 26         | AMERICAN GENERAL GLOBAL<br>2727 ALLEN PKWY STE A<br>HOUSTON, TX 77019-2116               | \$ <u>50,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 27         | AMERICAN ONLINE GIVING FOUNDATION<br>40 EAST MAIN STREET, SUITE 887<br>NEWARK , DE 19711 | \$ <u>253,167.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 28         | AMERIHEALTH CARITAS SERVICES<br>200 STEVENS DRIVE<br>PHILADELPHIA, PA 19113              | \$ <u>100,000.</u>         | Person     X       Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 29_        | AMTRUST NORTH<br>P O BOX 6939<br>CLEVELAND, OH 44101-1939                                | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 30         | AMY HOPCIAN<br>426 N NOBLE STREET, APT. 4                                                | \$7,500 <b>.</b>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for                            |

VOLUNTEER FLORIDA FOUNDATION, INC

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

Name, address, and ZIP + 4

AMERICAN FIRE SPRINKLER ASSOCIATION

Employer identification number

(d)

Type of contribution

X

01-0973168

Person

**Total contributions** 

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noncash contributions.) Schedule B (Form 990) (2022)

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Name of organization

Employer identification number

01-0973168

#### VOLUNTEER FLORIDA FOUNDATION, INC

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution AMY T. GRAY CHARITABLE FUND 31 X Person Payroll 8910 PURDUE ROAD, SUITE 500 8,703. Noncash \$ (Complete Part II for INDIANAPOLIS, IN 46268 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 32 ANCHOR 39 FOUNDATION X Person Payroll 1779 KIRBY PKWY STE 15207 5,000. Noncash (Complete Part II for MEMPHIS, TN 38138 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 33 ANDRE CAROLLO X Person Payroll 8675 HIDDEN RIVER PKWY 5,120. Noncash \$ (Complete Part II for TAMPA, FL 33637 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 34 ANDREW AND YVONNE SOMMER X Person Payroll 40 EASTERN VISTA S 10,000. Noncash \$ (Complete Part II for SEDONA , AZ 86351 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 ANDREW FELTZ X Person Payroll 4199 S. OLD 3C HWY 5,000. Noncash (Complete Part II for WESTERVILLE, OH 43082 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 36 ANGEL HENRY X Person Payroll 5,000. 2910 KERRY FOREST PARKWAY, D4-222 Noncash \$ (Complete Part II for TALLAHASSEE, FL 32309 noncash contributions.)

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VOLUNTEER FLORIDA FOUNDATION, INC

Employer identification number

01-0973168

### **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 ANN WISMER X Person Payroll 11 WATERFORD OAKS LN 5,000. Noncash (Complete Part II for KEMAH, TX 77565 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 38 ANTHONY AND CHRISTIE DENICOLA X Person Payroll 732 NORTH MANASOTA KEY ROAD 100,000. Noncash (Complete Part II for ENGLEWOOD, FL 34223 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 39 ANTHONY DERBY X Person Payroll 4005 W SPRUCE ST 5,000. Noncash \$ (Complete Part II for TAMPA, FL 33607 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 40 X ANTHONY MINCER Person Payroll 1545 RAYMOND DIEHL ROAD 250 5,279. Noncash \$ (Complete Part II for TALLAHASSEE, FL 32308 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 ANTHONY VALENTE X Person Payroll 55 WALKERS BROOK DRIVE, 6TH FLOOR 7,000. Noncash (Complete Part II for READING, MA 01867 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 42 ANTIOCH CHURCH X Person Payroll 10.000. 4737 WILLIARD ROAD ሰ Noncash (Complete Part II for WILLARD, NC 28478 noncash contributions.)

Schedule B (Form 99 Name of organization

Part I

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Schedule B (Form 990) (2022)

(a) No.

46

(a) No.

47

(a) No.

48

| 223452 11-15 | -22    |        |  |
|--------------|--------|--------|--|
| 0530424      | 136042 | 3742VF |  |

Name of organization

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 43 ANUI 125 LOS (a) No. 44APP 284VAL (a) No. 45 ARB 3 G.

## Schedule B (Form 990) (2022)

VOLUNTEER FLORIDA FOUNDATION, INC

Employer identification number

01-0973168

(d)

Type of contribution

|                                       | Person X                                                                                                                                     |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| \$5,000.                              | Payroll<br>Noncash                                                                                                                           |
|                                       | (Complete Part II for<br>noncash contributions.)                                                                                             |
| (c)<br>Total contributions            | (d)<br>Type of contribution                                                                                                                  |
|                                       | Person X                                                                                                                                     |
| \$11,050.                             | Payroll<br>Noncash                                                                                                                           |
|                                       | (Complete Part II for noncash contributions.)                                                                                                |
| (c)<br>Total contributions            | (d)<br>Type of contribution                                                                                                                  |
|                                       | Person X                                                                                                                                     |
| \$16,700.                             | Payroll<br>Noncash                                                                                                                           |
|                                       | (Complete Part II for noncash contributions.)                                                                                                |
| (c)<br>Total contributions            | (d)<br>Type of contribution                                                                                                                  |
|                                       | Person X                                                                                                                                     |
| \$5,000.                              | Payroll<br>Noncash                                                                                                                           |
|                                       | (Complete Part II for noncash contributions.)                                                                                                |
| (c)<br>Total contributions            | (d)<br>Type of contribution                                                                                                                  |
|                                       | Person X                                                                                                                                     |
| \$5,000.                              | Payroll<br>Noncash                                                                                                                           |
|                                       | (Complete Part II for noncash contributions.)                                                                                                |
| (c)<br>Total contributions            | (d)<br>Type of contribution                                                                                                                  |
|                                       |                                                                                                                                              |
| \$ 10.000.                            | Person X<br>Payroll<br>Noncash                                                                                                               |
| · · · · · · · · · · · · · · · · · · · | (Complete Part II for<br>noncash contributions.)                                                                                             |
|                                       | Schedule B (Form 990) (2022)                                                                                                                 |
|                                       | (c)<br>Total contributions<br>\$ 11,050.<br>(c)<br>Total contributions<br>\$ 16,700.<br>(c)<br>Total contributions<br>\$ 5,000.<br>\$ 5,000. |

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| <br>noncash contributions.)  |
|------------------------------|
| Schedule B (Form 990) (2022) |

VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

01-0973168

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |                                                                                    |
|------------|-------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 49         | AT&T FOUNDATION<br>208 S AKARD ST FL 12<br>DALLAS, TX 75202                   | \$ <u>200,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 50_        | ATSUKO SHIBATA<br>4617 CALLE SAN JUAN<br>NEWBURY PARK, CA 91320               | \$ <u>5,000.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 51         | AUBREY MICHAEL<br>724 CROSSWIND AVE<br>SARASOTA, FL 34240                     | \$ <u>15,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 52         | AUDIE EMBESTRO<br>360 NUECES STREET, APT. 2811<br>AUSTIN, TX 78701            | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 53         | AURELIA PAPITTO CHARITABLE FUND<br>201 HILLSIDE RD<br>CRANSTON, RI 02920      | \$ <u>40,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 54         | AURINIA PHARMACEUTICALS<br>22393 SWEETSPIRE DRIVE<br>CLARKSBURG, MD 20871     | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

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Employer identification number

01-0973168

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additiona   | al space is needed.        |                                                                                    |
|------------|--------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                              | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 55         | AVPRO GLOBAL HOLDINGS, LLC.<br>2222 E. 52ND STREET N.<br>SIOUX FALLS, SD 57104 | \$ <u>10,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                              | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 56         | BABETTE HUSSON<br>6131 KEYSER RD<br>HUME, VA 22639                             | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                              | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 57         | BANK OF AMERICA<br>101 E. KENNEDY BLVD.<br>TAMPA, FL 33602                     | \$ <u>250,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                              | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 58         | BANK OF AMERICA CHARITABLE GIFT FUND<br>100 FEDERAL STREET<br>BOSTON, MA 02110 | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                              | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 59         | BAPS CHARITIES<br>PO BOX 60<br>WINDSOR, NJ 08561                               | \$ <u>25,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                              | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 60         | BAPTIST HEALTH SOUTH FLORIDA<br>8900 NORTH KENDALL DRIVE<br>MIAMI, FL 33176    | \$100,000.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

Schedule B (Form 990) (2022)

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

Employer identification number

01-0973168

| Part I       | Contributors (see instructions). Use duplicate copies of Part I if additional                           | space is needed.           |                                                                                    |
|--------------|---------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                       | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 61           | BARBARA ZOBY<br>305 BROOKE AVENUE, #404<br>NORFOLK, FL 23510                                            | \$ <u>5,000.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                       | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 62           | BARNHILL FAMILY FOUNDATION<br>501 SILVERSIDE RD<br>WILMINGTON, DE 19809                                 | \$20,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                       | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 63           | BARRY AND LINNEA TEDLUND<br>2715 PIONEER TRAIL<br>MEDINA, MN 55340                                      | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                       | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 64           | BARTON BILLER<br>86 SOUTH SEWALLS POINT RD<br>STUART, FL 34996                                          | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                       | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 65           | BAY BRANCH FOUNDATION - ELAINE J. WOLD<br>1515 SOUTH FEDERAL HIGHWAY, SUITE 201<br>BOCA RATON, FL 33432 | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                       | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 66           | BAYVIEW ASSET MANAGEMENT<br>4425 PONCE DE LEON ROAD<br>CORAL GABLES, FL 33146                           | \$ <u>100,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| 223452 11-15 | -22                                                                                                     |                            | Schedule B (Form 990) (2022)                                                       |

Schedule B (Form 990) (2022)

Employer identification number

01-0973168

## VOLUNTEER FLORIDA FOUNDATION, INC

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

| (a)           | (b)                                                                           | (c)                  | (d)                                                                                                                |
|---------------|-------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------|
| No.           | Name, address, and ZIP + 4                                                    | Total contributions  | Type of contribution                                                                                               |
| 67            | BCBS (FLORIDA BLUE)<br>PO BOX 1798<br>JACKSONVILLE, FL 32231                  | \$ <u>1,000,000.</u> | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)           | (b)                                                                           | (c)                  | (d)                                                                                                                |
| No.           | Name, address, and ZIP + 4                                                    | Total contributions  | Type of contribution                                                                                               |
| 68            | BECCA STOUT<br>12 SEAHAWKS WAY<br>RENTON, WA 98056                            | \$ <u> </u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                    |
| (a)           | (b)                                                                           | (c)                  | (d)                                                                                                                |
| No.           | Name, address, and ZIP + 4                                                    | Total contributions  | Type of contribution                                                                                               |
| <u>    69</u> | BEJAN MALBARI<br>1706 HELIX CT.<br>CONCORD, CA 94518                          | \$ <u> </u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)           | (b)                                                                           | (c)                  | (d)                                                                                                                |
| No.           | Name, address, and ZIP + 4                                                    | Total contributions  | Type of contribution                                                                                               |
| 70_           | BELLE BUOY FOUNDATION A COMBIAS<br>1475 GULF SHORE BLVD S<br>NAPLES, FL 34102 | \$ <u> </u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)           | (b)                                                                           | (c)                  | (d)                                                                                                                |
| No.           | Name, address, and ZIP + 4                                                    | Total contributions  | Type of contribution                                                                                               |
|               | BENJAMIN LEVINE<br>445 WESTBURY BLVD<br>HEMPSTEAD, NY 11550                   | \$5,000.             | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)           | (b)                                                                           | (c)                  | (d)                                                                                                                |
| No.           | Name, address, and ZIP + 4                                                    | Total contributions  | Type of contribution                                                                                               |
| 223452 11-15  | BERNSTEIN<br>501 COMMERCE STREET<br>NASHVILLE, TN 37203                       | \$10,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022) |

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Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

01-0973168

### Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 73 BLACKBAUD GIVING FUND X Person Payroll **65 FAIRCHILD STREET** 122,493. Noncash (Complete Part II for CHARLESTON, SC 29492 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 74 BLACKROCK CHARITABLE FUND X Person Payroll 55 E. 52ND STREET 250,000. Noncash (Complete Part II for NEW YORK, NY 10055 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 75 BMG (THE K TO WIND FOUNDATION) X Person Payroll 500 FIFTH AVENUE NORTH 100,000. Noncash \$ (Complete Part II for SEATTLE, WA 98109 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. BOB AND CAROL ROSS CHARITABLE 76 FOUNDATION X Person Payroll 9521 MONTELANICO LOOP 10,000. Noncash \$ (Complete Part II for NAPLES, FL 34119 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 77 BOSTON FOUNDATION X Person Payroll 75 ARLINGTON ST # 300 115,000. Noncash (Complete Part II for BOSTON, MA 02116 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 78 X BOYLE, LEONARD, AND ANDERSON Person Payroll 25,000. 9111 COLLEGE POINTE DRIVE Noncash \$ (Complete Part II for FORT MYERS, FL 33919 noncash contributions.) 223452 11-15-22

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) No. Name, address, and ZIP + 4

VOLUNTEER FLORIDA FOUNDATION, INC

| 79           | BRAD WINSTEAD                     |                            | Person X                                      |
|--------------|-----------------------------------|----------------------------|-----------------------------------------------|
|              | 5900 N ANDREWS AVE, 600           | \$5,000.                   | Payroll<br>Noncash                            |
|              | FORT LAUDERDALE, FL 33309         |                            | (Complete Part II for noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                   |
| 80           | BRADLEY MILLON                    |                            | Person X                                      |
|              | 5002 LINDEN OAKS AVENUE           | \$5,000.                   | Payroll<br>Noncash                            |
|              | DURHAM, NC 27713                  |                            | (Complete Part II for noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                   |
| 81           | BRADY NASH                        |                            | Person X                                      |
|              | 992 MULBERRY LN                   | \$5,000.                   | Payroll<br>Noncash                            |
|              | WEST FARGO, ND 58078              |                            | (Complete Part II for noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                   |
| 82           | BRAMAN MOTORS                     |                            | Person X                                      |
|              | 2060 BISCAYNE BLVD., 2ND FLOOR    | \$50,000.                  | Payroll<br>Noncash                            |
|              | MIAMI, FL 33137                   |                            | (Complete Part II for noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                   |
| 83           | BRANDEN GRACE                     |                            | Person X                                      |
|              | 12657 ALCOSTA BLVD., SUITE 500    | \$50,000.                  | Payroll<br>Noncash                            |
|              | SAN RAMON, CA 94583               |                            | (Complete Part II for noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                   |
| 84           | BRANDON TRESS                     |                            | Person X                                      |
|              | 15550 LIGHTWAVE DR                | \$22,000.                  | Payroll<br>Noncash                            |
|              | CLEARWATER, FL 33760              |                            | (Complete Part II for noncash contributions.) |
| 223452 11-15 | 36                                |                            | Schedule B (Form 990) (2022)                  |

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(d)

Type of contribution

01-0973168

(c)

**Total contributions** 

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|----------|---------|-------|-----|---|--|
| ame of o | rganiza | ation |     |   |  |

Employer identification number

01-0973168

| (a)                       | (b)                                                                                                                        | (c)                                          | (d)                                                                                                  |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------|
| No.                       | Name, address, and ZIP + 4                                                                                                 | Total contributions                          | Type of contribution                                                                                 |
| 85                        | BRIAN DUNSIRN<br>26120 WOODLYN DRIVE<br>BONITA SPRINGS, FL 34134                                                           | \$ <u> </u>                                  | Person     X       Payroll                                                                           |
| (a)                       | (b)                                                                                                                        | (c)                                          | (d)                                                                                                  |
| <u> </u>                  | Name, address, and ZIP + 4         BRIAN LEIBFRIED         8317 MARINA CT         HOLMES BEACH, FL 34217                   | Total contributions                          | Type of contribution         Person       X         Payroll                                          |
| (a)<br>No.                | (b)<br>Name, address, and ZIP + 4                                                                                          | (c)<br>Total contributions                   | (d)<br>Type of contribution                                                                          |
| 87_                       | BRIAN RODDY<br><u>1170 RT 22</u><br><u>MOUNTAINSIDE, NJ 07092</u>                                                          | \$44,152.                                    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                   |
| (a)                       | (b)                                                                                                                        | (c)                                          | (d)                                                                                                  |
| <u> </u>                  | Name, address, and ZIP + 4         BRIGHTHOUSE LIFE INSURANCE COMPANY         1275 SANDUSKY         JACKSONVILLE, IL 62650 | Total contributions         \$       50,000. | Type of contribution         Person       X         Payroll                                          |
| (a)<br>No.                | (b)<br>Name, address, and ZIP + 4                                                                                          | (c)<br>Total contributions                   | (d)<br>Type of contribution                                                                          |
| <u>89</u>                 | BRITT RUBY<br><u>19620 WEST CATAWBA AVENUE</u><br><u>CORNELIUS, NC 28031</u>                                               | \$7,000.                                     | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                   |
| (a)<br>No.                | (b)<br>Name, address, and ZIP + 4                                                                                          | (c)<br>Total contributions                   | (d)<br>Type of contribution                                                                          |
| <u>90</u><br>223452 11-15 | BRITTANY AND WILLIAM J. HORSCHEL<br>830-13 A1A N #342<br>PONTE VEDRA BEACH, FL 32082-3290                                  | \$50,000.                                    | Person X<br>Payroll (Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022) |

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VOLUNTEER FLORIDA FOUNDATION, INC Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2022)

Na

Part I

KEWADIN, MI 49648

(a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 91 BRUCE AND ROBIN INSALACO 1085 NORTH WEST TORCH LAKE DR. 5,000. \$

(b)

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

No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 92 BRUCE HUFF X Person Payroll 211 MAIN STREET 5,000. Noncash (Complete Part II for SAN FRANCISCO , CA 94105 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 93 BUEHLER FAMILY CHARITABLE FUND X Person Payroll 1978 HILLBROOK DRIVE 5,000. Noncash \$ (Complete Part II for JASPER, IN 47546 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 94 BUILT BY OWNER X Person Payroll 5230 WEST SAXON CIRCLE 5,000. Noncash \$ (Complete Part II for FORT LAUDERDALE, FL 33331 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 95 C&A JOHNSON FAMILY X Person Payroll 1220 S OCEAN BLVD 500,000. Noncash \$ (Complete Part II for PALM BEACH, FL 33480-5016 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 96 CABLE MARINE, INC. X Person Payroll 5,000. 3330 SW 3RD AVENUE Noncash \$ (Complete Part II for FORT LAUDERDALE, FL 33315 noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022) 38

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Employer identification number

(d)

Type of contribution

X

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Person Payroll

Noncash

(c)

(Complete Part II for

noncash contributions.)

(d)

Name of organization

Part I

(a)

223452 11-15-22

Name of organization

VOLUNTEER FLORIDA FOUNDATION, INC

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution CALIFORNIA CANCER ASSOCIATES FOR 97 RESEARCH AND EXCELLENCE INC X Person Payroll 1510 E HERNDON AVENUE, SUITE 310 5,000. Noncash \$ (Complete Part II for FRESNO CA 93720 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 98 CAMBRIDGE CHARITABLE GIFT FUND X Person Payroll 1776 PLEASANT PLAIN ROAD 5,000. Noncash (Complete Part II for FAIRFIELD, IA 52556 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 99 CARE SOURCE X Person Payroll 230 N. MAIN STREET 50,000. Noncash \$ (Complete Part II for DAYTON, OH 45402 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 100 CARGILL INCORPORATED X Person Payroll PO BOX 5831, MS 105 12,500. Noncash \$ (Complete Part II for MINNEAPOLIS, MN 55440 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 101 CARLIE OAKLEY X Person Payroll 8365 KEYSTONE CROSSING, SUITE 104 8,000. Noncash (Complete Part II for INDIANAPOLIS, IN 46240 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 102 CARLTON ARMS OF LAKELAND X Person Payroll 27,957. 1000 CARLTON ARMS DRIVE Noncash \$ (Complete Part II for LAKELAND, FL 33811 noncash contributions.)

Employer identification number

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|            | LAKELAND, FL 33810                 | _                          |
|------------|------------------------------------|----------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions |
| 105        | CARLTON ARMS OF OCALA              |                            |
|            | 5001 SW20TH STREET, SUITE 100      | \$26,715.                  |
|            | <u>OCALA, FL 34474</u>             |                            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions |
| 106        | CARLTON ARMS OF ST. PETERSBURG     |                            |
|            | 6699 31ST WAY SOUTH                | \$8,045.                   |
|            | ST. PETERSBURG, FL 33712           | _                          |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions |
| 107        | CARLTON ARMS OF WINTER HAVEN, LLLP |                            |
|            | 7676 CARLTON ARMS BLVD.            | \$31,064.                  |
|            | WINTER HAVEN, FL 33884             |                            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions |
| 108        | CARLTON ARMS OF WINTER PARK, LLLP  |                            |
|            | 300 JAMESTOWN DRIVE                | \$9,040.                   |
|            | WINTER PARK, FL 32792              |                            |
| 23452 11-1 | 5-22 40                            |                            |

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if a                    | dditional space is needed. |
|------------|-----------------------------------------------------------------------------------------|----------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                       | (c)<br>Total contributions |
| 103        | CARLTON ARMS OF MAGNOLIA VALLEY<br>7212 CARLTON ARMS DRIVE<br>NEW PORT RICHEY, FL 34653 | \$24,853                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                       | (c)<br>Total contributions |
| 104        | CARLTON ARMS OF NORTH LAKELAND                                                          |                            |
|            | 4500 WILLIAMSTOWN BLVD.<br>LAKELAND, FL 33810                                           | \$29,510                   |
| (a)        | (b)                                                                                     | (c)                        |

Name of organization

(d) Type of contribution

(d)

Type of contribution

(d) Type of contribution

(d) Type of contribution

(d) Type of contribution

(d) Type of contribution

X

X

X

X

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01-0973168

Person Payroll

Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

Person

Payroll Noncash (Complete Part II for noncash contributions.)

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Person Payroll Noncash (Complete Part II for noncash contributions.)

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TAMPA

FL 33609

| (b)                                                                                               | (c)                 | (d)                                                                                |
|---------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------|
| Name, address, and ZIP + 4                                                                        | Total contributions | Type of contribution                                                               |
| CORMIER CHARITABLE FOUNDATION          3 CRENSHAW LN         ANDOVER, MA 01810                    | \$ <u>25,000.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)                                                                                               | (c)                 | (d)                                                                                |
| Name, address, and ZIP + 4                                                                        | Total contributions | Type of contribution                                                               |
| CAROL AND BARNEU FAMILY FOUNDATION<br>130 SOUTH CANAL STREETT, SUITE 9T<br>CHICAGO, IL 60606-3919 | \$ <u>250,000.</u>  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)                                                                                               | (c)                 | (d)                                                                                |
| Name, address, and ZIP + 4                                                                        | Total contributions | Type of contribution                                                               |
| CAROL BERNICK<br>5001 SW 27TH AVENUE<br>OCALA, FL 34471                                           | \$50,000 <b>.</b>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)                                                                                               | (c)                 | (d)                                                                                |
| Name, address, and ZIP + 4                                                                        | Total contributions | Type of contribution                                                               |
| CAROL CRAWFORD<br>4255 GULF SHORE BLVD. NORTH, APT. 1402<br>NAPLES, FL 34103                      | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)                                                                                               | (c)                 | (d)                                                                                |
| Name, address, and ZIP + 4                                                                        | Total contributions | Type of contribution                                                               |
| CAROL HUDAK<br>296 DANIELS FARM ROAD<br>TRUMBULL, CT 06611                                        | \$6,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| <br>(b)                                                                                           | (c)                 | (d)                                                                                |
| Name, address, and ZIP + 4                                                                        | Total contributions | Type of contribution                                                               |
| CAROLINE BARNHILL<br>3404 W MCKAY AVE                                                             | \$5,000 <b>.</b>    |                                                                                    |

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

Employer identification number

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noncash contributions.) Schedule B (Form 990) (2022)

(Complete Part II for

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## Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

No.

109

(a)

No.

110

(a)

No.

111

(a)

No.

112

(a)

No.

113

(a)

No.

| VENICE, FL 34285                          |            |             |          | (Complete Par<br>noncash contr |               |
|-------------------------------------------|------------|-------------|----------|--------------------------------|---------------|
| (b)                                       |            | (c)         |          | (d)<br>Turna af agu            |               |
| Name, address, and ZIP + 4                |            | Total contr | ibutions | Type of cor                    | itribution    |
| CEMEX FOUNDATION                          |            |             |          | Person<br>Payroll              | X             |
| 1720 CENTERPARK DRIVE EAST                |            | \$1         | 0,000.   | Noncash                        |               |
| WEST PALM BEACH, FL 33401                 |            |             |          | (Complete Par<br>noncash contr |               |
| (b)                                       |            | (c)         |          | (d)                            |               |
| Name, address, and ZIP + 4                |            | Total contr |          | Type of cor                    |               |
| CFG COMMUNITY BANK<br>1422 CLARKVIEW ROAD |            | <u> </u>    | 0,000.   | Person<br>Payroll<br>Noncash   | X             |
| 1422 CLARRVIEW ROAD                       |            | \$0         | 0,000.   |                                |               |
| BALTIMORE, MD 21209                       |            |             |          | (Complete Par<br>noncash contr |               |
| 22                                        |            |             |          | Schedule B (For                | m 990) (2022) |
|                                           | 42         |             |          |                                |               |
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## Name of organization

VOLUNTEER FLORIDA FOUNDATION, INC

TALLAHASSEE, FL 32308

CRYSTAL BEACH, FL 34681

30510 MORNING VIEW DR

MALIBU, CA 90265-3622

CATHY AND LLOYD AANONSEN

1545 RAYMOND DIEHL ROAD 250

CARPENTERS WAY MINISTRIES, INC.

CAROLS PIETRI

PO BOX 742

CATHEY CADIEUX

817 LAGUNA DR

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

(b)

Name, address, and ZIP + 4

Employer identification number

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(d)

Type of contribution

X

X

X

X

01-0973168

(c)

**Total contributions** 

(c)

**Total contributions** 

(c)

**Total contributions** 

(c)

**Total contributions** 

\$

\$

\$

\$

10,000.

8,000.

10,000.

5,000.

## Schedule B (Form 990) (2022)

Part I

(a)

No.

115

(a)

No.

116

(a)

No.

117

(a)

No.

118

(a) No.

119

(a) No.

120

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Schedule B (Form 990) (2022)

Employer identification number

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| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional                             | space is needed.           |                                                                                    |
|------------|-----------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| _121       | CHABRIER FAMILY FUND<br>PO BOX 770001<br>CINCINNATI, OH 45277                                             | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 122        | CHARIN KENT<br>6 PEBBLEBROOK CIR<br>RICHARDSON, TX 75080                                                  | \$ <u>5,000.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 123        | CHARLES AND KRISTINE HINTZ<br>11272 THURSTON CHASE<br>FORT MYERS, FL 33913                                | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 124        | CHARLES AND MARGUERITE HAMRICK<br><u>4 VANDERBILT PARK DRIVE, SUITE 300</u><br><u>ASHEVILLE, NC 28803</u> | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 125        | CHARLES AND RANDI WAX FAMILY TRUST<br>PO BOX 3295<br>RANCHO SANTE FE, CA 92067                            | \$ <u>7,500.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 126        | CHARLES D. BERRY FOUNDATION<br>3055 KETTERING BLVD. SUITE 416                                             | \$20,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

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VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

Page 2

| Schedule B | (Form 9 | 90) (202 | 22) |
|------------|---------|----------|-----|
|            |         |          |     |

CHARLES E.

Name of organization

Part I

(a)

No.

127

VOLUNTEER FLORIDA FOUNDATION, INC

WINGFIELD, JR. CHARITABLE TRUST

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

(b)

Name, address, and ZIP + 4

GARRIS TTEE AND ARCHIE

Payroll 819 BEACHLAND BLVD. 10,000. Noncash \$ (Complete Part II for VERO BEACH, FL 32963 noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 128 CHARLES GOWER X Person Payroll 501 MANDALAY AVE 10,000. Noncash (Complete Part II for CLEARWATER, FL 33767 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 129 CHARLES GROEN X Person Payroll 19291 LA SERENA DRIVE 5,000. Noncash \$ (Complete Part II for ESTERO, FL 33967 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 130 CHARLES SCHMIDT X Person Payroll 6226 FAIRWAY PL SE 5,000. Noncash \$ (Complete Part II for SNOQUALMIE, WA 98065 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 131 CHARLES SCHWAB X Person Payroll 9800 SCHWAB WAY 5,000,000. Noncash (Complete Part II for LONE TREE, CO 80124 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 132 CHARLOTTE PIPE AND FOUNDRY COMPANY X Person Payroll PO BO 35430 50,000. Noncash \$ (Complete Part II for CHARLOTTE NC 28235 noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

r 2022 0

Employer identification number

(d)

Type of contribution

X

01-0973168

Person

(c)

**Total contributions** 

2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

| (b)                                                                                | (c)                 | (d)                                                                                |
|------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------|
| Name, address, and ZIP + 4                                                         | Total contributions | Type of contribution                                                               |
| CHRIS GRECO<br>2 MERRIMACK ST<br>HAVERHILL, MA 01830                               | \$ <u>10,000.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)                                                                                | (c)                 | (d)                                                                                |
| Name, address, and ZIP + 4                                                         | Total contributions | Type of contribution                                                               |
| CHRIS YOUNG FOUNDATION<br>33 MUSIC SQUARE WEST, SUITE 102-B<br>NASHVILLE, TN 37203 | \$ <u> </u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)                                                                                | (c)                 | (d)                                                                                |
| Name, address, and ZIP + 4                                                         | Total contributions | Type of contribution                                                               |
| CHRISTINA MACMILLAN<br>3522 MABILLON WAY<br>WELLINGTON, FL 33449                   | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| 2                                                                                  | ÷                   | Schedule B (Form 990) (20                                                          |
| 45<br>136042 3742375 2022 06000                                                    |                     |                                                                                    |

CHARTER COMMUNICATIONS

12405 POWERSCOURT DRIVE

CHESAPEAKE UTILITIES

TAVARES, FL 32778

SAN RAMON, CA 94583

10905 LAKE HARRIS CIRCLE

MO 63131

ST. LOUIS

CHEVRON

PO BOX 6042

Part I **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

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

(a)

No.

133

(a)

No.

134

(a)

No.

135

(a) No.

136

(a) No.

137

(a)

No.

138

223452 11-15-22

Employer identification number

(d)

Type of contribution

X

X

X

01-0973168

Person Payroll

Noncash

Person Payroll

Noncash (Complete Part II for

> Person Payroll

Noncash

(Complete Part II for

noncash contributions.)

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** 

\$

\$

100,000.

25,000.

200,000.

990) (2022)

223452 11-15-22

| <br>  ⊅_ | JTJ. | ,000 | • • |
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Schedule B (Form 990) (2022)

| Schedule B ( | (Form 990) | (2022) |
|--------------|------------|--------|

VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

01-0973168

| 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 contributions        | Type of contribution                                                               |
| _139       | CHRISTINE ARIANS<br>2900 W BAY TO BAY BLVD., UNIT 902<br>TAMPA, FL 33629                                    | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u> </u>   |                                                                                                             |                            |                                                                                    |
| _140       | CHUCK AMOS<br>3327 TRIPOLI BLVD<br>PUNTA GORDA, FL 33950                                                    | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 141        | COCA COLA<br>1 COCA COLA PLZ NW<br>ATLANTA, GA 30313                                                        | \$31,250.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| _142       | <u>COLOGIX</u><br><u>1601 19TH ST</u><br><u>DENVER, CO 80202</u>                                            | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 143        | COMCAST<br>1701 JF KENNEDY BLVD.<br>PHILADELPHIA, PA 19103                                                  | \$500,000.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No  | (b)<br>Name address and ZIP + 4                                                                             | (c)                        | (d)<br>Type of contribution                                                        |
| <u>No.</u> | Name, address, and ZIP + 4         CONRAD N. HILTON         1 DOLE DRIVE         WESTLAKE VILLAGE, CA 91362 | \$515,000.                 | Type of contribution         Person       X         Payroll                        |

| 145 | COPPERHEAD CHARITIES         |    |
|-----|------------------------------|----|
|     | <u>36750 US HWY 19 N</u>     | \$ |
|     | PALM HARBOR, FL 34684        |    |
| (a) | (b)                          |    |
| No. | Name, address, and ZIP + 4   | Το |
| 146 | CREAN FAMILY CHARITABLE FUND |    |
|     | 27052 FALLING LEAF DR        | \$ |
|     | LAGUNA HILLS, CA 92653       |    |
| (a) | (b)                          |    |
| No. | Name, address, and ZIP + 4   | Тс |
| 147 | CRYSTAL MOTORS               |    |
|     | PO BOX 487                   | \$ |
|     | CRYSTAL RIVER, FL 34423      |    |

al space is needed.

| B (Form 990) (2022)                                                         |
|-----------------------------------------------------------------------------|
| rganization                                                                 |
| TEER FLORIDA FOUNDATION, INC                                                |
| Contributors (see instructions). Use duplicate copies of Part I if addition |
| (b)                                                                         |
| Name, address, and ZIP + 4                                                  |
| COPPERHEAD CHARITIES                                                        |
|                                                                             |
|                                                                             |

|                            | PALM HARBOR, FL 34684                                                            |                            | (Complete Part II for noncash contributions.)                                                                      |
|----------------------------|----------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------|
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 146                        | CREAN FAMILY CHARITABLE FUND<br>27052 FALLING LEAF DR<br>LAGUNA HILLS, CA 92653  | \$ <u>10,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 147                        | CRYSTAL MOTORS<br>PO BOX 487<br>CRYSTAL RIVER, FL 34423                          | \$ <u>25,000.</u>          | Person     X       Payroll                                                                                         |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 148                        | CSX TRANSPORTATION<br>500 WATER STREET, C420<br>JACKSONVILLE, FL 32202           | \$ <u>50,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 149                        | CULVER FRANCHISING SYSTEM, LLC.<br>1240 WATER STREET<br>PRAIRIE DU SAC, WI 53578 | \$6,319.                   | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.)                                              |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| <u>150</u><br>223452 11-15 | CURTIS CHANDLER<br>13723 LUNA DRIVE<br>NAPLES, FL 34109                          | \$ <u>20,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022) |

Employer identification number

(d) Type of contribution

X

01-0973168

Person Payroll

Noncash

(c)

**Total contributions** 

15,000.

Name of organization

Employer identification number

01-0973168

## VOLUNTEER FLORIDA FOUNDATION, INC

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

| (a)        | (b)                                                                                        | (c)                        | (d)                                                                                |
|------------|--------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| No.        | Name, address, and ZIP + 4                                                                 | Total contributions        | Type of contribution                                                               |
| _151       | CVS HEALTH<br><u>1 CVS DRIVE</u><br><u>WOONSOCKET, RI 02895</u>                            | \$ <u>1,320,510.</u>       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                          | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>152</u> | <u>CYBERGRANTS</u><br><u>300 BRICKSTONE SQUARE, SUITE 601</u><br><u>ANDOVER, MA 01810</u>  | \$135,183.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                          | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| _153       | D&M CAPITAL PARTNERS, LLC<br>7111 FAIRWAY DRIVE, SUITE 350<br>PALM BEACH GARDENS, FL 33418 | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                          | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 154        | DALE LACY<br>1823 2ND AVE NORTH<br>LAKE WORTH, FL 33461                                    | \$10,000.                  | Person     X       Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                          | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>155</u> | DALLAS FOUNDATION<br>3000 PEGASUS PARK DR #930<br>DALLAS, TX 75247                         | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)        |                                                                                            |                            |                                                                                    |
| No.        | (b)<br>Name, address, and ZIP + 4                                                          | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |

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10530424 136042 3742VF

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Schedule B (Form 990) (2022)

DANA AND STAN REDRICK

1209 SE 14TH TERRACE

(b)

Name, address, and ZIP + 4

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

Employer identification number

Person Payroll

Noncash

(Complete Part II for

(d)

Type of contribution

X

01-0973168

(c)

**Total contributions** 

\$

5,000.

2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

|             | <u>OCALA, FL 34471</u>                                                                                                   | -                          | noncash contributions.)                                                                                            |
|-------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------|
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| <u>158</u>  | DAND AND CAROLYN BARTA<br>116 TIMBER LANE<br>HILTON HEAD, SC 29926                                                       | -<br>\$\$6,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| <u>159</u>  | DANIEL AND TRACY DELISIO CHARITABLE<br><u>FUND</u><br><u>1545 RAYMOND DIEHL ROAD 250</u><br><u>TALLAHASSEE, FL 32308</u> | -<br>\$ <u>15,000.</u>     | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 160         | DANIEL BERDAKIN AND SUSAN ALBERTI<br>FAMILY FOUNDATION<br>101 S ROSSMORE AVENUE<br>LOS ANGELES , CA 90004                | -<br>\$\$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 161         | DANIEL MACMILLAN<br>25 NURMI DR<br>FORT LAUDERDALE, FL 33301                                                             | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 162         | DARDEN RESTAURANTS, INC. FOUNDATION<br>1000 DARDEN CENTER DRIVE<br>ORLANDO, FL 32837                                     | \$ <u></u> 200,000.        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022) |
| 223452 11-1 | 5-22 A Q                                                                                                                 |                            | Schedule B (Form 990) (2022)                                                                                       |

Name of organization

Part I

(a)

No.

157

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|---------|--------|--------|--|
|         |        |        |  |

Schedule B (Form 990) (2022)

Name of organization

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

VOLUNTEER FLORIDA FOUNDATION, INC

| (a) | (b)                                                                           | (c)                 | (d)                                                                                |
|-----|-------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------|
| No. | Name, address, and ZIP + 4                                                    | Total contributions | Type of contribution                                                               |
| 163 | DAVID AKHTAR<br>26207 ISLE WAY<br>BONITA SPRINGS, FL 34134                    | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                                                                           | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                    | Total contributions | Type of contribution                                                               |
| 164 | DAVID AND CAROL MAY<br>650 COLLANY RD. UNIT 203<br>TIERRA VERDE, FL 33715     | \$20,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                                                                           | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                    | Total contributions | Type of contribution                                                               |
| 165 | DAVID AND LIZBETH CHILDS<br>1561 CRISTOBAL DRIVE<br>TALLAHASSEE, FL 32303     | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                                                                           | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                    | Total contributions | Type of contribution                                                               |
| 166 | DAVID AND STEPHANIE ZURMEHLY<br>1264 RAY PRIDDY ROAD<br>LEITCHFIELD, KY 42754 | \$5,000.            | Person     X       Payroll                                                         |
| (a) | (b)                                                                           | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                    | Total contributions | Type of contribution                                                               |
| 167 | DAVID ATWATER<br>4895 S AIRPORT WAY<br>STOCKTON, CA 95206                     | \$ <u>5,000.</u>    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                                                                           | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                    | Total contributions | Type of contribution                                                               |
| 168 | DAVID BARBER<br>10664 S. 68TH EAST AVENUE<br>TULSA, OK 74133                  | \$ <u>100,000.</u>  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

Employer identification number

01-0973168

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

| (a)                        | (b)                                                                      | (c)                 | (d)                                                                                                                |
|----------------------------|--------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------|
| No.                        | Name, address, and ZIP + 4                                               | Total contributions | Type of contribution                                                                                               |
| 169                        | DAVID BOHREN<br>336 EPHRON COURT<br>HUNTERTOWN , IN 46748                | \$6,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                      | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                               | Total contributions | Type of contribution                                                                                               |
| _170                       | DAVID L NUNES<br>2061 BEACH AVENUE<br>ATLANTIC BEACH, FL 32233           | \$ <u> </u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                      | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                               | Total contributions | Type of contribution                                                                                               |
| _171                       | DAVID M. MURPHY FAMILY FUND<br>930 12TH ST. N.E.<br>MASON CITY, IA 50401 | \$10,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                      | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                               | Total contributions | Type of contribution                                                                                               |
| 172                        | DAVID MCCLELLAN<br>7544 PHILIPS HIGHWAY<br>JACKSONVILLE, FL 32256        | \$10,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                    |
| (a)                        | (b)                                                                      | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                               | Total contributions | Type of contribution                                                                                               |
| <u>173</u>                 | DAVID SIMMONS<br>107 W BEARS CLUB DRIVE<br>JUPITER, FL 33477             | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                    |
| (a)                        | (b)                                                                      | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                               | Total contributions | Type of contribution                                                                                               |
| <u>174</u><br>223452 11-15 | DAVID SMALL<br>190 LIBERTY RD<br>CRYSTAL LAKE, IL 60014                  | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022) |

Name of organization

01-0973168

Employer identification number

2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

Name of organization

X

X

X

X

X

X

Employer identification number

VOLUNTEER FLORIDA FOUNDATION, INC 01-0973168 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution DAVID W. HEARST, JR. FOUNDATION 175 Person Payroll 11455 EL CAMINO REAL #305 100,000. Noncash \$ (Complete Part II for SAN DIEGO, CA 92130 noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 176 DAVIS JOHN ABRAHAM Person Payroll 500 FRANK W. BURR BLVD 50,000. Noncash (Complete Part II for TEANECK, NJ 07666 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 177 DAWN AND DAVID KLEIN Person Payroll 4731 BONITA BAY BLVD, UNIT 1203 5,000. Noncash \$ (Complete Part II for BONITA SPRINGS, FL 34134 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 178 DAYTON FOUNDATION Person Payroll 1619 STAFFORD SPRINGS PLACE 5,000. Noncash \$ (Complete Part II for DAYTON, OH 45458 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 179 DEANNA MAGDICH Person Payroll 153 HEDGEWOOD POINT 20,000. Noncash (Complete Part II for CROSSVILLE, TN 38558 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 180 DEANNA RUSSELL Person Payroll 11300 49TH ST N, CLEARWATER, FL, USA 16,919. Noncash \$ (Complete Part II for CLEARWATER, FL 33762 noncash contributions.)

223452 11-15-22

Schedule B (Form 990) (2022)

| (b)                                                                        | (c)                 | (d)                                                                                |
|----------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------|
| Name, address, and ZIP + 4                                                 | Total contributions | Type of contribution                                                               |
| DELOITTE<br>111 S. WACKER DR. SUITE 2100<br>CHICAGO, IL 60606              | \$ <u>100,000.</u>  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)                                                                        | (c)                 | (d)                                                                                |
| Name, address, and ZIP + 4                                                 | Total contributions | Type of contribution                                                               |
| DELORES LASTINGER<br>8342 A1A SOUTH<br>SAINT AUGUSTINE, FL 32080           | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)                                                                        | (c)                 | (d)                                                                                |
| Name, address, and ZIP + 4                                                 | Total contributions | Type of contribution                                                               |
| DELTA DENTAL<br>1515 W 22ND ST # 450<br>OAK BROOK, IL 60523                | \$ <u>150,000.</u>  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)                                                                        | (c)                 | (d)                                                                                |
| Name, address, and ZIP + 4                                                 | Total contributions | Type of contribution                                                               |
| DENIS WYSSBROD<br>6511 MOORINGS POINT CIR #201<br>LAKEWOOD RANCH, FL 34202 | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)                                                                        | (c)                 | (d)                                                                                |
| Name, address, and ZIP + 4                                                 | Total contributions | Type of contribution                                                               |
| DENISE GOTT<br>6135 PLUMOSA AVE                                            | \$10,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for                            |

53

19080 MARQUESA DR

FL 33913

DEBRA GOLD

FT MYERS,

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

(b)

Name, address, and ZIP + 4

VOLUNTEER FLORIDA FOUNDATION, INC

Employer identification number

(d)

Type of contribution

X

01-0973168

Person Payroll

Noncash

(Complete Part II for

noncash contributions.)

(c)

**Total contributions** 

\$

10,000.

noncash contributions.)

Schedule B (Form 990) (2022)

2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

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

(a)

No.

181

(a)

No.

182

(a)

No.

183

(a) No.

184

(a)

No.

185

(a)

No.

186

FORT MYERS, FL 33908 223452 11-15-22

Name of organization

Employer identification number

01-0973168

## VOLUNTEER FLORIDA FOUNDATION, INC

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

| (a)        | (b)                                                                                  | (c)                 | (d)                                                                                |
|------------|--------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------|
| No.        | Name, address, and ZIP + 4                                                           | Total contributions | Type of contribution                                                               |
| 187_       | DENNIS FOLWARCZNY<br>PO BOX 149<br>WINFIELD, MO 63389                                | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)        | (b)                                                                                  | (c)                 | (d)                                                                                |
| No.        | Name, address, and ZIP + 4                                                           | Total contributions | Type of contribution                                                               |
| 188        | DENNIS MCGLONE<br>202 WHITE OAK DRIVE<br>SLIPPERY ROCK , PA 16057                    | \$ <u> </u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)    |
| (a)        | (b)                                                                                  | (c)                 | (d)                                                                                |
| No.        | Name, address, and ZIP + 4                                                           | Total contributions | Type of contribution                                                               |
| 189        | DENNIS MILLS<br>1241 SE 55TH AVE<br>OCALA, FL 34480                                  | \$ <u> </u>         | Person     X       Payroll                                                         |
| (a)        | (b)                                                                                  | (c)                 | (d)                                                                                |
| No.        | Name, address, and ZIP + 4                                                           | Total contributions | Type of contribution                                                               |
| 190        | DENTAQUEST<br>96 WORCESTER STREET<br>WELLESLEY HILLS, MA 02481                       | \$ <u>500,000.</u>  | Person     X       Payroll                                                         |
| (a)        | (b)                                                                                  | (c)                 | (d)                                                                                |
| No.        | Name, address, and ZIP + 4                                                           | Total contributions | Type of contribution                                                               |
| <u>191</u> | DEREK WORYN<br>1952 RENSSELAER DR<br>WESLEY CHAPEL, FL 33543                         | \$ <u> </u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)        | (b)                                                                                  | (c)                 | (d)                                                                                |
| No.        | Name, address, and ZIP + 4                                                           | Total contributions | Type of contribution                                                               |
| <u>192</u> | DEVOS FAMILY FOUNDATION<br>200 MONROE AVENUE NW, SUITE 200<br>GRAND RAPIDS, MI 49503 | \$ <u>250,000.</u>  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

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| DIANA PRAIS 16958 SYCAMORE CT NORTHVILLE, MI 48168                                    | \$5,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (b)<br>Name, address, and ZIP + 4                                                     | (c)<br>Total contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| DIANE FRENCH<br>5725 COTTONWOOD STREET<br>BRADENTON, FL 34203                         | \$5,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| (b)<br>Name, address, and ZIP + 4                                                     | (c)<br>Total contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| DICKERSON FAMILY FOUNDATION<br>2000 WESTCHESTER AVENUE, FLOOR 2<br>PURCHASE, NY 10577 | \$5,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| (b)<br>Name, address, and ZIP + 4                                                     | (c)<br>Total contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| DIRK&ROSEMARIE BASTING<br>2200 SOUTH OCEAN LANE<br>FORT LAUDERDALE, FL 33316          | \$5,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| (b)<br>Name, address, and ZIP + 4                                                     | (c)<br>Total contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| DITTRICH FAMILY FOUNDATION<br>PO BOX 770001<br>CINCINNATI, OH 45277                   | \$5,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| (b)<br>Name, address, and ZIP + 4                                                     | (c)<br>Total contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| DIXIE SIGNS<br>2930 DRANE FIELD ROAD<br>LAKELAND, FL 33811                            | \$5,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                       | 16958 SYCAMORE CT         NORTHVILLE, MI 48168         (b)         Name, address, and ZIP + 4         DIANE FRENCH         5725 COTTONWOOD STREET         BRADENTON, FL 34203         (b)         Name, address, and ZIP + 4         DICKERSON FAMILY FOUNDATION         2000 WESTCHESTER AVENUE, FLOOR 2         PURCHASE, NY 10577         (b)         Name, address, and ZIP + 4         DIRK&ROSEMARIE BASTING         2200 SOUTH OCEAN LANE         FORT LAUDERDALE, FL 33316         (b)         Name, address, and ZIP + 4         DITTRICH FAMILY FOUNDATION         PO BOX 770001         CINCINNATI, OH 45277         (b)         Name, address, and ZIP + 4         DIXIE SIGNS         2930 DRANE FIELD ROAD | 16958 SYCAMORE CT\$5,000.NORTHVILLE, MI 48168(c)<br>Total contributionsDIANE FRENCH*5725 COTTONWOOD STREET*5725 COTTONWOOD STREET*BRADENTON, FL 34203*(b)<br>Name, address, and ZIP + 4Total contributionsDICKERSON FAMILY FOUNDATION*2000 WESTCHESTER AVENUE, FLOOR 2*PURCHASE, NY 10577*(b)<br>Name, address, and ZIP + 4Total contributionsDIRK&ROSEMARIE BASTING*2200 SOUTH OCEAN LANE*FORT LAUDERDALE, FL 33316*DITTRICH FAMILY FOUNDATION*PO BOX 770001*CINCINNATI, OH 45277*DIXIE SIGNS*2930 DRANE FIELD ROAD*2930 DRANE FIELD ROAD* |

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

(b)

Name, address, and ZIP + 4

Name of organization

(a)

No.

193

(a) No.

194

(a) No.

195

(a) No.

196

(a) No.

197

(a) No.

198

223452 11-15-22

Employer identification number 01-0973168

(c)

**Total contributions** 

(d)

Type of contribution

Schedule B (Form 990) (2022)

(c)

**Total contributions** 

| Name of organization |         |             |     |
|----------------------|---------|-------------|-----|
| VOLUNTEER            | FLORIDA | FOUNDATION, | INC |

DONALD WILLIAMS

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

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

X

01-0973168

Person Payroll

|             | 36731 TROPICAL WIND LANE          | \$  | 10,000.                    | Noncash                                       |
|-------------|-----------------------------------|-----|----------------------------|-----------------------------------------------|
|             |                                   |     |                            | (Complete Part II for                         |
|             | GRAND ISLAND, FL 32735            |     |                            | noncash contributions.)                       |
| (a)         | (b)                               |     | (c)                        | (d)                                           |
| No.         | Name, address, and ZIP + 4        |     | Total contributions        | Type of contribution                          |
| 200         | DOSAL TOBACCO                     |     |                            | Person X                                      |
|             | 4775N.W. 132 STREET               | \$_ | 12,500.                    | Payroll<br>Noncash                            |
|             | MIAMI, FL 33054                   |     |                            | (Complete Part II for noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4 |     | (c)<br>Total contributions | (d)<br>Type of contribution                   |
| 201         | DOUG N CARI KREMER                |     |                            | Person X                                      |
|             | 5241 PENNOCK POINT ROAD           | \$_ | 10,000.                    | Payroll<br>Noncash                            |
|             | JUPITER, FL 33458                 |     |                            | (Complete Part II for noncash contributions.) |
| (a)         | (b)                               |     | (c)                        | (d)                                           |
| No.         | Name, address, and ZIP + 4        |     | Total contributions        | Type of contribution                          |
| 202         | DOUGLAS AND LESLIE LEOHR          |     |                            | Person X                                      |
|             | 243 OVERWOOD ROAD                 | \$  | 10,000.                    | Payroll<br>Noncash                            |
|             | AKRON, OH 44313                   |     |                            | (Complete Part II for noncash contributions.) |
| (a)         | (b)                               |     | (c)                        | (d)                                           |
| No.         | Name, address, and ZIP + 4        |     | Total contributions        | Type of contribution                          |
| 203         | DOUGLAS WENDLER                   |     |                            | Person X                                      |
|             | 753 W CREEKSIDE DR                | \$_ | 5,000.                     | Payroll<br>Noncash                            |
|             | HOUSTON, TX 77024                 |     |                            | (Complete Part II for noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4 |     | (c)<br>Total contributions | (d)<br>Type of contribution                   |
| 204         | DOW TECHNOLOGIES                  |     |                            | Person X                                      |
|             | 8603 E ADAMO DR.                  | \$_ | 28,162.                    | Payroll<br>Noncash                            |
|             | <u>TAMPA, FL 33619</u>            |     |                            | (Complete Part II for noncash contributions.) |
| 223452 11-1 | 5-22 56                           |     |                            | Schedule B (Form 990) (2022)                  |

Part I

(a)

No.

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|-------------|--------|--------|--|
| 80424       | 136042 | 3742VF |  |

## Schedule B (Form 990) (2022)

Name of organization VOLUNTEER FLORIDA FOUNDATION, INC Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 205 DR. RAVI CHANDRA 1545 RAYMOND DIEHL ROAD 250 25,000. \$ (Complete Part II for TALLAHASSEE, FL 32308 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 206 DRUSCILLA FAREWELL FOUNDATION 675 E. BIG BEAVER, SUITE 111 5,000. \$ (Complete Part II for TROY, MI 48083 noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 207 DSF CHARITABLE FOUNDATION 5840 ELLSWORTH AVE # 200 100,000. \$ (Complete Part II for PITTSBURGH, PA 15232 noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 208 DUKE ENERGY 400 S. TRYON STREET \$ 125,000. (Complete Part II for CHARLOTTE, NC 28202 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 209 DUSTIN LYNCH 4011 ARMORY OAKS DRIVE 15,000. (Complete Part II for noncash contributions.) NASHVILLE, TN 37204 (c) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution DUTCH VALLEY FOOD 210 5,200. PO BOX 465 \$

(Complete Part II for

## Employer identification number

01-0973168

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

Person

Payroll

Person Payroll

Noncash

Person Payroll

Noncash

Noncash

(d)

(d)

(d)

(d)

(d)

(d)

X

X

X

X

X

X

| <br>\$ <u>5,000.</u>       | Person Payroll (<br>Noncash (<br>(Complete Part II)<br>noncash contribu |
|----------------------------|-------------------------------------------------------------------------|
| (c)<br>Total contributions | (d)<br>Type of contril                                                  |
| \$5,000.                   | Person<br>Payroll<br>Noncash<br>(Complete Part II<br>noncash contribu   |
|                            | Schedule B (Form 9                                                      |

| Schedule B (Form 990) (2022) |  |
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**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

01-0973168

### (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 211 EAST ALABAMA MEDICAL CENTER FOUNDATION X Person Payroll 2000 PEPPERELL PARKWAY 5,000. Noncash \$ (Complete Part II for OPELIKA, AL 36801 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 212 EBERT CHARITABLE FOUNDATION X Person Payroll 89101 OLD HIGHWAY 10,000. Noncash (Complete Part II for TAVERNIER, FL 33070 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 213 EBG ENTERTAINMENT BENEFITS GROUP X Person Payroll 19495 BISCAYNE BLVD., SUITE 300 5,000. Noncash \$ (Complete Part II for AVENTURA, FL 33180 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 214 ED AND FERN HAMEL FAMILY FOUNDATION X Person Payroll Noncash 5710 FURNACE AVENUE 10,000. \$ (Complete Part II for ELKRIDGE, MD 21075 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 215 EDWARD SMITH JR. FOUNDATION X 320 SE COURANCES DRIVE for PORT SAINT LUCIE, FL 34984 itions.) (a) (b) No. Name, address, and ZIP + 4 bution 216 X EDWIN AND KATHLEEN BERNAU 5995 S. RACE COURT for CENTENNIAL, CO 80121 itions.) 223452 11-15-22

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Part I

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Name of organization

Employer identification number

01-0973168

## VOLUNTEER FLORIDA FOUNDATION, INC

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

| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                      | (c)<br>Total contributions                                                                                                                       | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 217                                    | ELAINE RICHARDSON<br>P O BOX 398<br>KARNES CITY, TX 78118                                                                                                                                                                              | \$ <u>10,000.</u>                                                                                                                                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                               |
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                      | (c)<br>Total contributions                                                                                                                       | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 218                                    | ELBIT SYSTEMS<br>PO BOX 136969<br>FORT WORTH, TX 76136                                                                                                                                                                                 | \$ <u>10,000.</u>                                                                                                                                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                  |
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                      | (c)<br>Total contributions                                                                                                                       | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 219                                    | ELIJAHLIST MINISTRIES<br>525 2ND AVE SW, SUITE 629<br>ALBANY, OR 97321                                                                                                                                                                 | \$ <u>150,000.</u>                                                                                                                               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                        |                                                                                                                                                                                                                                        |                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                      | (c)<br>Total contributions                                                                                                                       | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| (a)<br>No.<br>220                      | (b)<br>Name, address, and ZIP + 4<br>ELIZABETH WARNE FROM LPL FINANCIAL<br>4707 EXECUTIVE DRIVE<br>SAN DIEGO, CA 92121                                                                                                                 | (c)<br>Total contributions<br>\$5,000.                                                                                                           | (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                    |
| No.                                    | Name, address, and ZIP + 4          ELIZABETH WARNE FROM LPL FINANCIAL         4707 EXECUTIVE DRIVE                                                                                                                                    | Total contributions                                                                                                                              | Type of contribution         Person       X         Payroll                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>No.</u><br>220<br>(a)               | Name, address, and ZIP + 4         ELIZABETH WARNE FROM LPL FINANCIAL         4707 EXECUTIVE DRIVE         SAN DIEGO, CA 92121         (b)                                                                                             | Total contributions           \$         5,000.           (c)                                                                                    | Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)                                                                                                                                                                                                                                                                                                                                                                                                  |
| No.<br>220<br>(a)<br>No.               | Name, address, and ZIP + 4         ELIZABETH WARNE FROM LPL FINANCIAL         4707 EXECUTIVE DRIVE         SAN DIEGO, CA 92121         (b)         Name, address, and ZIP + 4         ELLEN GLISTA         1545 RAYMOND DIEHL ROAD 250 | Total contributions         \$       5,000.         (c)         Total contributions                                                              | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (d)         Type of contribution       X         Person       X         Payroll       Image: Complete Part II for noncash         (complete Part II for       X                                                                                                                                                |
| No.<br>220<br>(a)<br>No.<br>221<br>(a) | Name, address, and ZIP + 4<br>ELIZABETH WARNE FROM LPL FINANCIAL<br>4707 EXECUTIVE DRIVE<br>SAN DIEGO, CA 92121<br>(b)<br>Name, address, and ZIP + 4<br>ELLEN GLISTA<br>1545 RAYMOND DIEHL ROAD 250<br>TALLAHASSEE, FL 32308<br>(b)    | Total contributions           \$         5,000.           (c)         Total contributions           \$         10,000.           (c)         (c) | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.) |

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Name of organization

VOLUNTEER FLORIDA FOUNDATION, INC

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

| (a)          | (b)                                                                        | (c)                 | (d)                                                                                                                |
|--------------|----------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------|
| No.          | Name, address, and ZIP + 4                                                 | Total contributions | Type of contribution                                                                                               |
| 223          | EMILY PFEIFER<br>56 TENBY CHASE DRIVE<br>NEWARK, FL 19711                  | \$ <u>7,714.</u>    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)          | (b)                                                                        | (c)                 | (d)                                                                                                                |
| No.          | Name, address, and ZIP + 4                                                 | Total contributions | Type of contribution                                                                                               |
| _224         | ENBRIDGE<br>5400 WESTHEIMER COURT<br>HOUSTON, TX 77056                     | \$ <u>25,000.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                    |
| (a)          | (b)                                                                        | (c)                 | (d)                                                                                                                |
| No.          | Name, address, and ZIP + 4                                                 | Total contributions | Type of contribution                                                                                               |
| 225          | ERIC SCOTT BOTTIN FOUNDATION<br>64 SOLOGNE CIRCLE<br>LITTLE ROCK, AR 72223 | \$ <u>35,000.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)          | (b)                                                                        | (c)                 | (d)                                                                                                                |
| No.          | Name, address, and ZIP + 4                                                 | Total contributions | Type of contribution                                                                                               |
| 226          | ERIK<br>324 W ROYAL FLAMINGO DRIVE<br>SARASOTA, FL 34236                   | \$ <u>50,000.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)          | (b)                                                                        | (c)                 | (d)                                                                                                                |
| No.          | Name, address, and ZIP + 4                                                 | Total contributions | Type of contribution                                                                                               |
| 227          | EVELINE DANG<br>120 S. DIXIE HWY, UNIT 201<br>WEST PALM BEACH, FL 33401    | \$ <u>5,000.</u>    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)          | (b)                                                                        | (c)                 | (d)                                                                                                                |
| No.          | Name, address, and ZIP + 4                                                 | Total contributions | Type of contribution                                                                                               |
| 223452 11-15 | EXCEL SPORTS MANAGEMENT<br>1700 BROADWAY, FLOOR 29<br>NEW YORK, NY 10019   | \$5,000 <b>.</b>    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022) |

Schedule B (Form 990) (2022)

Employer identification number

01-0973168

| 1177 HAYES INDUSTRIAL DRIVE<br>MARIETTA, GA 30062                                                                                      | \$75,000.                  | Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)             |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (b)<br>Name, address, and ZIP + 4                                                                                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| EXPEDIA<br>5000 W. KENNEDY STREET<br>SPRINGFIELD, MO 65803                                                                             | \$ <u>100,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                                                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| FAMILY GIVING FOUNDATION, INC. FROM<br><u>STARDUST LEGACY</u><br><u>650 TIWN CENTER DRIVE SUITE 890</u><br><u>COSTA MESA, CA 92626</u> | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                                                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| FCCI INSURANCE GROUP SARASOTA<br>5224 WEDGEWOOD LANE<br>SARASOTA, FL 34235                                                             | \$11,200.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                                                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| FENIX ONLY FANS<br>1545 RAYMOND DIEHL ROAD 250<br>TALLAHASSEE, FL 32308                                                                | \$ <u>100,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                                                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| FICAP<br><u>PO BOX 4075</u><br>MILTON, FL 32572                                                                                        | \$20,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

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## VOLUNTEER FLORIDA FOUNDATION, INC

EXPANDED TECHNOLOGIES INC.

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

 (a)
 (b)
 (c)

Name, address, and ZIP + 4

Name of organization

No.

229

(a) No.

230

(a) No.

231

(a) No.

232

(a) No.

233

(a)

No.

234

223452 11-15-22

Person

Employer identification number

(d)

Type of contribution

X

01-0973168

**Total contributions** 

2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

Schedule B (Form 990) (2022)

Employer identification number

01-0973168

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional           | space is needed.           |                                                                                    |
|------------|-----------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                       | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 235        | FIDELITY CHARITABLE<br>P.O. BOX 770001<br>CINCINNATI, OH 45277-0053                     | \$ <u>2,191,152.</u>       | Person     X       Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                       | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 236        | FINBACK INVESTMENT PROPERTIES<br>127W. BERRY STREET, SUITE 300<br>FORT WAYNE , IN 46802 | \$ <u>10,000.</u>          | Person     X       Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                       | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 237        | FIRST FOUNDATION BANK<br>18101 VON KARMAN AVENUE, SUITE 750<br>IRVINE, CA 92612         | \$ <u>486,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                       | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 238        | FIRST NATIONAL BANK OF PASCO<br>13315 US HWY 301<br>DADE CITY, FL 33525                 | \$ <u>10,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                       | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 239        | FIRSTKEY HOMES, LLC<br><u>1850 PARKWAY PLACE #900</u><br><u>MARIETTA, GA 30067</u>      | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                       | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 240        | FISERV SOLUTIONS<br>PO BOX 979<br>BROOKFIELD, WI 53008-0979                             | \$ <u>50,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

Schedule B (Form 990) (2022)

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| 424      | 136042 | 3742VF |

Schedule B (Form 990) (2022)

VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

01-0973168

Employer identification number

| Part I     | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional                                                  | space is needed.                        |                                                                                    |
|------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                                     | (c)<br>Total contributions              | (d)<br>Type of contribution                                                        |
| 241        | FLEET ADVANTAGE, LLC<br>401 E. LAS OLAS BLVD. SUITE 1720<br>FORT LAUDERDALE, FL 33301                                                 | \$30,130.                               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)        | (b)                                                                                                                                   | (c)                                     | (d)                                                                                |
| <u>No.</u> | Name, address, and ZIP + 4         FLORIDA BANKERS ASSOCIATION         1001 THOMASVILLE ROAD, SUITE 201         TALLAHASSEE, FL 32302 | Total contributions           \$25,000. | Type of contribution         Person       X         Payroll                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                                     | (c)<br>Total contributions              | (d)<br>Type of contribution                                                        |
| 243        | FLORIDA BUSINESS DFBDC<br>1715 N WESTSHORE BLVD., SUITE 780<br>TAMPA, FL 33607                                                        | \$50,000.                               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                                     | (c)<br>Total contributions              | (d)<br>Type of contribution                                                        |
| 244        | FLORIDA CRYSTALS         1 NORTH CLEMATIS STREET, SUITE 200         WEST PALM BEACH, FL 33401                                         | \$250,000.                              | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                                     | (c)<br>Total contributions              | (d)<br>Type of contribution                                                        |
| 245        | FLORIDA FAMILY INSURANCE COMPANY<br>27599 RIVERVIEW CENTER BLVD. #100<br>BONITA SPRINGS, FL 34134                                     | \$25,000.                               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                                     | (c)<br>Total contributions              | (d)<br>Type of contribution                                                        |
| 246        | FLORIDA FIREFIGHTERS CHARITIES<br>343 W. MADISON STREET<br>TALLAHASSEE, FL 32301                                                      | \$5,000.                                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

| Schedule B | (Form 990) | (2022) |
|------------|------------|--------|
|            |            |        |

Name of organization

VOLUNTEER FLORIDA FOUNDATION, INC

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

| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4                                                                                                                                            | (c)<br>Total contributions             | (d)<br>Type of contribution                                                        |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------|
| 247               | FLORIDA HEALTHCARE ENGINEERING<br>ASSOCIATION<br>11812 N. 56TH STREET<br>TAMPA, FL 33617                                                                                     | \$ <u>9,700.</u>                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4                                                                                                                                            | (c)<br>Total contributions             | (d)<br>Type of contribution                                                        |
| 248               | FLORIDA MANUFACTURERS1284 TIMBERLANE ROADTALLAHASSEE, FL 32312                                                                                                               | \$ <u>50,000.</u>                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4                                                                                                                                            | (c)<br>Total contributions             | (d)<br>Type of contribution                                                        |
| 249               | FOREVER PHILA<br>1545 RAYMOND DIEHL ROAD 250<br>TALLAHASSEE, FL 32308                                                                                                        | \$ <u>50,000.</u>                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4                                                                                                                                            | (c)<br>Total contributions             | (d)<br>Type of contribution                                                        |
|                   |                                                                                                                                                                              |                                        |                                                                                    |
| 250               | FORWARD PARTY<br>1735 NEW HAMPSHIRE AVE NW<br>WASHINGTON, DC 20009                                                                                                           | \$6,130.                               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| 250<br>(a)<br>No. | 1735 NEW HAMPSHIRE AVE NW                                                                                                                                                    | \$6,130.<br>(c)<br>Total contributions | Payroll<br>Noncash<br>(Complete Part II for                                        |
| (a)               | 1735 NEW HAMPSHIRE AVE NW<br>WASHINGTON, DC 20009<br>(b)                                                                                                                     | (c)                                    | Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                |
| (a)<br>No.        | 1735 NEW HAMPSHIRE AVE NW         WASHINGTON, DC 20009         (b)         Name, address, and ZIP + 4         FRANKLIN TEMPLETON         1 FRANKLIN PKWY, BLD 970, 1ST FLOOR | (c)<br>Total contributions             | Payroll                                                                            |

Employer identification number

01-0973168

Schedule B (Form 990) (2022)

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| (b)                        |  |
|----------------------------|--|
| Name, address, and ZIP + 4 |  |

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

| (a) | (b)                                                                                | (c)                 | (d)                                                                                                                |
|-----|------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------|
| No. | Name, address, and ZIP + 4                                                         | Total contributions | Type of contribution                                                                                               |
| 253 | FRESE FAMILY CHARITABLE GIVING ACCOUNT<br>5732 W 300N RD<br>KANKAKEE, IL 60901     | \$10,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a) | (b)                                                                                | (c)                 | (d)                                                                                                                |
| No. | Name, address, and ZIP + 4                                                         | Total contributions | Type of contribution                                                                                               |
| 254 | FRICK FAMILY FOUNDATION, INC.<br>8249 SIQUITA DRIVE NE<br>ST. PETERSBURG, FL 33702 | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                    |
| (a) | (b)                                                                                | (c)                 | (d)                                                                                                                |
| No. | Name, address, and ZIP + 4                                                         | Total contributions | Type of contribution                                                                                               |
| 255 | FT CARES FOUNDATION<br>120 E. LIBERTY DRIVE<br>WHEATON, IL 60187                   | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                    |
| (a) | (b)                                                                                | (c)                 | (d)                                                                                                                |
| No. | Name, address, and ZIP + 4                                                         | Total contributions | Type of contribution                                                                                               |
| 256 | G&R BRADFORD FOUNDATION<br>PO BOX 720<br>UKIAH, CA 95482                           | \$10,000.           | Person     X       Payroll                                                                                         |
| (a) | (b)                                                                                | (c)                 | (d)                                                                                                                |
| No. | Name, address, and ZIP + 4                                                         | Total contributions | Type of contribution                                                                                               |
| 257 | GABRIELE NATALE<br>31 ISLE OF VENICE DRIVE, PH 1<br>FORT LAUDERDALE, FL 33301      | \$10,000.           | Person     X       Payroll                                                                                         |
| (a) | (b)                                                                                | (c)                 | (d)                                                                                                                |
| No. | Name, address, and ZIP + 4                                                         | Total contributions | Type of contribution                                                                                               |
| 258 | GAIL DURKIN<br><u>333 PALM TRAIL</u><br><u>DELRAY BEACH, FL 33483</u>              | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022) |

VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

Part I

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|          |        |        |  |

Name of organization

01-0973168

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional   | space is needed.           |                                                                                                |
|------------|---------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                                    |
| 259        | GAIL T. GUYTON<br>22 HALFWAY ROAD<br>KEY LARGO, FL 33037                        | \$ <u> </u>                | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.)                          |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                                    |
| 260        | GARY & TRACY BARTLETT<br>197 HELIOS DR<br>JUPITER, FL 33477                     | \$ <u> </u>                | Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                                    |
| 261        | GARY AND VONNIE HEISHMAN<br>10 CEDAR COURT W<br>CARLISLE, PA 17015              | \$ <u> </u>                | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.)                          |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                                    |
| 262        | GARY CHRISTENSEN<br><u>3316 OAK HOLLOW DRIVE</u><br><u>CARROLLTON, TX 75093</u> | \$6,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)             |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                                    |
| 263        | GATOR BOOSTERS, INC.<br>PO BOX 14485<br>GAINESVILLE, FL 32604                   | \$12,754.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)             |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                                    |
| 264        | GEORGE AND LAURA BUSH<br>PO BOX 3362<br>MIDLAND, TX 79702                       | \$5,000.                   | Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022)

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223452 11-15-22

(a)

No.

270

223452 11-15-22

| 265        | GEORGE AND LISA ETHERIDGE<br>2847 COBBLESTONE DRIVE<br>PALM HARBOR, FL 34684                  | \$30,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
|------------|-----------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 266        | GEORGE AND PEGGY ALBU CHARITABLE FUND<br>1545 RAYMOND DIEHL ROAD 250<br>TALLAHASSEE, FL 32308 | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 267        | GEORGE STRICKLAND<br>2342 GATSBY LANE<br>THE VILLAGES, FL 32162                               | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 268        | GEORGE WARREN, LLC.<br>3001 OCEAN DRIVE, SUITE 203<br>VERO BEACH, FL 32963                    | \$40,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 269        | GERALD HOGAN<br><u>37 JUNOP COURT</u><br>SANTA ROSA BEACH, FL 32459                           | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

(b)

Name, address, and ZIP + 4

GERALD J. HELLEBUSCH AND ROSE M.

1055 BRADWAY BLVD, SUITE 130

HELLEBUSCH FOUNDATION

KANSAS CITY, MO 64105

# VOLUNTEER FLORIDA FOUNDATION, INC

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

(b)

Name, address, and ZIP + 4

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

(a)

No.

Employer identification number

(d)

Type of contribution

X

01-0973168

Person Payroll

Noncash

(Complete Part II for

(c)

**Total contributions** 

noncash contributions.)

Schedule B (Form 990) (2022)

(d)

Type of contribution

(c)

**Total contributions** 

\$

10,000.

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| sh contributions.)      |  |
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VOLUNTEER FLORIDA FOUNDATION, INC

| Part I                          | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona                                                                                                           | l space is needed.                                                         |                                                                                                                                                                                                                |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a)                             | (b)                                                                                                                                                                                           | (c)                                                                        | (d)                                                                                                                                                                                                            |
| <u>No.</u>                      | Name, address, and ZIP + 4         GINA RICE         10018 ENCHANTED OAK DR         GOLDEN OAK, FL 32836                                                                                      | Total contributions           \$5,000.                                     | Type of contribution         Person       X         Payroll                                                                                                                                                    |
| (a)<br>No.                      | (b)<br>Name, address, and ZIP + 4                                                                                                                                                             | (c)<br>Total contributions                                                 | (d)<br>Type of contribution                                                                                                                                                                                    |
| 272                             | GOLD COAST QUILTERS GUILD, INC.<br>PO BOX 2333<br>BOCA RATON, FL 33427                                                                                                                        | \$5,000.                                                                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                             |
| (a)<br>No.                      | (b)<br>Name, address, and ZIP + 4                                                                                                                                                             | (c)<br>Total contributions                                                 | (d)<br>Type of contribution                                                                                                                                                                                    |
| 273                             | GOLDMAN SACHS, MR. RALPH A. KORPMAN,<br>M.D.<br>PO BOX 3229<br>WINDERMERE, FL 34786                                                                                                           | \$100,000.                                                                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                             |
| (a)                             | (b)<br>Name, address, and ZIP + 4                                                                                                                                                             | (c)<br>Total contributions                                                 | (d)                                                                                                                                                                                                            |
| No.                             |                                                                                                                                                                                               |                                                                            | Type of contribution                                                                                                                                                                                           |
| <u> </u>                        | GORDON CROFT FOUNDATION<br><u>102 W. PENNSYLVANIA AVENUE, SUITE 102</u><br><u>TOWNSON, MD 21204</u>                                                                                           | \$5,000.                                                                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                             |
|                                 | GORDON CROFT FOUNDATION <u>102 W. PENNSYLVANIA AVENUE, SUITE 102</u>                                                                                                                          |                                                                            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for                                                                                                                                                        |
| 274<br>(a)<br>No.<br>275        | GORDON CROFT FOUNDATION<br>102 W. PENNSYLVANIA AVENUE, SUITE 102<br>TOWNSON, MD 21204<br>(b)<br>Name, address, and ZIP + 4<br>GRACE BENNETT<br>802 HILDA WAY<br>THE VILLAGES, FL 32162        | \$ <u>5,000.</u><br>(c)<br>Total contributions<br>\$ <u>10,000.</u>        | Person       X         Payroll                                                                                                                                                                                 |
| 274<br>(a)<br>No.<br>275<br>(a) | GORDON CROFT FOUNDATION<br>102 W. PENNSYLVANIA AVENUE, SUITE 102<br>TOWNSON, MD 21204<br>(b)<br>Name, address, and ZIP + 4<br>GRACE BENNETT<br>802 HILDA WAY<br>THE VILLAGES, FL 32162<br>(b) | \$ <u>5,000.</u><br>(c)<br>Total contributions<br>\$ <u>10,000.</u><br>(c) | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>(d)<br>Type of contribution<br>Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>(d) |
| 274<br>(a)<br>No.<br>275        | GORDON CROFT FOUNDATION<br>102 W. PENNSYLVANIA AVENUE, SUITE 102<br>TOWNSON, MD 21204<br>(b)<br>Name, address, and ZIP + 4<br>GRACE BENNETT<br>802 HILDA WAY<br>THE VILLAGES, FL 32162        | \$ <u>5,000.</u><br>(c)<br>Total contributions<br>\$ <u>10,000.</u>        | Person       X         Payroll                                                                                                                                                                                 |

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Name of organization

Employer identification number

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

| (a)<br>No.                                    | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                                                                                                                       | (c)<br>Total contributions                                                                                                                                                             | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 277                                           | GREGG AND FREDDY GOLDENBERG FAMILY<br>FOUNDATION                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                        | Person X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                               | 501 SILVERSIDE ROAD, SUITE 123                                                                                                                                                                                                                                                                                                          | \$50,000.                                                                                                                                                                              | Payroll<br>Noncash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                               | WILMINGTON, DE 19809                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                        | (Complete Part II for noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (a)<br>No.                                    | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                                                                                                                       | (c)<br>Total contributions                                                                                                                                                             | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 278                                           | GREGORY COLEMAN                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                        | Person X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                               | 303 BANYAN BLVD, SUITE 400                                                                                                                                                                                                                                                                                                              | \$5,000.                                                                                                                                                                               | Payroll<br>Noncash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                               | WEST PALM BEACH, FL 33401                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                        | (Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (a)<br>No.                                    | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                                                                                                                       | (c)<br>Total contributions                                                                                                                                                             | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 279                                           | GUDRUN MASON ASC PROCESS SYSTEMS INC                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                        | Person X<br>Payroll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                               | 28402 LIVINGSTON AVE                                                                                                                                                                                                                                                                                                                    | \$16,010.                                                                                                                                                                              | Noncash                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                               | VALENCIA, CA 91355                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                        | (Complete Part II for noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                               |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| (a)<br>No.                                    | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                                                                                                                       | (c)<br>Total contributions                                                                                                                                                             | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                               |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                        | Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| No.                                           | Name, address, and ZIP + 4                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                        | Type of contribution       Person     X       Payroll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| No.                                           | Name, address, and ZIP + 4 GUERRIERI FAMILY FOUNDATION                                                                                                                                                                                                                                                                                  | Total contributions                                                                                                                                                                    | Type of contribution       Person     X       Payroll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| No.                                           | Name, address, and ZIP + 4         GUERRIERI FAMILY FOUNDATION         PO BOX 680         OCEAN CITY, MD 21843         (b)         Name, address, and ZIP + 4                                                                                                                                                                           | Total contributions                                                                                                                                                                    | Type of contribution         Person       X         Payroll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| No.<br>280<br>(a)                             | Name, address, and ZIP + 4         GUERRIERI FAMILY FOUNDATION         PO BOX 680         OCEAN CITY, MD 21843         (b)                                                                                                                                                                                                              | Total contributions           \$5,000.           (c)                                                                                                                                   | Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| No.<br>280<br>(a)<br>No.                      | Name, address, and ZIP + 4         GUERRIERI FAMILY FOUNDATION         PO BOX 680       OCEAN CITY, MD 21843         (b)         Name, address, and ZIP + 4         GULF COAST HONDA ADVERTISING                                                                                                                                        | Total contributions           \$5,000.           (c)                                                                                                                                   | Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| No.<br>280<br>(a)<br>No.                      | Name, address, and ZIP + 4         GUERRIERI FAMILY FOUNDATION         PO BOX 680       OCEAN CITY, MD 21843         (b)         Name, address, and ZIP + 4         GULF COAST HONDA ADVERTISING         ASSOCIATION, INC.                                                                                                              | Total contributions         \$5,000.         (c)         Total contributions                                                                                                           | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X       Payroll         Payroll       Image: Complete Part Part Payroll       X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| No.<br>280<br>(a)<br>No.                      | Name, address, and ZIP + 4         GUERRIERI FAMILY FOUNDATION         PO BOX 680       OCEAN CITY, MD 21843         (b)         Name, address, and ZIP + 4         GULF COAST HONDA ADVERTISING         ASSOCIATION, INC.         7671 US HIGHWAY 19 N.                                                                                | Total contributions         \$5,000.         (c)         Total contributions                                                                                                           | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| No.<br>280<br>(a)<br>No.<br>281<br>(a)        | Name, address, and ZIP + 4         GUERRIERI FAMILY FOUNDATION         PO BOX 680         OCEAN CITY, MD 21843         (b)         Name, address, and ZIP + 4         GULF COAST HONDA ADVERTISING         ASSOCIATION, INC.         7671 US HIGHWAY 19 N.         PINELLAS PARK, FL 33781         (b)                                  | Total contributions           \$         5,000.           (c)         Total contributions           \$         50,000.           (c)         (c)                                       | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| No.<br>280<br>(a)<br>No.<br>281<br>(a)<br>No. | Name, address, and ZIP + 4         GUERRIERI FAMILY FOUNDATION         PO BOX 680       OCEAN CITY, MD 21843         (b)         Name, address, and ZIP + 4         GULF COAST HONDA ADVERTISING         ASSOCIATION, INC.         7671 US HIGHWAY 19 N.         PINELLAS PARK, FL 33781         (b)         Name, address, and ZIP + 4 | Total contributions           \$         5,000.           (c)         Total contributions           \$         50,000.           (c)         (c)                                       | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contribution       Complete Part II for noncash         Payroll       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (Complete Part II for noncash contributions.)         (d)       Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| No.<br>280<br>(a)<br>No.<br>281<br>(a)<br>No. | Name, address, and ZIP + 4<br>GUERRIERI FAMILY FOUNDATION<br>PO BOX 680<br>OCEAN CITY, MD 21843<br>(b)<br>Name, address, and ZIP + 4<br>GULF COAST HONDA ADVERTISING<br>ASSOCIATION, INC.<br>7671 US HIGHWAY 19 N.<br>PINELLAS PARK, FL 33781<br>(b)<br>Name, address, and ZIP + 4<br>GULF HOSPITALITY MANAGEMENT, LLC                  | Total contributions         \$       5,000.         (c)       Total contributions         \$       50,000.         (c)       Total contributions         (c)       Total contributions | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contributions.)         (d)       Type of contributions.)         Quark       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       Image: Complete Part II for noncash contributions.)         Quark       Image: Complete Part II for noncash contribution         Quark       Image: Complete Part II for noncash contribution         Quark       Image: Complete Part II for noncash contribution         Quark       Image: Complete Part II |

Name of organization

Employer identification number

01-0973168

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223452 11-15-22

| Tioncash contributions.      |
|------------------------------|
| Schedule B (Form 990) (2022) |

2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

| organization |  |  |
|--------------|--|--|
| organization |  |  |

VOLUNTEER FLORIDA FOUNDATION, INC

Employer identification number

01-0973168

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition | al space is needed.        |                                                                                    |
|------------|-----------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)        | (b)                                                                         | (c)                        | (d)                                                                                |
| No.        | Name, address, and ZIP + 4<br>GUNTHER MOTOR COMPANY OF PLANTATION,          | Total contributions        | Type of contribution                                                               |
| 283        | INC.<br><u>1660 SOUTH STATE ROAD 7</u><br><u>FORT LAUDERDALE, FL 33317</u>  | \$ <u>50,000.</u>          | Person     X       Payroll                                                         |
| (a)        | (b)                                                                         | (c)                        | (d)                                                                                |
| No.        | Name, address, and ZIP + 4                                                  | Total contributions        | Type of contribution                                                               |
| 284        | H&S RESTAURANT, INC.                                                        |                            | Person X                                                                           |
|            | 14 JOHN STREET                                                              | \$ 5,000.                  | Payroll<br>Noncash                                                                 |
|            |                                                                             | \$5,000.                   | (Complete Part II for                                                              |
|            | STONY POINT, NY 10980                                                       |                            | noncash contributions.)                                                            |
| (a)        | (b)                                                                         | (c)                        | (d)                                                                                |
| No.        | Name, address, and ZIP + 4                                                  | Total contributions        | Type of contribution                                                               |
| 285        | HAMILTON STEMBURG<br>2200 S OCEAN LN APT 2701<br>FORT LAUDERDALE, FL 33316  | \$ <u>50,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)        | (b)                                                                         | (c)                        | (d)                                                                                |
| No.        | Name, address, and ZIP + 4                                                  | Total contributions        | Type of contribution                                                               |
| 286        | HAMZA KURAISHI                                                              |                            | Person X                                                                           |
|            | 1646 LAUREL STREET                                                          | \$ 5,000.                  | Payroll<br>Noncash                                                                 |
|            |                                                                             | ·                          | (Complete Part II for                                                              |
|            | SARASOTA, FL 34236                                                          |                            | noncash contributions.)                                                            |
| (a)        | (b)                                                                         | (c)                        | (d)                                                                                |
| No.        | Name, address, and ZIP + 4                                                  | Total contributions        | Type of contribution                                                               |
| 287        | HARCROS CHEMICALS, INC.                                                     |                            | Person X<br>Pavroll                                                                |
|            | 5200 SPEAKER ROAD                                                           | \$10,000.                  | Noncash                                                                            |
|            | KANSAS CITY, KS 66106                                                       |                            | (Complete Part II for noncash contributions.)                                      |
|            |                                                                             |                            | noncash contributions.                                                             |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|            |                                                                             |                            |                                                                                    |
| 288        | HARD ROCK INTERNATIONAL (USA), INC.                                         |                            | Person X<br>Payroll                                                                |
|            | 5704 STIRLING ROAD                                                          | \$                         | Noncash                                                                            |
|            | DAVID, FL 33314                                                             |                            | (Complete Part II for noncash contributions.)                                      |

70

Name of o

Dort I

Page 2

|                            | PARRISH, FL 34212                                                                |                            | noncash contributions.)                                                                                            |
|----------------------------|----------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------|
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 290                        | HARRIS FOUNDATION<br>1330 POST OAK BLVD # 2550<br>HOUSTON, TX 77056              | \$ <u>50,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                    |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 291                        | HARRY GEORGE BEGGS JR<br>1961 FARRINGTON DRIVE<br>LAKELAND, FL 33809             | \$ <u>5,000.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 292                        | HARRY W. BASS, JR. FOUNDATION<br>4809 COLE AVENUE, SUITE 105<br>DALLAS, TX 75205 | \$ <u>20,000.</u>          | Person     X       Payroll                                                                                         |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 293                        | HAZEL ANN KEMPER<br>10914 DENNINGTON RD.<br>FT. MYERS, FL 33913                  | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| <u>294</u><br>223452 11-10 | HELEN SHORT<br>5207 COMMISSIONERS DRIVE<br>JACKSONVILLE, FL 32224<br>71          | \$ <u>5,000.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022) |
|                            | 11                                                                               |                            |                                                                                                                    |

HAROLD POTTS

15202 29TH LN E

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

(b)

Name, address, and ZIP + 4

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

(a)

No.

289

Employer identification number

(d)

Type of contribution

X

01-0973168

Person Payroll

Noncash

(Complete Part II for

(c)

**Total contributions** 

\$

5,000.

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2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

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| Schedule B | (Form 990) | ) (2022) |
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VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

Dort I

Employer identification number

01-0973168

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |                                                                                    |
|------------|-------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 295        | HENDRICKS CHARITABLE FUND<br>1 ABC PKWY<br>BELOIT, WI 53511-4466              | \$ <u>10,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>296</u> | HENRY AND LISA PLAIN<br>3372 17 MILE DRIVE<br>PEBBLE BEACH, CA 93953          | \$ <u>25,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 297        | HENRY MILLER<br>100 WORTH AVENUE, APT. 505<br>PALM BEACH, FL 33480            | \$ <u> </u>                | Person     X       Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 298        | HERBERT LEVITT<br>550 SE 5 AVE.<br>BOCA RATON, FL 33432                       | \$5,000.                   | Person     X       Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 299        | HEWSON FAMILY FOUNDATION, INC.<br>PO BOX 140902<br>DALLAS, TX 75214           | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 300        | HIGHWAY ENGINEERING EXCHANGE<br>425 w OTTAWA ST.<br>LANSING, MI 48933         | \$ <u>50,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

Schedule B (Form 990) (2022)

No.

305

(a)

No.

306

223452 11-15-22

Name of organization

Part I

VOLUNTEER FLORIDA FOUNDATION, INC

(a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 301 HILDA JANBAZ Person Payroll 1302 PLANTATION DR 5,000. Noncash \$ (Complete Part II for SOUTHLAKE, TX 76092 noncash contributions.) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 302 HILLSBOROUGH CARLTON ARMS NORTH, LLLP Person Payroll 6400 MARKSTOWN DRIVE 21,558. Noncash TAMPA, FL 33617 (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 303 HINCKEN EMIGH FAMILY FUND 20 STANWIX ST STE 650 10,000. \$ PITTSBURGH, PA 15222-4803 (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 304 HIT PROMOTIONAL PRODUCTS 7150 BRYAN DAIRY ROAD \$ 100,000. LARGO, FL 33777 (a)

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

Employer identification number

(d)

(d)

X

X

01-0973168

(Complete Part II for noncash contributions.) (d) Type of contribution X Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution X Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution HM LIFE INSURANCE COMPANY X Person Payroll 120 5TH AVENUE 50,000. Noncash (Complete Part II for PITTSBURGH, PA 15222 noncash contributions.) (d) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution HOEHN FAMILY CHARITABLE TRUST X Person Payroll 10,000. Noncash **9 RUE FONTAINE** \$ (Complete Part II for NEWPORT BEACH, CA 92660 noncash contributions.)

Schedule B (Form 990) (2022)

(a)

No.

311

(a)

No.

312

FUND

TALLAHASSEE,

| 223452 11-15 | -22    |        |  |
|--------------|--------|--------|--|
| 0530424      | 136042 | 3742VF |  |

Schedule B (Form 990) (2022)

Name of organization

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additiona | Il space is needed.        |
|------------|------------------------------------------------------------------------------|----------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Total contributions |
| 307        | HONORLOCK INC.                                                               |                            |
|            | 2500 N. MILITARY TRAIL, SUITE 322                                            | \$25,291.                  |
|            | BOCA RATON, FL 33431                                                         |                            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Total contributions |
| 308        | HOSPITAL CORPORATION OF AMERICA                                              |                            |
|            | ONE PARK PLAZA                                                               | \$1,000,000.               |
|            | NASHVILLE, TN 37203                                                          |                            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Total contributions |
| 309        | HOWARD KAMINSKY                                                              |                            |
|            | 11 SICHEL CT                                                                 | \$10,000.                  |
|            | WEST ORANGE, NJ 07052                                                        |                            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Total contributions |
| 310        | HOWELL DONOR ADVISED FUND                                                    |                            |
|            | PO BOX 919798                                                                | \$ 5,000.                  |

# VOLUNTEER FLORIDA FOUNDATION, INC

ORLANDO, FL 32891-9798

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

HRUSOVSKY FAMILY CHARITABLE GIVING

FL 32308

1545 RAYMOND DIEHL ROAD 250

HUBBARD BROADCASTING, INC.

3415 UNIVERSITY AVENUE

ST. PAUL, MN 55114

Employer identification number

01-0973168

Payroll Noncash (Complete Part II for noncash contributions.)

(d)

Type of contribution

Page 2

X

| (c)                      | (d)                   |
|--------------------------|-----------------------|
| Total contributions      | Type of contribution  |
|                          | Person X              |
| \$ <u>    1,000,000.</u> | Payroll<br>Noncash    |
|                          | (Complete Part II for |

(c)

**Total contributions** 

(c)

**Total contributions** 

\$

74

5,000.

10,000.

2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

(d) Type of contribution าร

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

noncash contributions.)

Person Payroll

Noncash (Complete Part II for noncash contributions.)

> Person Payroll

Noncash

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Person

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(d) Type of contribution

(d) Type of contribution

X

X

X

X

223452 11-15-22 10530424 136042 3742VF Schedule B (Form 990) (2022)

2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

| VOLUNTEER | FLORIDA | FOUNDATION, | INC |  |
|-----------|---------|-------------|-----|--|
|           |         |             |     |  |

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 313 HUEBSCHER FAMILY FOUNDATION X Person Payroll PO BOX 1532 5,000. Noncash \$ (Complete Part II for PENNINGTON, NJ 08534 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 314 HUMANA, INC. X Person Payroll 500 W. MAIN STREET 300,000. Noncash \$ (Complete Part II for LOUISVILLE, KY 40202 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 315 HUNTER CHAMBLISS X Person Payroll 221 COMMERCIAL BLVD. 5,000. Noncash \$ (Complete Part II for LAUDERDALE BY THE SEA, FL 33308 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 316 X IAN MACKENCHNIE Person Payroll 4902 ANDROS DRIVE \$ 1,000,000. Noncash (Complete Part II for TAMPA, FL 33629 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 317 ICI HOMES RESIDENTIAL HOLDINGS, LLC X Person Payroll 239 BEVILLE ROAD 50,000. Noncash \$ (Complete Part II for DAYTONA BEACH, FL 32119 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 318 IGT GLOBAL SOLUTIONS X Person Payroll 100,000. 9295 PHOTOTYPE DRIVE Noncash \$ (Complete Part II for RENO, NV 89521 noncash contributions.)

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Part I

Name of organization

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Name of organization

VOLUNTEER FLORIDA FOUNDATION, INC

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

| (a)<br>No.                      | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                         | (c)<br>Total contributions                                                         | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 319                             | INDEPENDENT BEER DISTRIBUTORS RELIEF<br>FUND<br>3900 N. MCCOLL ROAD<br>MCALLEN, TX 78501                                                                                                                  | \$50,000.                                                                          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                    |
| (a)<br>No.                      | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                         | (c)<br>Total contributions                                                         | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                           |
| 320                             | INNOVAGE INNOVAGE<br>8950 E. LOWRY BLVD<br>DENVER, CO 80230                                                                                                                                               | \$5,000.                                                                           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                    |
| (a)<br>No.                      | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                         | (c)<br>Total contributions                                                         | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                           |
| 321                             | INSPIRE FOUNDATION<br>10403 TASSEL ST.<br>SPRING HILL, FL 34608                                                                                                                                           | \$16,700.                                                                          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                    |
|                                 |                                                                                                                                                                                                           |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                       |
| (a)<br>No.                      | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                         | (c)<br>Total contributions                                                         | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                           |
|                                 |                                                                                                                                                                                                           |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                       |
| No.                             | Name, address, and ZIP + 4       J WALKER       212 2ND ST                                                                                                                                                | Total contributions                                                                | Type of contribution         Person       X         Payroll                                                                                                                                                                                                                                                                                                                                           |
| <u>No.</u><br><u>322</u><br>(a) | Name, address, and ZIP + 4<br><u>J WALKER</u><br><u>212 2ND ST</u><br><u>EAST PALATKA, FL 32131</u><br>(b)                                                                                                | Total contributions           \$                                                   | Type of contribution         Person       X         Payroll                                                                                                                                                                                                                                                                                                                                           |
| No.<br>322<br>(a)<br>No.        | Name, address, and ZIP + 4         J WALKER         212 2ND ST         EAST PALATKA, FL 32131         (b)         Name, address, and ZIP + 4         JACK AND SHERYL PURCELL         14155 US HIGHWAY ONE | Total contributions         \$       12,000.         (c)       Total contributions | Type of contribution         Person       X         Payroll       X         Noncash       X         (Complete Part II for noncash contributions.)       (d)         (d)       Type of contribution         Person       X         Payroll       X         Noncash       X         (Complete Part II for       X         Payroll       X         Noncash       X         (Complete Part II for       X |

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Employer identification number

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Schedule B (Form 990) (2022)

Name of organization

Part I

VOLUNTEER FLORIDA FOUNDATION, INC

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

Employer identification number

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| (a) | (b)                                                                                        | (c)                 | (d)                                                                                |
|-----|--------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------|
| No. | Name, address, and ZIP + 4                                                                 | Total contributions | Type of contribution                                                               |
| 325 | JACKIE AND BILL BANNISTER<br>133 OCEAN SPRAY CT<br>VERO BEACH, FL 32963                    | \$ <u> </u>         | Person     X       Payroll                                                         |
| (a) | (b)                                                                                        | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                                 | Total contributions | Type of contribution                                                               |
| 326 | JACKSON HOWARD FOUNDATION<br>3131 BANNOCK DRIVE<br>PROVO, UT 84604                         | \$ <u>10,000.</u>   | Person     X       Payroll                                                         |
| (a) | (b)                                                                                        | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                                 | Total contributions | Type of contribution                                                               |
| 327 | JAMES A. PATTERSON TRUST ACCOUNT<br>215 5TH STREET, SUITE 100<br>WEST PALM BEACH, FL 33401 | \$ <u> </u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                                                                                        | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                                 | Total contributions | Type of contribution                                                               |
| 328 | JAMES AND ELLEN KELLEHER CHARITABLE<br>FUND<br>PO BOX 770001<br>CINCINNATI, OH 45277       | \$ <u>5,000.</u>    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                                                                                        | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                                 | Total contributions | Type of contribution                                                               |
| 329 | JAMES AND TONI TURNER FOUNDATION<br>2820 MANATEE AVENUE WEST<br>BRADENTON, FL 34205        | \$ <u>50,000.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                                                                                        | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                                 | Total contributions | Type of contribution                                                               |
| 330 |                                                                                            |                     | Person X                                                                           |

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GOLDEN OAK, FL 32836

| JAMES PALERMO<br>622 DANUBE AVENUE<br>TAMPA, FL 33606                  | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
|------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| JAMES R. RADLEY<br>1275 OSPREY TRAIL<br>NAPLES, FL 34105               | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| JAMES WEBSTER<br>3500 SUNRISE HWY., SUITE 201<br>GREAT RIVER, NY 11739 | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| JANELL VOSS<br>15731 BRIDGEWATER CLUB BLVD<br>CARMEL, IN 46033         | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| JASON BONNER<br>84 WOODSTOCK ROAD<br>ROSWELL, GA 30075                 | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| JASON RICHTER<br>10408 LOS FELIZ DRIVE                                 | \$10,500.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for                            |

VOLUNTEER FLORIDA FOUNDATION, INC

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

(b)

Name, address, and ZIP + 4

Name of organization

(a)

No.

331

(a)

No.

332

(a) No.

333

(a)

No.

334

(a) No.

335

(a)

No.

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336

Employer identification number

(c)

**Total contributions** 

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(d)

Type of contribution

X

noncash contributions.) Schedule B (Form 990) (2022)

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Name of organization

VOLUNTEER FLORIDA FOUNDATION, INC

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

| (a)        | (b)                                                                                                                   | (c)<br>Total contributions | (d)                                                                                |
|------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| <u>No.</u> | Name, address, and ZIP + 4         JAY AND MICHELLE MONTPETIT         312 BAYSHORE DRIVE         CAPE CORAL, FL 33904 | \$5,000.                   | Type of contribution         Person       X         Payroll                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 338        | JAY MARCOUX<br>7037 SILVERHAWK DR<br>SOUTH HAVEN, MI 49090                                                            | \$ <u>15,200.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 339        | JAY NICEWONDER<br>1545 RAYMOND DIEHL ROAD 250<br>TALLAHASSEE, FL 32308                                                | \$ <u>20,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 340        | JAY WEIS<br>19437 GANTON AVE<br>BRADENTON, FL 34202                                                                   | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 341        | JEANNE BAKER-MEANEY<br>8959 TYLER BLVD.<br>MENTOR, OH 44060                                                           | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 342        | JEANNIE KITCHENS<br>6203 LYN MAR DR<br>LAKELAND, FL 33813                                                             | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

Employer identification number

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Schedule B (Form 990) (2022)

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

Employer identification number

01-0973168

| VOLUN      | TEER FLORIDA FOUNDATION, INC                                                         | 01                         | -0973168                                                                           |
|------------|--------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional        | space is needed.           |                                                                                    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 343        | JEFFREY LEGO<br>6910 18 AV. W.<br>BRADENTON, FL 34209                                | \$7,500.                   | Person     X       Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 344        | JENNIFER COATES, DREW COATES<br>1545 RAYMOND DIEHL ROAD 250<br>TALLAHASSEE, FL 32308 | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 345        | JENNIFER DUNCAN<br>8544 FOXBRIDGE DRIVE<br>MATTHEWS, NC 28104                        | \$ <u> </u>                | Person     X       Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 346        | JENNIFER MANESS<br>208 CENTER ST.<br>APEX, NC 27502                                  | \$ <u> </u>                | Person     X       Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 347        | JESSE WELCH<br>5166 FORSYTH COMMERCE ROAD<br>ORLANDO, FL 32807                       | \$17,026.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 348        | JILL BRACKMAN TAYLOR<br>6742 MILL ROCK COURT<br>HOSCHTON, GA 30548                   | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)    |

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

| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                                                                                                     | (c)<br>Total contributions                                                        | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 349                                    | JM FAMILY ENTERPRISES, INC.<br>100 JIM MORAN BLVD.<br>DEERFIELD BEACH, FL 33442                                                                                                                                                                                                                                       | \$ <u>75,000.</u>                                                                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                           |
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                                                                                                     | (c)<br>Total contributions                                                        | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 350                                    | JOAN PAYSON<br><u>3 E 71ST ST</u><br><u>NEW YORK, NY 10021</u>                                                                                                                                                                                                                                                        | \$ <u> </u>                                                                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                           |
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                                                                                                     | (c)<br>Total contributions                                                        | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 351                                    | JOFFREY'S COFFEE AND TEA COMPANY<br>3803 CORPOREX PARK DRIVE, SUITE 400<br>TAMPA, FL 33619                                                                                                                                                                                                                            | \$ <u> </u>                                                                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                        |                                                                                                                                                                                                                                                                                                                       |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                                                                                                     | (c)<br>Total contributions                                                        | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                        |                                                                                                                                                                                                                                                                                                                       |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| No.                                    | Name, address, and ZIP + 4       JOHANNES WARREN       22428 BOATING WAY                                                                                                                                                                                                                                              | Total contributions                                                               | Type of contribution         Person       X         Payroll                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| No.<br>352<br>(a)                      | Name, address, and ZIP + 4<br>JOHANNES WARREN<br>22428 BOATING WAY<br>CANYON LAKE, CA 92587<br>(b)                                                                                                                                                                                                                    | Total contributions           \$5,000.           (c)                              | Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)                                                                                                                                                                                                                                                                                                                                                                                              |
| No.<br>352<br>(a)<br>No.               | Name, address, and ZIP + 4         JOHANNES WARREN         22428 BOATING WAY         CANYON LAKE, CA 92587         (b)         Name, address, and ZIP + 4         JOHN & DENA MURPHY         5915 POINTE PL                                                                                                           | Total contributions         \$       5,000.         (c)       Total contributions | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (d)         Type of contribution       X         Person       X         Payroll       Image: Complete Part II for noncash         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for         (Complete Part II for       Complete Part II for         |
| No.<br>352<br>(a)<br>No.<br>353<br>(a) | Name, address, and ZIP + 4<br>JOHANNES WARREN<br>22428 BOATING WAY<br>CANYON LAKE, CA 92587<br>(b)<br>Name, address, and ZIP + 4<br>JOHN & DENA MURPHY<br>5915 POINTE PL<br>BROOKSVILLE, FL 34601<br>(b)<br>Name, address, and ZIP + 4<br>JOHN AND HILDA JANBAZ<br>1302 SOUTH PLANTATION DRIVE<br>SOUTHLAKE, TX 76092 | Total contributions           \$                                                  | Type of contribution         Person       X         Payroll       Image: Contribution         Noncash       Image: Contribution         (Complete Part II for noncash contributions.)       Contribution         Person       X       Payroll         Payroll       Image: Complete Part II for noncash contributions.)       Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.)       Complete Part II for noncash contributions.) |

Name of organization

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| 3116 CARTWRIGHT DRIVE<br>RALEIGH, NC 27612                       | \$5,000.                   | Noncash (Complete Part II for noncash contributions.)                              |
|------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (b)<br>Name, address, and ZIP + 4                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| JOHN AND SHIRLEY BERRY<br>348 CROMWELL COURT<br>NAPLES, FL 34108 | \$20,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| JOHN ARBIZZANI<br>142 KING ST<br>SAINT AUGUSTINE, FL 32084-4326  | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| JOHN BARROTT<br>251 18TH AVE NE<br>ST PETERSBURG, FL 33704       | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| 22                                                               |                            | Schedule B (Form 990) (20                                                          |

VOLUNTEER FLORIDA FOUNDATION, INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 355 JOHN AND KAREN CANNON Person Payroll 862 SUMMIT OVERLOOK DRIVE 5,000. Noncash \$ (Complete Part II for DAWSONVILLE, GA 30534 noncash contributions.) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 356 JOHN AND MARIE EVANS Person Payroll 96 BROAD STREET, FL 14 10,000. Noncash \$ (Complete Part II for NEW YORK, NY 10004 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 357 JOHN AND MARILYNN BRANTLEY Person 3116 RALEI

#### Schedule B (Form 990) (2022)

Name of organization

(a)

No.

358

(a)

No.

359

(a)

No.

360

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01-0973168

Employer identification number

(d)

(d)

(d)

X

X

X

Form 990) (2022)

### 2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

| \$ | 6,508. |
|----|--------|
|    |        |
|    |        |
|    |        |
|    |        |
|    |        |

| 361         | JOHN CHAPEL                       |                            | Person X                                         |
|-------------|-----------------------------------|----------------------------|--------------------------------------------------|
|             | 20417 NORTHPARK DRIVE             | \$ 5,000.                  | Payroll<br>Noncash                               |
|             |                                   | ·                          | (Complete Part II for<br>noncash contributions.) |
|             | ASHBURN, VA 20147                 |                            | noncash contributions.)                          |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                      |
| 362         | JOHN GRAY                         |                            | Person X                                         |
|             | 44 MONTGOMERY STREET              | \$10,000.                  | Payroll<br>Noncash                               |
|             | SAN FRANCISCO, FL 94104           |                            | (Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                      |
| 363         | JOHN HOLLOWAY                     |                            | Person X                                         |
|             | 6201 MATCHETT ROAD                | \$5,000.                   | Payroll<br>Noncash                               |
|             | BELLE ISLE, FL 32809              |                            | (Complete Part II for noncash contributions.)    |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                      |
| 364         | JOHN HOSKINS                      |                            | Person X                                         |
|             | 10 INDUSTRIAL RD                  | \$10,000.                  | Payroll<br>Noncash                               |
|             | PROSPECTPROSPECT, CT 06712        |                            | (Complete Part II for noncash contributions.)    |
| (a)         | (b)                               | (c)                        | (d)                                              |
| No.         | Name, address, and ZIP + 4        | Total contributions        | Type of contribution                             |
| 365         | JOHN KLINE                        |                            | Person X                                         |
|             | 5554 A1A SOUTH                    | \$5,000.                   | Payroll<br>Noncash                               |
|             | ST AUGUSTINE, FL 32080            |                            | (Complete Part II for noncash contributions.)    |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                      |
|             |                                   |                            |                                                  |
| 366         | JOHN MORRIS                       |                            | Person X<br>Payroll                              |
|             | 4847 N. ARMENIA AVE               | \$6,508.                   | Noncash                                          |
|             | TAMPA, FL 33603                   |                            | (Complete Part II for noncash contributions.)    |
| 223452 11-1 | 5-22                              |                            | Schedule B (Form 990) (2022)                     |

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

(b)

Name, address, and ZIP + 4

Name of organization

(a)

No.

Employer identification number

(d)

Type of contribution

01-0973168

(c)

**Total contributions** 

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Name of organization

Employer identification number

01-0973168

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additiona                             | l space is needed.                       |                                                                                    |
|------------|----------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                        | (c)<br>Total contributions               | (d)<br>Type of contribution                                                        |
| 367        | JOHN STELBEN<br>54 OASIS CLUB DRIVE<br>PONTE VEDRA BEACH, FL 32082                                       | \$ <u> </u>                              | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                        | (c)<br>Total contributions               | (d)<br>Type of contribution                                                        |
| 368        | JOHN VODENICKER<br><u>3878 MEDITERRANEAN COURT</u><br>JACKSONVILLE, FL 32223                             | \$ <u> </u>                              | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                        | (c)<br>Total contributions               | (d)<br>Type of contribution                                                        |
| 369        | JOHN W CHILDS<br>1545 RAYMOND DIEHL ROAD 250<br>TALLAHASSEE, FL 32308                                    | \$ <u>100,000.</u>                       | Person     X       Payroll                                                         |
| (a)        | (b)                                                                                                      | (c)                                      | (d)                                                                                |
| <u>No.</u> | Name, address, and ZIP + 4         JOHN W. CRAFT FOUNDATION         PO BOX 22027         TULSA, OK 74121 | Total contributions           \$100,000. | Type of contribution         Person       X         Payroll                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                        | (c)<br>Total contributions               | (d)<br>Type of contribution                                                        |
| 371        | JOHN YAGELKA<br>4935 AUTUMN RIDGE DRIVE<br>WESLEY CHAPEL, FL 33545                                       | \$5,000.                                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                        | (c)<br>Total contributions               | (d)<br>Type of contribution                                                        |
| 372        | JOHNSON-POLIOS FOUNDATION<br>220 N MAIN ST STE 600<br>DAVENPORT, IA 52801                                | \$100,000.                               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

Schedule B (Form 990) (2022)

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| Name of organizati | on      |             |     |
|--------------------|---------|-------------|-----|
| VOLUNTEER          | FLORIDA | FOUNDATION, | INC |

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

| (a)                        | (b)                                                                                        | (c)                 | (d)                                                                                                                |
|----------------------------|--------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------|
| No.                        | Name, address, and ZIP + 4                                                                 | Total contributions | Type of contribution                                                                                               |
| 373                        | JONATHAN CLARK<br>70 DOVE PLUM ROAD<br>VERO BEACH, FL 32963                                | \$5,000 <b>.</b>    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                                        | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                                 | Total contributions | Type of contribution                                                                                               |
| 374                        | JONATHAN S. SNYDER AND MARGARET P.<br>SNYDER<br>23222 MINDANAO CIR<br>DANA POINT, CA 92629 | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                                        | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                                 | Total contributions | Type of contribution                                                                                               |
| 375                        | JOSEPH LAPCZENSKI<br>1545 RAYMOND DIEHL ROAD 250<br>TALLAHASSEE, FL 32308                  | \$10,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                                        | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                                 | Total contributions | Type of contribution                                                                                               |
| 376                        | JOSEPH R CROUCH<br>1545 RAYMOND DIEHL ROAD 250<br>TALLAHASSEE, FL 32308                    | \$10,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                                        | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                                 | Total contributions | Type of contribution                                                                                               |
| 377                        | JOSEPH SIMON<br>114 VIA VERDE WAY<br>PALM BEACH GARDENS, FL 33418                          | \$25,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                                        | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                                 | Total contributions | Type of contribution                                                                                               |
| <u>378</u><br>223452 11-15 | JOY BATTEEN<br>3310 MARY STREET, SUITE 501<br>MIAMI, FL 33133                              | \$6,470.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022) |

Part I

Employer identification number

01-0973168

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

01-0973168

### VOLUNTEER FLORIDA FOUNDATION, INC

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

| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                      | (c)<br>Total contributions                                                   | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 379                      | JOYCE AND AUBREY CHERNICK FOUNDATION<br>221 S. FIGUEROA STREET, SUITE 400<br>LOS ANGELES, CA 90012                                                                                                     | \$10,000.                                                                    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                          |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                      | (c)<br>Total contributions                                                   | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                 |
| 380                      | JPMC FOUNDATION<br>383 MADISON AVE FL 41<br>NEW YORK CITY, NY 10017                                                                                                                                    | \$300,000.                                                                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                          |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                      | (c)<br>Total contributions                                                   | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                 |
| 381                      | JUDITH S. DAVIS<br>8210 BAHIA BLANCA COURT<br>JACKSONVILLE, FL 32256                                                                                                                                   | \$ <u>50,000.</u>                                                            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                          |
| (a)                      | (b)                                                                                                                                                                                                    | (a)                                                                          | (-1)                                                                                                                                                                                                                                                                                                                                                                                                                        |
| No.                      | Name, address, and ZIP + 4                                                                                                                                                                             | (c)<br>Total contributions                                                   | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                 |
|                          |                                                                                                                                                                                                        |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| No.                      | Name, address, and ZIP + 4       JULIA PHELPS       6984 WATERS EDGE DR                                                                                                                                | Total contributions                                                          | Type of contribution         Person       X         Payroll                                                                                                                                                                                                                                                                                                                                                                 |
| No.<br>382<br>(a)        | Name, address, and ZIP + 4<br>JULIA PHELPS<br>6984 WATERS EDGE DR<br>DUBLIN, OH 43016<br>(b)                                                                                                           | Total contributions           \$         5,000.           (c)         (c)    | Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)                                                                                                                                                                                                                                                                                                                             |
| No.<br>382<br>(a)<br>No. | Name, address, and ZIP + 4         JULIA PHELPS         6984 WATERS EDGE DR         DUBLIN, OH 43016         (b)         Name, address, and ZIP + 4         KAREN & AP HURST         3890 NELSON DRIVE | Total contributions         \$5,000.         (c)         Total contributions | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (d)         Type of contribution       Person       X         Payroll       Image: Complete Part II for       Noncash       Image: Complete Part II for         (Complete Part II for       Part II for       Image: Complete Part II for |

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223452 11-15-22

| Schedule B (Form 990) (2022) |
|------------------------------|

2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

| Name of organization |         |             |     |
|----------------------|---------|-------------|-----|
| VOLUNTEER            | FLORIDA | FOUNDATION, | INC |

Employer identification number

01-0973168

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additiona | l space is needed.         |                                                                                    |
|------------|------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 385        | KAREN DELONG<br>524 DAVIS MOUNTAIN CIRCLE<br>GEORGETOWN, TX 78633            | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 386        | KARYN KRUSZEWSKI<br>3225 S MACDILL AVENUE, SUITE 119<br>TAMPA, FL 33629      | \$ <u>5,852.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>387</u> | KBS ANALYTICS LLC<br>2840 ELECTRIC ROAD SUITE 201A<br>ROANOKE , VA 24018     | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 388        | KEITH AND SHIRLEY CAMPBELL<br>148 BISHOPS COURT ROAD<br>OSPREY, FL 34229     | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 389        | KEITH DUGGAN<br>2305 BAYSIDE LA<br>CORONA DEL MAR, CA 92625                  | \$ <u>5,000.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 390        | KEITH JALBERT       20715 KINGS CROWN CT       KINGWOOD, TX 77346            | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

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Page 2

|                   | 1730 DUNDEE ROAD                                                              | \$5,000.                   | Noncash                                                                            |
|-------------------|-------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
|                   | WINTER HAVEN, FL 33884                                                        | _                          | (Complete Part II for noncash contributions.)                                      |
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>    393   </u> | KEOLIS TRANSIT AMERICA, INC.<br>53 STATE ROAD, 11TH FLOOR<br>BOSTON, MA 02109 | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 394               | KEVIN AND ELIZABETH COMER<br>617 HAYFIELD LANE<br>WAYLAND, MA 01778           | \$5,000.                   | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)       |
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>395</u>        | KEVIN R DUNBAR<br><u>11 IVEYTRACE COURT</u><br><u>COCKEYSVILLE, MD 21030</u>  | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 396               | KEVIN RICKLEFS<br>7259 BINGHAM JUNCTION BLVD<br>MIDVALE, UT 84047             | \$5,000.                   | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)       |
| 223452 11-15      | 5-22<br>88                                                                    |                            | Schedule B (Form 990) (2022)                                                       |
| 10530424          |                                                                               | 0 VOLUNTEER FLORID         | A FOUNDAT 3742V                                                                    |

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

(b)

Name, address, and ZIP + 4

FL 32708

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2022)

VOLUNTEER FLORIDA FOUNDATION, INC

KEITH VAN ALLEN

410 ALMERIA CT

WINTER SPRINGS,

KELLIE BURNS

Name of organization

Part I

(a)

No.

391

(a)

No.

392

Employer identification number

(d)

Type of contribution

X

X

Page 2

01-0973168

Person Payroll

Noncash

Person Payroll Noncash

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(c)

**Total contributions** 

(c)

**Total contributions** 

\$

5,000.

FOUNDAT 3742VF\_1

| (c)<br>Total contributions | (d)<br>Type of contribution<br>Person X                                                                                                                                                                                                                                                              |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ¢ 5.123                    |                                                                                                                                                                                                                                                                                                      |
| ¢ <u>5,125.</u>            | Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                               |
| (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                                                                                                                                          |
| \$ <u>25,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                   |
| (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                                                                                                                                          |
| \$5,000.                   | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                |
| (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                                                                                                                                          |
| \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                   |
| (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                                                                                                                                          |
| \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (202                                                                                                                                                                                     |
|                            | Total contributions         \$       25,000.         (c)       Total contributions         \$       5,000.         (c)       Total contributions         \$       5,000.         \$       5,000.         (c)       Total contributions         \$       5,000.         (c)       Total contributions |

KIM LINDGREN

14 WINSTON DRIVE

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

(b)

Name, address, and ZIP + 4

(a)

No.

397

Employer identification number 01-0973168

> Person Payroll

Noncash

(d)

Type of contribution

X

(c)

**Total contributions** 

\$

5,000.

) (2022)

OAK

RIDGE

NJ 07438

| KURT STAHL FAMILY FUND<br>535 CORDILLERA TRACE<br>BOERNE, TX 78006                   | \$ <u>15,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
|--------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| KURTI FAMILY CHARITABLE FOUNDATION<br>16309 MOLISE PLACE<br>BONITA SPRINGS, FL 34135 | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| KYNDRYL, INC.<br><u>1 VANDERBILT AVE 15TH FLOOR</u><br><u>NEW YORK, NY 10017</u>     | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| LAKE CARLTON ARMS<br>177014 LAKE CARLTON DRIVE<br>LUTZ, FL 33558                     | \$59,394.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| LAKELAND BANK<br>250 OAK RIDGE ROAD                                                  | \$5,000 <b>.</b>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for                            |

VOLUNTEER FLORIDA FOUNDATION, INC

KULL FAMILY CHARITABLE FUND

135 SOUTH FIRST AVENUE

IL 61550

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

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

MORTON,

Name of organization

No.

403

(a)

No.

404

(a)

No.

405

(a)

No.

406

(a)

No.

407

(a)

No.

408

223452 11-15-22

Employer identification number

(d)

Type of contribution

X

01-0973168

Person Payroll

Noncash

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

**Total contributions** 

(c)

**Total contributions** 

\$

5,000.



noncash contributions.) Schedule B (Form 990) (2022)

2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

|            | 1         |         | Schedule B (Form | 990) (2022) |   |
|------------|-----------|---------|------------------|-------------|---|
| 91         |           |         |                  |             |   |
| 2022.06000 | VOLUNTEER | FLORIDA | FOUNDAT          | 3742VF      | 1 |

| (b)<br>Name, address, and ZIP + 4                                                                 | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|---------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| LAVELLE FAMILY FOUNDATION<br>500 GRANT ST SUITE 3825 BNY MELLON<br>CENTER<br>PITTSBURGH, PA 15258 | \$ <u>10,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                                 | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| LAW OFFICE OF STUART A. THOMPSON<br>4089 TAMIAMI TRAIL NORTH, SUITE A201<br>NAPLES, FL 34103      | \$ <u>5,000.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                                 | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| LEADING EDGE ADMINISTRATORS<br>8162 WOODLAND CENTER BLVD<br>TAMPA, FL 33614                       | \$ <u>100,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                                 | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| LEAH CANNON<br>8725 W HIGGINS RD, SUITE 525                                                       | \$10,000 <b>.</b>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for                            |

SUITE 201

Schedule B (Fc Name of organization

Part I

(a)

No.

409

(a)

No.

410

(a)

No.

411

(a)

No.

412

(a)

No.

413

(a)

No.

414

Employer identification number

(d)

Type of contribution

X

X

Page 2

01-0973168

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for

noncash contributions.)

noncash contributions.)

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(c)

**Total contributions** 

(c)

**Total contributions** 

\$

\$

25,000.

5,000.

| orm 990) (2022) |  |
|-----------------|--|
|-----------------|--|

VOLUNTEER FLORIDA FOUNDATION, INC

LANZA FAMILY FOUNDATION

500 MAMARONECK AVE

HARRISON, NY 10528

LARSON DESIGN GROUP

1000 COMMERCE PARK DRIVE,

WILLIAMSPORT, PA 17701

**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

Name of organization

Employer identification number

01-0973168

# VOLUNTEER FLORIDA FOUNDATION, INC

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 415 LEANDRO P. RUZZUTO FOUNDATION X Person Payroll 1014 GATEWAY BLVD., SUITE 105 100,000. Noncash \$ (Complete Part II for BOYNTON BEACH, FL 33426 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 416 LEE VALENTA X Person Payroll 5400 OCEAN BLVD, UNIT 11-2 5,000. Noncash (Complete Part II for SIESTA KEY, FL 34242 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 417 LEIBENSPERGER GIVING FUND X Person Payroll PO BOX 770001 10,000. Noncash \$ (Complete Part II for CINCINNATI, OH 45277 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 418 LEIGHTON MILLER X Person Payroll 400 JOHN ANDERSON DRIVE 17,620. Noncash \$ (Complete Part II for ORMOND BEACH, FL 32176 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 419 LENNAR FOUNDATION X Person Payroll 5505 BLUE LAGOON DRIVE, 7TH FLOOR 1,000,000. Noncash (Complete Part II for MIAMI, FL 33126 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 420 LEONARD AND BETTY PHILLIPS FOUNDATION X Person Payroll 5,000. 330 MARSHALL STREET, SUITE 300 Noncash \$ (Complete Part II for SHREVEPORT, LA 71101 noncash contributions.)

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Schedule B (Form 990) (2022)

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223452 11-15-22

VOLUNTEER FLORIDA FOUNDATION, INC

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

Employer identification number

01 - 0<u>973168</u>

| (a)        | (b)                                                                                | (c)                 | (d)                                                                                |
|------------|------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------|
| No.        | Name, address, and ZIP + 4                                                         | Total contributions | Type of contribution                                                               |
| <u>421</u> | LIBERTY DENTAL PLAN<br>340 COMMERCE, SUITE 100<br>IRVINE, CA 92602                 | \$ <u>25,000.</u>   | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.)              |
| (a)        | (b)                                                                                | (c)                 | (d)                                                                                |
| No.        | Name, address, and ZIP + 4                                                         | Total contributions | Type of contribution                                                               |
| <u>422</u> | LIFE STORAGE, LP<br>6467 MAIN STREET<br>BUFFALO, NY 14221                          | \$10,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)        | (b)                                                                                | (c)                 | (d)                                                                                |
| No.        | Name, address, and ZIP + 4                                                         | Total contributions | Type of contribution                                                               |
| <u>423</u> | LIGHTBRIDGE FOUNDATION, INC.<br><u>116 GRAND STREET</u><br><u>ISELIN, NJ 08830</u> | \$ <u> </u>         | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.)              |
| (a)        | (b)                                                                                | (c)                 | (d)                                                                                |
| No.        | Name, address, and ZIP + 4                                                         | Total contributions | Type of contribution                                                               |
| <u>424</u> | LINCOLN DAY<br>2310 NE 33RD STREET<br>LIGHTHOUSE POINT, FL 33064                   | \$ <u> </u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)        | (b)                                                                                | (c)                 | (d)                                                                                |
| No.        | Name, address, and ZIP + 4                                                         | Total contributions | Type of contribution                                                               |
| <u>425</u> | LINDA TRAEGER<br>130 SOUTH ORCHARD CIRCLE<br>LAKE FOREST, IL 60045                 | \$5,000.            | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.)              |
| (a)        | (b)                                                                                | (c)                 | (d)                                                                                |
| No.        | Name, address, and ZIP + 4                                                         | Total contributions | Type of contribution                                                               |
| <u>426</u> | LISA PARTRICK<br>PO BOX 997                                                        | \$ 5,000.           | Person X<br>Payroll<br>Noncash                                                     |

#### Schedule B (Form 990) (2022)

Name of organization

Part I

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Schedule B (Form 990) (2022)

Name of organization

VOLUNTEER FLORIDA FOUNDATION, INC

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

| (a)                        | (b)                                                                       | (c)                 | (d)                                                                                                                |
|----------------------------|---------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------|
| No.                        | Name, address, and ZIP + 4                                                | Total contributions | Type of contribution                                                                                               |
| 427                        | LIV GOLF<br>222 LAKEVIEW AVENUE<br>WEST PALM BEACH, FL 33401              | \$ <u>833,000.</u>  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                    |
| (a)                        | (b)                                                                       | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                | Total contributions | Type of contribution                                                                                               |
| 428                        | LIYANG CHARITY FUND<br>9314 FOREST HILL BLVD. #68<br>WELLINGTON, FL 33411 | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                       | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                | Total contributions | Type of contribution                                                                                               |
| 429                        | LLOYD NELSON<br>12821 STARKEY ROAD, #4900<br>LARGO, FL 33773-1409         | \$ <u>13,651.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                       | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                | Total contributions | Type of contribution                                                                                               |
| 430                        | LORETTA UMETSU<br>11764 FREESIA TERRACE<br>NAPLES, FL 34120               | \$5,000 <b>.</b>    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                       | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                | Total contributions | Type of contribution                                                                                               |
| 431                        | LOU BACHRODT<br>1801 WEST ATLANTIC BLVD.<br>POMPANO BEACH, FL 33069       | \$ <u>100,000.</u>  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                       | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                | Total contributions | Type of contribution                                                                                               |
| <u>432</u><br>223452 11-15 | LUCY F. ALLEN<br><u>3877 WILSHIRE CIRCLE WEST</u><br>SARASOTA, FL 34238   | \$ <u>10,000.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022) |

Employer identification number

01-0973168

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| 435          | LYNN S. FORD<br>201 S. ANGEL LIGHT DRIVE<br>SPICEWOOD, TX 78669                      | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
|--------------|--------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 436          | LYNNE PRATO<br>350 SENTRY PARKWAY, BUILDING 620,<br>SUITE 120<br>BLUE BELL, PA 19422 | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 437          | MADELYN SCHMIDT<br>6 FERNBOOKE DRIVE<br>SAFETY HARBOR, FL 34695                      | \$10,250.                  | Person     X       Payroll                                                         |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 438          | MAGIC LEAP<br>7500 W SUNRISE BLVD<br>PLANTATION, FL 33313                            | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| 223452 11-15 | -22                                                                                  |                            | Schedule B (Form 990) (2022)                                                       |

PO BOX 37349

LYNN MCCARTNEY

VOLUNTEER FLORIDA FOUNDATION, INC

JACKSONVILLE, FL 32236

218 SOUTH MONROE STREET

TALLAHASSEE, FL 32301

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

LUCY GOODING CHARITABLE FOUNDATION

Schedule B (Form 990) (2022)

Part I

(a)

No.

433

(a)

No.

434

(a)

No.

Employer identification number

(d)

Type of contribution

X

X

01-0973168

Person Payroll

Noncash

Person Payroll

Noncash

(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** 

\$

\$

100,000.

10,000.

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| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional                    | space is needed.           |                                                                                    |
|------------|--------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 439        | MAMMOTH NATION, LLC<br>PO BOX 10296<br>GREEN BAY, WI 54307                                       | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 440        | MANHATTAN BEACHWEAR LLC<br>10855 BUSINESS CENTER DRIVE, SUITE C<br>CYPRESS, CA 90630             | \$ <u>15,050.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 441        | MARATHON COMMUNITY INVESTMENT PROGRAMS<br>501 SILVERSIDE ROAD, SUITE 123<br>WILMINGTON, DE 19809 | \$ <u>25,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 442        | MARC AND JANIS MCGRATH<br><u>1125 WEBER AVENUE SW</u><br><u>STRASBURG, OH 44680</u>              | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 443        | MARC AND VIRGINIA WILSON<br>6266 GITALONG ROAD<br>LOVELAND, CO 80538                             | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 444        | MARCIA SHERWIN<br>370B GULF OF MEXICO DRIVE, #415<br>LONGBOAT KEY, FL 34228                      | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

Name of organization

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| VOLUN  | TEER FLORIDA FOUNDATION, INC                                                  |                  |
|--------|-------------------------------------------------------------------------------|------------------|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. |
| (a)    | (b)                                                                           | (c)              |

| (a)        | (b)                                                                          | (c)                        | (d)                                                                                |
|------------|------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| No.        | Name, address, and ZIP + 4                                                   | Total contributions        | Type of contribution                                                               |
| 445        | MARCY WETGEN<br>671 S RED FOX LANE<br>COLUMBUS, NE 68601-6316                | \$ <u>5,000.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)        | (b)                                                                          | (c)                        | (d)                                                                                |
| No.        | Name, address, and ZIP + 4                                                   | Total contributions        | Type of contribution                                                               |
| 446        | MARGARET JOHNSON PO BOX 8754 ASPEN, CO 81612                                 | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)    |
| (a)        | (b)                                                                          | (c)                        | (d)                                                                                |
| No.        | Name, address, and ZIP + 4                                                   | Total contributions        | Type of contribution                                                               |
| 447        | MARGARET M. RUFFALO<br>2800 S. OCEAN BLVD., APT. 20F<br>BOCA RATON, FL 33432 | \$ <u>24,875.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 448        | MARGARETHA BUERMAN<br>4019 S OCEAN BLVD<br>HIGHLAND BEACH, FL 33487          | \$ <u>5,000.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 449        | MARGARETTA STABLER<br>PO BOX 124<br>MONTCHANIN, DE 19710-0124                | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 450        | MARGARITAVILLE HOLDINGS<br>6900 TURKEY LAKE RD STE 200<br>ORLANDO, FL 32819  | \$20,000.                  | Person X<br>Payroll<br>(Complete Part II for<br>noncash contributions.)            |

Employer identification number

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Name of organization

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Schedule B (Form 990) (2022)

| Schedule B | (Form 990) | (2022) |
|------------|------------|--------|

Employer identification number

Page 2

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| Part I                | Contributors (see instructions). Use duplicate copies of Part I if addition                            | nal space is needed.       |                                                                                   |
|-----------------------|--------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------|
| (a)<br>No.            | (b)<br>Name, address, and ZIP + 4                                                                      | (c)<br>Total contributions | (d)<br>Type of contributio                                                        |
| <u>451</u>            | MARIA NIKOLOVA<br>POB 17660<br>CLEARWATER, FL 33762                                                    | \$ <u></u> \$              | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions  |
| (a)<br>No.            | (b)<br>Name, address, and ZIP + 4                                                                      | (c)<br>Total contributions | (d)<br>Type of contributio                                                        |
| <u>452</u>            | MARIANNA AND EDWARD RABINOVITCH<br>18975 COLLINGS AVENUE, UNIT NO. 1601<br>SUNNY ISLES BEACH, FL 33160 | -<br>\$ <u>25,000.</u>     | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions     |
| (a)<br>No.            | (b)<br>Name, address, and ZIP + 4                                                                      | (c)<br>Total contributions | (d)<br>Type of contributio                                                        |
| <u>453</u>            | MARIE WERTZ<br>3301 BAYSHORE BLVD. #2310<br>TAMPA, FL 33629                                            | -<br>\$\$6,000.<br>-       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions  |
| (a)<br>No.            | (b)<br>Name, address, and ZIP + 4                                                                      | (c)<br>Total contributions | (d)<br>Type of contributio                                                        |
| <u>454</u>            | MARILYN JEAN HOLLOWELL<br>628 ARMADA RD SOUTH<br>VENICE, FL 34285                                      | \$ <u>6,000.</u><br>       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions. |
| (a)<br>No.            | (b)<br>Name, address, and ZIP + 4                                                                      | (c)<br>Total contributions | (d)<br>Type of contributio                                                        |
| <u>455</u>            | MARINE TRANSPORT, INC.<br>400 STATE ROAD 34, SUITE B<br>MATAWAN, NJ 07747                              | -<br>\$\$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions. |
| (a)<br>No.            | (b)<br>Name, address, and ZIP + 4                                                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
| <u>456</u>            | MARINER FINANCE<br>8211 TOWN CENTER DRIVE<br>BALTIMORE, MD 21236                                       | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions  |
| 223452 11-15<br>30424 | <u>98</u>                                                                                              | _  <br>VOLUNTEER FLORIDA   | Schedule B (Form 990                                                              |

VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

| 665 SW 8TH STREET<br>MIAMI, FL 33130                                                                 | \$5,000.                   | Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                |
|------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (b)<br>Name, address, and ZIP + 4                                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| MARK AND JACKIE BAUMGARTEN<br>4782 HIDDEN LAKE COURT<br>BETTENDORF, IA 52722                         | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| MARK AND PHYLLIS STEPHENS<br>371 W. ROYAL FLAMINGO DRIVE<br>SARASOTA, FL 34236                       | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| MARK AND VICTORIA SMITH FAMILY<br>FOUNDATION<br>1545 RAYMOND DIEHL ROAD 250<br>TALLAHASSEE, FL 32308 | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| MARK CHRISTOPHER<br>1035 ABINGTON CT<br>BROOKHAVEN, GA 30319                                         | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| MARKY BEVERLIN<br>3364 RACKLEY RD<br>BROOKSVILLE, FL 34604                                           | \$15,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

MARIO MURGADO

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

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2022)

Name of organization

(a)

No.

457

(a) No.

458

(a) No.

459

(a) No.

460

(a) No.

461

(a)

No.

462

Employer identification number

Person

(d)

Type of contribution

X

01-0973168

(c)

**Total contributions** 

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Schedule B (Form 990) (2022)

99

223452 11-15-22

| 530424 | 136042 | 3742VF |  |
|--------|--------|--------|--|
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2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

Employer identification number

01-0973168

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition          | nal space is needed.       |                                                                                    |
|------------|--------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>463</u> | MARSHALL BOON<br>3625 HATHAWAY ROAD<br>DURHAM, NC 27707                              | -<br>_ \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>464</u> | MARTHA JANE TUNNO<br><u>112 S. LINCOLN AVE.</u><br><u>TAMPA, FL 33609</u>            | -<br>_ \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 465        | MARVIN ALAN GOLDBERG<br>211 MAIN STREET<br>SAN FRANCISCO, CA 94105                   | \$15,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>466</u> | MARVIN MAY<br>10620 SOUTHERN HIGHLANDS PARKWAY STE<br>110-173<br>LAS VEGAS, FL 89141 | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>467</u> | MARY AND MICHAEL CARPENTER<br>118 WEST DILIDO DR<br>MIAMI BEACH , FL 33139           | -<br>_ \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>468</u> | MARY ANN BLAIR TRUST<br>3860 RIVIERA DRIVE, APT. 202<br>SAN DIEGO, CA 92109          | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

VOLUNTEER FLORIDA FOUNDATION, INC

Page **2** 

| Schedule B (Form 990) (2022) |  |
|------------------------------|--|
| lame of organization         |  |

MARY FOWLER

VOLUNTEER FLORIDA FOUNDATION, INC

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

(b)

Name, address, and ZIP + 4

Employer identification number

(c)

**Total contributions** 

01-0973168

Person Payroll

(d)

Type of contribution

X

#### 2 COMMONWEALTH AVE 5,000. Noncash \$ (Complete Part II for BOSTON, MA 02116 noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution 470 MARY FRANCES PACKARD X Person 1300 THAMES STREET WHARF 4TH FLOOR Payroll ATTN: BANKING AND CASH SERVICES 7,000. Noncash (Complete Part II for BALTIMORE, MD 21231 noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution 471 MARY J WEEKLEY X Person Payroll PO BOX 13797 10,000. Noncash \$ (Complete Part II for TALLAHASSEE, FL 32317 noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution 472 X MARY MCLEARN Person Payroll 1545 RAYMOND DIEHL ROAD 250 Noncash \$ 10,000. (Complete Part II for TALLAHASSEE, FL 32308 noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution 473 MASSEY SERVICES X Person Payroll 315 GROVELAND STREET 10,000. Noncash (Complete Part II for ORLANDO, FL 32804 noncash contributions.) (d) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution MATT MAWBY 474 X Person Payroll 5,000. **36 NOTTINGHAM LANE** Noncash \$ (Complete Part II for ROGERS, AR 72758 noncash contributions.) 223452 11-15-22 101 2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

of organization

Part I

(a)

No.

469

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

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Name of organization

Employer identification number

(d)

01 - 0973168

### VOLUNTEER FLORIDA FOUNDATION, INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 

| No.          | Name, address, and ZIP + 4                                                                                                        | Total contributions                  | Type of contribution                                                               |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------|
| 475          | MATTAMY HOMES CORPORATION<br>4901 VINELAND ROAD, SUITE 450<br>ORLANDO, FL 32811                                                   | \$231,410.                           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)          | (b)                                                                                                                               | (c)                                  | (d)                                                                                |
| No.          | Name, address, and ZIP + 4                                                                                                        | Total contributions                  | Type of contribution                                                               |
| 476          | MAYOTTE FOUNDATION<br>860 SW 21ST STREET<br>BOCA RATON, FL 33486                                                                  | \$10,000.                            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)          | (b)                                                                                                                               | (c)                                  | (d)                                                                                |
| <u>No.</u>   | Name, address, and ZIP + 4         MCGUE MILLHISER FAMILY TRUST         4333 NORTH OCEAN BLVD., CS2         GULF STREAM, FL 33483 | Total contributions         \$7,000. | Type of contribution         Person       X         Payroll                        |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                                                 | (c)<br>Total contributions           | (d)<br>Type of contribution                                                        |
| 478          | MCHALE GROUP, LTD<br>PO BOX 939<br>CUYAHOGA FALLS, OH 44223                                                                       | \$5,000.                             | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                                                 | (c)<br>Total contributions           | (d)<br>Type of contribution                                                        |
| 479          | MEADOWBROOK INSURANCE AGENCY<br>26255 AMERICAN DRIVE<br>SOUTHFIELD, MI 48034                                                      | \$5,000.                             | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                                                 | (c)<br>Total contributions           | (d)<br>Type of contribution                                                        |
| 480          | MELIN MELIN                                                                                                                       |                                      | Person X                                                                           |
|              | 10 FARADAY                                                                                                                        | \$9,744.                             | Payroll<br>Noncash<br>(Complete Part II for                                        |
|              | IRVINE, CA 92618                                                                                                                  |                                      | (Complete Part II for noncash contributions.)                                      |
| 223452 11-15 | 5-22                                                                                                                              |                                      | Schedule B (Form 990) (2022)                                                       |

| N            | 5,000. |  |
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VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

01-0973168

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional                               | space is needed.           |                                                                                    |
|------------|-------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>481</u> | MELISSA DZIURAWIEC<br>2900 NE INDEPENDENCE AVE<br>LEES SUMMIT, MO 64064                                     | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 482        | MELISSA WILLBURN<br>7301 CAT CREEK LANE<br>AMARILLO, TX 79108                                               | \$ <u>5,000.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 483        | MELLO-HILL CHARITABLE FUND<br>PO BOX 338<br>MORRISTOWN, NJ 07963                                            | \$ <u>50,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)        | (b)                                                                                                         | (c)                        | (d)                                                                                |
| No.        | Name, address, and ZIP + 4         MELVIN STANLEY         2021 KING AIR COURT         PORT ORANGE, FL 32128 | Total contributions        | Type of contribution         Person       X         Payroll                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 485        | MERITAGE CARES FOUNDATION<br>8800 E. RAINTREE DRIVE, SUITE 300<br>SCOTTSDALE, AZ 85260                      | \$ <u>50,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 486        | MERRILL LYNCH, PIERCE, FENNER & SMITH<br>PO BOX 43247<br>JACKSONVILLE, FL 32231                             | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

### edule B (Form 990) (2022)

223452 11-15-22

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

Employer identification number

01-0973168

| Part I       | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional | l space is needed.         |                                                                                    |
|--------------|--------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 487          | METAL INDUSTRIES FOUNDATION, INC.<br>PO BOX 4490<br>CLEARWATER, FL 33758             | \$20,000.                  | Person     X       Payroll                                                         |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 488          | METOPOULOS FAMILY FOUNDATION<br>200 GREENWICH AVENUE<br>GREENWICH , CT 06830         | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 489          | MICHAEL & EVE WILLIAMS-JONES<br>340 SOUTH PALM AVENUE<br>SARASOTA, FL 34236          | \$5,000.                   | Person     X       Payroll                                                         |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 490          | MICHAEL AND KAREN BYNUM<br>6306 MACLAURIN DRIVE PH<br>TAMPA, FL 33647                | \$25,000.                  | Person     X       Payroll                                                         |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>491</u>   | MICHAEL GRANLUND<br>8399 PALM ST<br>COON RAPIDS, MN 55433                            | \$8,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 492          | MICHAEL GUERRIERI<br>PO BOX 680<br>OCEAN CITY, MD 21843                              | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| 223452 11-15 |                                                                                      |                            | Schedule B (Form 990) (2022)                                                       |

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VOLUNTEER FLORIDA FOUNDATION, INC

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

(b)

Name of organization

Part I

(a)

Employer identification number

(d)

01 - 0973168

(c)

| No.          | Name, address, and ZIP + 4                                                        | Total contributions        | Type of contribution                                                                           |
|--------------|-----------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------|
| <u>493</u>   | MICHAEL KAZMA<br>236 W KEY PALM DRIVE<br>BOCA RATON, FL 33432                     | \$ <u>5,000.</u>           | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.)                          |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                    |
| 494          | MICHAEL KOTT                                                                      |                            | Person X<br>Payroll                                                                            |
|              | 4100 N RIVERSIDE DRIVE<br>INDIAN HARBOR, FL 32937                                 | \$ <u>5,000.</u>           | Noncash (Complete Part II for noncash contributions.)                                          |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                    |
| <u>495</u>   | MICHAEL KREKEL<br>6333 SW 104TH ST<br>PINECREST, FL 33156                         | \$ <u>5,000.</u>           | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.)                          |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                    |
| 496          | MICHAEL P. AFFUSO, ESQ.<br><u>411 NORTH AVE EAST</u><br><u>CRANFORD, NJ 07016</u> | \$ <u>5,000.</u>           | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.)                          |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                    |
| 497          | MICHAEL RAMA<br>605 LINCON RD<br>MIAMI BEACH, FL 33139                            | \$ <u>10,000.</u>          | Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                    |
| 498          | MICHAEL RYBOVICH                                                                  |                            | Person X<br>Payroll                                                                            |
|              | 2175 IDLEWILD ROAD                                                                | \$5,000.                   | Noncash (Complete Part II for                                                                  |
| 223452 11-15 | PALM BEACH GARDENS, FL 33410                                                      |                            | noncash contributions.)<br>Schedule B (Form 990) (2022)                                        |

Schedule B (Form 990) (2022)

| Schedule B (Form 990) (2022) |
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| Name of everytimation        |

Name of organization

(a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 199 MTCHAFT. TORRES

### VOLUNTEER FLORIDA FOUNDATION, INC

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

| 499         | MICHAEL TORRES                        |                            | Person X                                      |
|-------------|---------------------------------------|----------------------------|-----------------------------------------------|
|             | 1850 PARKWAY PLACE, SUITE 900         | \$ 5,000.                  | Payroll<br>Noncash                            |
|             |                                       | ·                          | (Complete Part II for                         |
|             | MARIETTA, GA 30067                    |                            | noncash contributions.)                       |
| (a)         | (b)                                   | (c)<br>Total contributions | (d)<br>Turne of contribution                  |
| No.         | Name, address, and ZIP + 4            |                            | Type of contribution                          |
| 500         | MICHELE MEYER                         |                            | Person X<br>Payroll                           |
|             | 3705 NORTHOME RD                      | \$5,000.                   | Noncash                                       |
|             | DEEPHAVEN, FL 55391                   |                            | (Complete Part II for noncash contributions.) |
|             |                                       |                            | · ·                                           |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4     | (c)<br>Total contributions | (d)<br>Type of contribution                   |
| 501         | MIKE AND NANCY SHELLNUTT              |                            | Person X                                      |
|             | MIKE AND NANCI SHELLINUII             |                            | Person X<br>Payroll                           |
|             | P.O.BOX 301                           | \$5,000.                   | Noncash (Complete Part II for                 |
|             | HUGER, SC 29450                       |                            | noncash contributions.)                       |
| (a)         | (b)                                   | (c)                        | (d)                                           |
| No.         | Name, address, and ZIP + 4            | Total contributions        | Type of contribution                          |
| 502         | MIKE PATTERSON CONSTRUCTION, INC.     |                            | Person X                                      |
|             |                                       | 200.000                    | Payroll<br>Noncash                            |
|             | <u>PO BOX 2063</u>                    | \$00.                      | (Complete Part II for                         |
|             | DECATUR, TX 76234                     |                            | noncash contributions.)                       |
| (a)         | (b)                                   | (c)                        | (d)                                           |
| No.         | Name, address, and ZIP + 4            | Total contributions        | Type of contribution                          |
| 503         | MIKE REPOLE                           |                            | Person X                                      |
|             | 1720 WHITESTONE EXP 501               | \$ 25,000.                 | Payroll<br>Noncash                            |
|             |                                       | ·                          | (Complete Part II for                         |
|             | WHITESTONE, NY 11357                  |                            | noncash contributions.)                       |
| (a)         | (b)                                   | (c)                        | (d)                                           |
| No.         | Name, address, and ZIP + 4            | Total contributions        | Type of contribution                          |
| 504         | MILTON G. HULME CHARITABLE FOUNDATION |                            | Person X<br>Payroll                           |
|             | 1146 OLD FREEPORT ROAD                | \$20,000.                  | Noncash                                       |
|             | PITTSBURGH, PA 15238                  |                            | (Complete Part II for noncash contributions.) |
| 223452 11-1 |                                       | l                          | Schedule B (Form 990) (2022)                  |

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Employer identification number

(d)

Type of contribution

01-0973168

Name of organization

Employer identification number

01-0973168

### VOLUNTEER FLORIDA FOUNDATION, INC

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 505 MITCHELL W. WATTS FAMILY FOUNDATION X Person Payroll PO BOX 39 5,000. Noncash \$ (Complete Part II for CONCORD, NC 28026 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 506 MIYUKI SCHEIDEL X Person Payroll 821 PONTE VEDRA BLVD 20,000. Noncash (Complete Part II for PONTE VEDRA BEACH, FL 32082 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 507 MOBILE GIVING X Person Payroll 155 108TH AVE NE 46,375. Noncash \$ (Complete Part II for BELLEVUE, WA 98004 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 508 MOLINA HEALTHCARE X Person Payroll 200 OCEANGATE, SUITE 100 \$ 150,000. Noncash (Complete Part II for LONG BEACH, CA 90802 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 509 MOLSON COORS BEVERAGE COMPANY X Person Payroll PO BOX 482 10,000. Noncash \$ (Complete Part II for MILWAUKEE , WI 53201 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 510 MONIN INC USA X Person Payroll 20,000. 2100 RANGE ROAD Noncash \$ (Complete Part II for CLEARWATER, FL 33765 noncash contributions.)

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Schedule B (Form 990) (2022)

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VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

Employer identification number

01-0973168

| Part I       | Contributors (see instructions). Use duplicate copies of Part I if additional       | space is needed.           |                                                                                    |
|--------------|-------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 511          | MORGAN STANLEY<br>1300 THAMES STREET WHARF, 4TH FLOOR<br>BALTIMORE, MD 21231        | \$30,022.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 512          | MORSE CHARITABLE FOUNDATION<br>2000 BRUSH STREET, SUITE 440<br>DETROIT, MI 48226    | \$ <u>20,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 513          | MOUNTAIN AMERICA CREDIT UNION<br>PO BOX 2331<br>SANDY, UT 84091                     | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 514          | MOVEMENT FOUNDATION'S FUND<br>2261 MARKET STREET, #4729<br>SAN FRANCISCO , CA 94114 | \$7,400.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 515          | MR. AND MRS. ADOLFO MARZOL<br>8444 SPARGER ST<br>MCLEAN, VA 22102                   | \$ <u>5,000.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 516          | MR. AND MRS. BRONSON B.T. EDEN FUND<br>PO BOX 5128<br>WACO, TX 76708                | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| 223452 11-15 | 5-22                                                                                |                            | Schedule B (Form 990) (2022)                                                       |

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105

MR. DENIVALDO G. DESILVA AND MS. SABRINA VASQUENZ-DASILVA

109 WEST 78TH ST, APT. A

NEW YORK, NY 10024

501 SHADY CIRCLE DRIVE

ROCKY MOUNT, NC 27803

| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|--------------|----------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| 519          | MR. GARY WALSTON AND MRS. TAMMY<br>WALSTON<br>1545 RAYMOND DIEHL ROAD 250<br>TALLAHASSEE, FL 32308 | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 520          | MR. JOHN LEGERE<br>1545 RAYMOND DIEHL ROAD 250<br>TALLAHASSEE, FL 32308                            | \$ <u>25,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 521          | MR. THILO D. BEST<br>701 HOWARD AVENUE, #106-392<br>TAMPA, FL 33606                                | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 522          | MRS. MARIANA SAIF FISCHER<br>770 ALLENDALE RD<br>KEY BISCAYNE, FL 33149                            | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| 223452 11-15 |                                                                                                    | •                          | Schedule B (Form 990) (2022)                                                       |
| 30424        | 136042         3742VF         109           2022.06000                                             | VOLUNTEER FLORIDA          | A FOUNDAT 3742VF                                                                   |

VOLUNTEER FLORIDA FOUNDATION, INC

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

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

MR. AND MRS. ROBERT BARNHILL III

Name of organization

No.

517

(a)

No.

518



(d)

Type of contribution

X

X

01-0973168

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for

noncash contributions.)

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(c)

**Total contributions** 

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**Total contributions** 

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(a)

No.

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

| 523         | MRS. SUSAN ACTON                         |                            | Person X<br>Payroll                              |
|-------------|------------------------------------------|----------------------------|--------------------------------------------------|
|             | 37 BARBER ROAD                           | \$5,000.                   | Noncash                                          |
|             | FRAMINGHAM, MA 01702                     |                            | (Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4        | (c)<br>Total contributions | (d)<br>Type of contribution                      |
| 524         | MS. ALISON RICH                          |                            | Person X                                         |
|             | 151 WEST HODGE ROAD                      | \$ 10,000.                 | Payroll<br>Noncash                               |
|             | SANTA ROSA BEACH, FL 32459               |                            | (Complete Part II for noncash contributions.)    |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4        | (c)<br>Total contributions | (d)<br>Type of contribution                      |
| 525         | MS. BARBARA LITTLE                       |                            | Person X                                         |
|             | 2651 WHYBURN DRIVE #201                  | \$5,000.                   | Payroll<br>Noncash                               |
|             | FLOWER MOUND, TX 75028                   |                            | (Complete Part II for noncash contributions.)    |
| (a)         | (b)                                      | (c)                        | (d)                                              |
| No.         | Name, address, and ZIP + 4               | Total contributions        | Type of contribution                             |
| 526         | MS. JANE A. LANDIS<br>3000 KINNAMON ROAD | \$5,000.                   | Person X<br>Payroll<br>Noncash                   |
|             | WINSTON SALEM, NC 27104                  |                            | (Complete Part II for noncash contributions.)    |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4        | (c)<br>Total contributions | (d)<br>Type of contribution                      |
| 527         | MURALI NATARAJAN                         |                            | Person X                                         |
|             | 114 WINDER RD                            | \$ 5,000.                  | Payroll<br>Noncash                               |
|             | YORKTOWN, VA 23693                       |                            | (Complete Part II for noncash contributions.)    |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4        | (c)<br>Total contributions | (d)<br>Type of contribution                      |
| 528         | MUV MEDICAL CANNABIS DISPENSARIES        |                            |                                                  |
|             | 6944 N US HWY 41                         | \$5,000.                   | Person X<br>Payroll<br>Noncash                   |
|             | APOLLO BEACH, FL 33572                   |                            | (Complete Part II for noncash contributions.)    |
| 223452 11-1 |                                          |                            | Schedule B (Form 990) (2022)                     |

VOLUNTEER FLORIDA FOUNDATION, INC

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

(b)

Name, address, and ZIP + 4

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2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

(d) Type of contribution

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(c)

**Total contributions** 

| NANCY ERICKSON<br>13219 HUNTLEY COURT<br>APPLE VALLEY, MN 55124 | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
|-----------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------|
| (b)                                                             | (c)                 | (d)                                                                                |
| Name, address, and ZIP + 4                                      | Total contributions | Type of contribution                                                               |
| NANCY GUERIN<br>PO BOX 75000<br>DETROIT, MI 48275               | \$10,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)                                                             | (c)                 | (d)                                                                                |
| Name, address, and ZIP + 4                                      | Total contributions | Type of contribution                                                               |
| NANCY KITCHENS<br>125 BEECHNUT DR<br>NEW MARKET, AL 35761       | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| 111                                                             |                     | Schedule B (Form 990) (2022)                                                       |

VOLUNTEER FLORIDA FOUNDATION, INC

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

(b)

Name, address, and ZIP + 4

411 EAST WISCONSIN AVENUE, SUITE 2400

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

WI 53202

NANCY AND GILLES VENDETTE

5100 NW 26TH COURT

MARGATE, FL 33063

CHICAGO, IL 60601

NANCY DEHMLOW DEHMLOW

340 E. RANDOLPH ST., UNIT 4406

N. MARTINE

MILWAUKEE,

Name of organization

(a)

No.

529

(a)

No.

530

(a)

No.

531

(a)

No.

532

(a)

No.

533

(a) No.

534

223452 11-15-22

Employer identification number

(d)

Type of contribution

X

X

X

01-0973168

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for

noncash contributions.)

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Type of contribution

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noncash contributions.)

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noncash contributions.)

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Type of contribution

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**Total contributions** 

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| Schedule B | (Form   | 990)         | (2022) | ١ |
|------------|---------|--------------|--------|---|
|            | (FOIIII | <b>330</b> ) | (2022) | 1 |

VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

Employer identification number

01-0973168

| Part I       | Contributors (see instructions). Use duplicate copies of Part I if additional  | space is needed.           |                                                                                    |
|--------------|--------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                              | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 535          | NANCY UPPAL<br>6029 E LAKE DR<br>HASLETT, MI 48840                             | \$ <u>10,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                              | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 536          | NARVILLA RABE<br>17110 VALLEY DRIVE<br>OMAHA, NE 68130                         | \$ <u>20,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                              | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 537          | NATIONAL CHRISTIAN<br>11625 RAINWATER DRIVE, SUITE 500<br>ALPHARETTA, GA 30009 | \$ <u>50,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                              | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 538          | NEAL MOON<br>6550 ANTERSELVA DR<br>MYRTLE BEACH, SC 29572                      | \$ <u> </u>                | Person     X       Payroll                                                         |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                              | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 539          | NEUCO INC<br>515 W CROSSROADS PKWY<br>BOLINGBROOK, IL 60440                    | \$ <u>25,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                              | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 223452 11-11 | NEW YORK YANKEES<br>ONE STEINBRENNER DRIVE<br>TAMPA, FL 33614                  | \$ <u>100,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

|       | MILLWAU. | KEE, | WТ | 55405 |  |
|-------|----------|------|----|-------|--|
| 11-15 | 5-22     |      |    |       |  |
| 24    | 136042   | 3742 | VF |       |  |

Employer identification number

01-0973168

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                  |
|------------|------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------|
| 541        | NEWKIRK CHARIS FOUNDATION<br>5432 EDENFIELD CIRCLE<br>KERNERSVILLE, NC 27284             | \$5,000.                   | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                  |
| 542        | NEXTERA ENERGY FOUNDATION<br>700 UNIVERSE BOULEVARD<br>JUNO BEACH, FL 33408              | \$ <u>50,000.</u>          | Person     X       Payroll                                                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                  |
| <u>543</u> | NFL FOUNDATION<br>345 PARK AVENUE, CONCOURSE LEVEL C<br>NEW YORK, NY 10154               | \$ <u>257,275.</u>         | Person     X       Payroll                                                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                  |
| <u>544</u> | NICKLAUS OF FLORIDA, INC.<br>6730 22NS AVENUE NORTH, SUITE G<br>ST. PETERSBURG, FL 33710 | \$10,000.                  | Person     X       Payroll                                                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                  |
| <u>545</u> | NICOLE FOUCHE<br>12020 MERIDIAN POINT DR                                                 | \$5,000.                   | Person X<br>Payroll<br>Noncash                                               |
|            | TAMPA, FL 33626                                                                          |                            | (Complete Part II for noncash contributions.)                                |
| (a)<br>No. | TAMPA, FL 33626<br>(b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions | l, .                                                                         |

VOLUNTEER FLORIDA FOUNDATION, INC

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

Name of organization

Part I

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Page 2

| Schedule B (Form 990) (2022) |  |
|------------------------------|--|
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NOMI

Name of organization

Part I

(a)

No.

547

VOLUNTEER FLORIDA FOUNDATION, INC

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

(b)

Name, address, and ZIP + 4

898 N. 1200 W, SUITE 101 500,000. Noncash (Complete Part II for OREM, UT 84057 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 548 NORTHERN OHIO HONDA DEALERS X Person Payroll 1301 E. 9TH STREET, SUITE 1900 50,000. Noncash (Complete Part II for CLEVELAND, OH 44114 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 549 NORTHERN OPS X Person Payroll 50 SOUTH LA SALLE STREET 100,000. Noncash \$ (Complete Part II for CHICAGO, IL 60603 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. NORTHERN TRUST CHARITABLE GIVING 550 PROGRAM X Person Payroll 225 N. MICHIGAN AVENUE, SUITE 2200 \$ 100,000. Noncash (Complete Part II for CHICAGO, IL 60601 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 551 NOUVEAU FLORIDA, LLC X Person Payroll 4755 37TH STREET 5,000. Noncash (Complete Part II for LONG ISLAND CITY, NY 11101 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 552 X NOXSEL WADDELL FOUNDATION Person Payroll 5,000. 3451 KEMBLE AVENUE Noncash \$ (Complete Part II for LONG BEACH, CA 90808 noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022) 1142022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

### Employer identification number

(d)

Type of contribution

X

01-0973168

Person Payroll

(c)

**Total contributions** 

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|------|---|
|      |   |

| VOLUN      | TEER FLORIDA FOUNDATION, INC                                                                    | 01                         | -0973168                                                                           |
|------------|-------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional                   | l space is needed.         |                                                                                    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| _553       | NUCLEAR ELECTRIC INSURANCE LIMITED<br>1201 N MARKET ST STE 1200<br>WILMINGTON, DE 19801         | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 554        | O'NEILL FAMILY CHARITABLE FOUNDATION<br>4655 SALISBURY ROAD, SUITE100<br>JACKSONVILLE, FL 32256 | \$20,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 555        | ORLANDO SPORTS<br>655 W. CHURCH STREET<br>ORLANDO, FL 32805                                     | \$25,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 556        | PABLITO ALMIRA REVOCABLE TRUST<br>1545 RAYMOND DIEHL ROAD 250<br>TALLAHASSEE, FL 32308          | \$20,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 557        | PALM BEACH KENNEL CLUB<br>1111 N. CONGRESS AVENUE<br>WEST PALM BEACH , FL 33409                 | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 558        | PALM CHEVROLET FRIEDEL<br>2300 SW COLLEGE RD<br>OCALA, FL 34471                                 | \$50,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

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Schedule B (Form 990) (2022)

Employer identification number

01-0973168

Schedule B (Form 990) (2022)

Employer identification number

01-0973168

### VOLUNTEER FLORIDA FOUNDATION, INC

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

| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                                                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------|
| 559                        | PARVINE MOORE<br>PO BOX 3452<br>CAREFREE, AZ 85377                                                                                            | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                                                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 560                        | PATRICIA S ROSS<br>909 10TH STREET SOUTH, UNIT 304<br>NAPLES, FL 34102                                                                        | \$ <u>5,000.</u>           | Person     X       Payroll                                                                                         |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                                                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 561                        | PATRICIA WILSON<br><u>4 EMBARCADERO CENTER SUITE 3330</u><br>SAN FRANCISCO, CA 94111                                                          | \$25,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                                                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 562                        | PATTY AND THOMAS BRENK<br>2603 COASTAL RANGE WAY<br>LUTZ, FL 33559                                                                            | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.                 | (b)                                                                                                                                           | (c)<br>Total contributions | (d)                                                                                                                |
| <u>563</u>                 | Name, address, and ZIP + 4         PAUL AND SUSAN GAMBARDELLA CHARITABLE         FUND         107 STEWART DRIVE         SCARBOROUGH, ME 04074 | \$10,000.                  | Type of contribution         Person       X         Payroll                                                        |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                                                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| <u>564</u><br>223452 11-18 | PAUL MASSEY (CHECK FROM NATIONAL<br>CHRISTIAN FDN)<br>1444 ALDEN ROAD, #802<br>ORLANDO, FL 32132                                              | \$7,400.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022) |

Part I

No.

565

|            | 1341 IRENE CT                                                                                        | \$5,000.                   | Noncash                                                                            |
|------------|------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
|            | LAKE ORION, MI 48359                                                                                 |                            | (Complete Part II for noncash contributions.)                                      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>566</u> | PAUL WITHERBY<br>133 NE 2ND AVE #1706<br>MIAMI, FL 33132                                             | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>567</u> | PEGGY CLEARLY<br>2570 HEATHROW LANE<br>MANASQUAN, NJ 08736                                           | \$ <u>    10,000.</u>      | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>568</u> | PELICAN PRESERVE COMMUNITY<br>ASSOCIATION, INC.<br>8200 NW 33RD STREET, SUITE 300<br>MIAMI, FL 33122 | \$ <u>      8,005.</u>     | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>569</u> | PETER AND PATRICIA KUHLMAN<br>512 SNOWY EGRET COURT<br>PONTE VEDRA BEACH, FL 32082                   | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>570</u> | PEYTON YATES<br>PO BOX 1020<br>ARTESIA , NM 88211                                                    | \$ <u>50,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

### Schedule B (Form 990) (2022)

VOLUNTEER FLORIDA FOUNDATION, INC

PAUL MONACELLI

Name of organization

Employer identification number

(d)

Type of contribution

X

01 - 0973168

Person Payroll

(c)

**Total contributions** 

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

(b)

Name, address, and ZIP + 4

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| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|-------------|------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| 57 <u>2</u> | PHILIP AND PATRICIA BILDEN<br><u>300 SOUTH OCEAN BLVD., APT. 4B</u><br>PALM BEACH, FL 33480          | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 573         | PHYLLIS M. PARMER<br><u>11405 GRAZING DEER TRAIL</u><br><u>AUSTIN, TX 78735</u>                      | \$7,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 57 <u>4</u> | PJ CALLAHAN FOUNDATION, INC.<br><u>450 PARK AVENUE SOUTH, 3RD FLOOR</u><br><u>NEW YORK, NY 10016</u> | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>575</u>  | THE WOOD FAMILY FOUNDATION, INC.<br>4401 BAYSHORE BLVD. NE<br>ST. PETERSBURG, FL 33703               | \$25,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 576         | POLINA & POMP FOUNDATION                                                                             | _                          | Person X<br>Payroll                                                                |
|             | 1677 ONAWAY DRIVE<br>NEW YORK, NY 33133-2546                                                         | \$25,000.                  | Noncash (Complete Part II for noncash contributions.)                              |

Schedule B (Form 990) (2022)

PHIL DAVIS

PO BOX 4388

VOLUNTEER FLORIDA FOUNDATION, INC

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

(b)

Name, address, and ZIP + 4

Name of organization

Part I

(a)

No.

571

Employer identification number

(d)

Type of contribution

X

01-0973168

Person Payroll

Noncash

(c)

**Total contributions** 

\$

5,000.

Schedule B (Form 990) (2022)

01-0973168

### VOLUNTEER FLORIDA FOUNDATION, INC

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

| (a)              | (b)                                                                                  | (c)                 | (d)                                                                                                                |
|------------------|--------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------|
| No.              | Name, address, and ZIP + 4                                                           | Total contributions | Type of contribution                                                                                               |
|                  | POWER DESIGN INC.<br>11600 9TH ST N<br>SAINT PETERSBURG, FL 33716                    | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)              | (b)                                                                                  | (c)                 | (d)                                                                                                                |
| No.              | Name, address, and ZIP + 4                                                           | Total contributions | Type of contribution                                                                                               |
| 578              | POWERHOUSE FUND<br>6427 DUNBERRY LANE<br>NAPLES, FL 34119                            | \$ <u>20,000.</u>   | Person     X       Payroll                                                                                         |
| (a)              | (b)                                                                                  | (c)                 | (d)                                                                                                                |
| No.              | Name, address, and ZIP + 4                                                           | Total contributions | Type of contribution                                                                                               |
| <u>    579  </u> | PRESERVATION PRODUCTS INC<br>875 PASADENA AVE S, SUITE A<br>SOUTH PASADENA, FL 33707 | \$ <u> </u>         | Person     X       Payroll                                                                                         |
| (a)              | (b)                                                                                  | (c)                 | (d)                                                                                                                |
| No.              | Name, address, and ZIP + 4                                                           | Total contributions | Type of contribution                                                                                               |
| 580              | PRICE PHILANTHROPIES FOUNDATION<br>7777 FAY AVENUE, SUITE 300<br>LA JOLLA, CA 92037  | \$ <u>15,000.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)              | (b)                                                                                  | (c)                 | (d)                                                                                                                |
| No.              | Name, address, and ZIP + 4                                                           | Total contributions | Type of contribution                                                                                               |
| 581              | PRICE SMART<br>9740 SCRANTON ROAD<br>SAN DIEGO, CA 92121                             | \$ <u>10,000.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)              | (b)                                                                                  | (c)                 | (d)                                                                                                                |
| No.              | Name, address, and ZIP + 4                                                           | Total contributions | Type of contribution                                                                                               |
| 223452 11-15     | PUAL AND MARY MCLAUGHLIN<br>6316 LYFORD ISLE DRIVE<br>NAPLES, FL 34113               | \$ <u>25,000.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022) |

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223452 11-15-22

# Schedule B (Form 990) (2022)

VOLUNTEER FLORIDA FOUNDATION, INC

Employer identification number

01-0973168

| Part I     | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona          | l space is needed.         |                                                                                    |
|------------|----------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 583        | PUBLIX SUPERMARKETS, INC.<br>PO BOX 407<br>LAKELAND, FL 33802                                | \$ <u>1,050,000.</u>       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 584        | PUD RUTLEDGE1000 SAHALEE PATHSAN MARCOS, TX 78666                                            | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 585        | QUALAWASH HOLDINGS LLC<br>500 N WESTSHORE BLVD., SUITE 500<br>TAMPA, FL 33609                | \$ <u>15,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 586        | RACETRAC<br>200 GALLERIA PARKWAY SE<br>ATLANTA, GA 30339                                     | \$ <u>50,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 587        | RACHEL WOODHOUSE<br>711 HIGH<br>DES MOINES, IA 50392                                         | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 588        | Name, address, and Zir + 4       RAHUL GAUTAM       94 ROSEDALE RD       PRINCETON, NJ 08540 | \$5,000.                   | Person X<br>Payroll<br>(Complete Part II for<br>noncash contributions.)            |

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Schedule B (Form 990) (2022)

2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1



Name of organization

| RALLYUP.COM                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11201 N. TATUM BLVD., SUITE 300<br>PHOENIX, AZ 85028                             | \$14,585.                                                                                                                                                                                                                                                                                                                                                                                                                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions                                                                                                                                                                                                                                                                                                                                                                                                      | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| RAMCO OF VIRGINIA FORSBERG<br>3900 JERMANTOWN RD, SUITE 300<br>FAIRFAX, VA 22030 | \$5,000.                                                                                                                                                                                                                                                                                                                                                                                                                        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions                                                                                                                                                                                                                                                                                                                                                                                                      | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| RAYMOND ABDALLA<br>721 BEACON HILL RD<br>COLUMBIA, SC 29210                      | \$5,000.                                                                                                                                                                                                                                                                                                                                                                                                                        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions                                                                                                                                                                                                                                                                                                                                                                                                      | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| RAYMOND JAMES FINANCIAL, INC.<br>PO BOX 23601<br>ST. PETERSBURG, FL 33742        | \$50,000.                                                                                                                                                                                                                                                                                                                                                                                                                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions                                                                                                                                                                                                                                                                                                                                                                                                      | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| RAYMOND MOATS<br>6620 E COUNTY HWY 30A, U13<br>INLET BEACH, FL 32461             | \$10,000.                                                                                                                                                                                                                                                                                                                                                                                                                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                  | (b)<br>Name, address, and ZIP + 4<br>RAMCO OF VIRGINIA FORSBERG<br>3900 JERMANTOWN RD, SUITE 300<br>FAIRFAX, VA 22030<br>(b)<br>Name, address, and ZIP + 4<br>RAYMOND ABDALLA<br>721 BEACON HILL RD<br>COLUMBIA, SC 29210<br>(b)<br>Name, address, and ZIP + 4<br>RAYMOND JAMES FINANCIAL, INC.<br>PO BOX 23601<br>ST. PETERSBURG, FL 33742<br>(b)<br>Name, address, and ZIP + 4<br>RAYMOND MOATS<br>6620 E COUNTY HWY 30A, U13 | (b)     (c)       Name, address, and ZIP + 4     Total contributions       RAMCO OF VIRGINIA FORSBERG     \$       3900 JERMANTOWN RD, SUITE 300     \$       FAIRFAX, VA 22030     (c)       (b)     (c)       Name, address, and ZIP + 4     Total contributions       RAYMOND ABDALLA     (c)       721 BEACON HILL RD     \$       Columbia, SC 29210     (c)       (b)     (c)       Name, address, and ZIP + 4     Total contributions       RAYMOND JAMES FINANCIAL, INC.     (c)       PO BOX 23601     \$       ST. PETERSBURG, FL 33742     \$       (b)     (c)       Name, address, and ZIP + 4     \$       RAYMOND JAMES FINANCIAL, INC.     \$       PO BOX 23601     \$       ST. PETERSBURG, FL 33742     \$       (b)     (c)       Name, address, and ZIP + 4     \$       RAYMOND MOATS     (c)       6620 E COUNTY HWY 30A, U13     \$       INLET BEACH, FL 32461     \$ |

### VOLUNTEER FLORIDA FOUNDATION, INC

EDGEWOOD, TX 75117

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

(b)

Name, address, and ZIP + 4

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Schedule B (Form 990) (2022)

PO BOX 26

Name of organization

(a)

No.

589

Employer identification number

Person Payroll

Noncash

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

X

01-0973168

(c)

**Total contributions** 

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5,000.

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2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

# VOLUNTEER FLORIDA FOUNDATION, INC

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

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| Part I                                               | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional                                                                                                               | space is needed.                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a)<br>No.                                           | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                  | (c)<br>Total contributions                                                                                                                      | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 595                                                  | RB850 HOLDING, LLC.<br>501 CARSON OAKS LANE<br>SARASOTA, FL 32459                                                                                                                                  | \$10,000.                                                                                                                                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                    |
| (a)<br>No.                                           | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                  | (c)<br>Total contributions                                                                                                                      | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 596                                                  | RENATE FLORESCUE<br>3200 N. OCEAN BLVD. APT. 2908<br>FT. LAUDERDALE, FL 33308                                                                                                                      | \$ <u>50,000.</u>                                                                                                                               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                    |
| (a)<br>No.                                           | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                  | (c)<br>Total contributions                                                                                                                      | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 597                                                  | RENEE AND ROM REDDY<br>118 OCEAN BLVD.<br>ISLE OF PALMS, SC 29451                                                                                                                                  | \$100,000.                                                                                                                                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                    |
| (a)                                                  | (b)                                                                                                                                                                                                | (c)                                                                                                                                             | (d)                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| No.                                                  | Name, address, and ZIP + 4                                                                                                                                                                         | Total contributions                                                                                                                             | Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <u>No.</u>                                           | Name, address, and ZIP + 4         REPUBLICAN PARTY OF FLORIDA         PO BOX 311                                                                                                                  |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                      | REPUBLICAN PARTY OF FLORIDA<br>PO BOX 311                                                                                                                                                          | Total contributions                                                                                                                             | Type of contribution         Person       X         Payroll                                                                                                                                                                                                                                                                                                                                                                                           |
| <u>598</u><br>(a)                                    | REPUBLICAN PARTY OF FLORIDA<br>PO BOX 311<br>TALLAHASSEE, FL 32302<br>(b)                                                                                                                          | Total contributions                                                                                                                             | Type of contribution         Person       X         Payroll                                                                                                                                                                                                                                                                                                                                                                                           |
| 598<br>(a)<br>No.                                    | REPUBLICAN PARTY OF FLORIDA<br>PO BOX 311<br>TALLAHASSEE, FL 32302<br>(b)<br>Name, address, and ZIP + 4<br>RESOURCE PROPERTY MANAGEMENT REINHARDT<br>7300 PARK STREET                              | Total contributions \$                                                                                                                          | Type of contribution         Person       X         Payroll                                                                                                                                                                                                                                                                                                                                                                                           |
| <u>598</u><br>(a)<br><u>No.</u><br><u>599</u><br>(a) | REPUBLICAN PARTY OF FLORIDA<br>PO BOX 311<br>TALLAHASSEE, FL 32302<br>(b)<br>Name, address, and ZIP + 4<br>RESOURCE PROPERTY MANAGEMENT REINHARDT<br>7300 PARK STREET<br>SEMINOLE, FL 33777<br>(b) | Total contributions           \$         5,000.           (c)         Total contributions           \$         5,000.           (c)         (c) | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.) |

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Employer identification number

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

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#### (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 601 RICARDO TORRES X Person Payroll 10400 GRIFFIN RD SUITE 209 5,000. Noncash \$ (Complete Part II for COOPER CITY, FL 33328 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 602 RICHARD AND JUDY FORSTER X Person Payroll 796 PLANTATION WAY 10,000. Noncash (Complete Part II for GALLATIN, TN 37066 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 603 RICHARD AND LINDA EGGERS X Person Payroll 7,000. 7716 SW185TH CIRCLE Noncash \$ (Complete Part II for DUNNELLON, FL 34432 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 604 RICHARD AND SANDRA STEVENS FUND X Person Payroll 1111 FOX CHASE COURT 5,000. Noncash \$ (Complete Part II for CENTERVILLE, OH 45459 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 605 RICHARD CARNEY X Person Payroll 43629 DUNHILL CUP SO 5,000. Noncash (Complete Part II for ASHBURN, FL 20147 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 606 RICHARD LEWIS X Person Payroll 3150 PIEDMONT ROAD, SUITE C 10,000. Noncash \$ (Complete Part II for ATLANTA, GA 30305 noncash contributions.) 223452 11-15-22

VOLUNTEER FLORIDA FOUNDATION, IN

Name of organization

Part I

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Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

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

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| VOLUN      | TEER FLORIDA FOUNDATION, INC                                                                      | UNTEER FLORIDA FOUNDATION, INC 01- |                                                                                    |  |
|------------|---------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------|--|
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional                     | space is needed.                   |                                                                                    |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                 | (c)<br>Total contribution          | (d)<br>s Type of contribution                                                      |  |
| 607        | RICHARD P. DEL BELLO<br>921 GALLEON DRIVE<br>NAPLES, FL 34102                                     | \$10,00                            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                 | (c)<br>Total contribution          | (d)<br>s Type of contribution                                                      |  |
| 608        | RICHARD S. SOMMER<br>1545 RAYMOND DIEHL ROAD 250<br>TALLAHASSEE, FL 32308                         | \$5,00                             | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)       |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                 | (c)<br>Total contribution          | (d)<br>s Type of contribution                                                      |  |
| 609        | RICHARD YOW<br>1207 N DIXIE FWY<br>NEW SMYRNA BEACH, FL 32168                                     | \$5,00                             | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)       |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                 | (c)<br>Total contribution          | (d)<br>s Type of contribution                                                      |  |
| _610       | RICK & LEA SCHINEIDER CHARITABLE FUND<br>1601 FORUM PL FL 9<br>WEST PALM BEACH, FL 33401          | \$5,00                             | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)       |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                 | (c)<br>Total contribution          | (d)<br>s Type of contribution                                                      |  |
| 611        | ROBERT AND DAWN ZULHOF FAMILY<br>FOUNDATION<br>501 SILVERSIDE RD<br>WILMINGTON, DE 19809-1377     | \$10,00                            | Person X<br>Payroll                                                                |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                 | (c)<br>Total contribution          | (d)<br>s Type of contribution                                                      |  |
| 612        | ROBERT AND JUDITH BESSINGER DONOR<br>ADVISED FUND1545 RAYMOND DIEHL ROAD 250TALLAHASSEE, FL 32308 | \$10,00                            | Person X<br>Payroll                                                                |  |

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2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

Name of organization

Employer identification number

01-0973168

### VOLUNTEER FLORIDA FOUNDATION, INC

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

| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                                                                                                                                                                                                                         | (c)<br>Total contributions                                                                                                                      | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 613                                    | ROBERT AND MELANIE PARISE FOUNDATION         1545 RAYMOND DIEHL ROAD 250         TALLAHASSEE, FL 32308                                                                                                                                                                                                                                                                                                                                    | \$10,000.                                                                                                                                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                     |
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                                                                                                                                                                                                                         | (c)<br>Total contributions                                                                                                                      | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                            |
| _614                                   | ROBERT E. CAMPBELL<br>12427 FOREST HIGHLANDS DRIVE<br>DADE CITY, FL 33525-8272                                                                                                                                                                                                                                                                                                                                                            | \$5,000.                                                                                                                                        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                     |
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                                                                                                                                                                                                                         | (c)<br>Total contributions                                                                                                                      | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                            |
| 615                                    | ROBERT E. DODS FAMILY FOUNDATION<br>6011 GULF OF MEXICO DRIVE<br>LONGBOAT KEY, FL 34228                                                                                                                                                                                                                                                                                                                                                   | \$ <u>25,000.</u>                                                                                                                               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                     |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                        |
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                                                                                                                                                                                                                         | (c)<br>Total contributions                                                                                                                      | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                            |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                        |
| <u>No.</u><br>616<br>(a)               | Name, address, and ZIP + 4          ROBERT GEYER         10739 GUN LAKE ROAD         MIDDLEVILLE, MI 49333         (b)                                                                                                                                                                                                                                                                                                                    | Total contributions           \$5,000.           (c)                                                                                            | Type of contribution         Person       X         Payroll                                                                                                                                                                                                                                                                                                                            |
| <u>No.</u>                             | Name, address, and ZIP + 4       ROBERT GEYER       10739 GUN LAKE ROAD       MIDDLEVILLE, MI 49333                                                                                                                                                                                                                                                                                                                                       | Total contributions           \$5,000.                                                                                                          | Type of contribution         Person       X         Payroll                                                                                                                                                                                                                                                                                                                            |
| No.<br>616<br>(a)<br>No.               | Name, address, and ZIP + 4         ROBERT GEYER         10739 GUN LAKE ROAD         MIDDLEVILLE, MI 49333         (b)         Name, address, and ZIP + 4         ROBERT L. AND DEBRA N. WEIL FOUNDATION         6295 GREENWOOD PLAZA BLVD                                                                                                                                                                                                 | Total contributions         \$       5,000.         (c)         Total contributions                                                             | Type of contribution         Person       X         Payroll       X         Noncash       X         (Complete Part II for noncash contributions.)       (d)         (d)       Type of contribution         Person       X         Payroll       X         Noncash       X         (Complete Part II for       X                                                                        |
| No.<br>616<br>(a)<br>No.<br>617<br>(a) | Name, address, and ZIP + 4          ROBERT GEYER         10739 GUN LAKE ROAD         MIDDLEVILLE, MI 49333         (b)         Name, address, and ZIP + 4         ROBERT L. AND DEBRA N. WEIL FOUNDATION         6295 GREENWOOD PLAZA BLVD         GREENWOOD PLAZA BLVD         GREENWOOD VILLAGE, CO 80111         (b)         Name, address, and ZIP + 4         ROBERT LEES         125 HUNTERS CREEK DR         SAINT JOHNS, FL 32259 | Total contributions           \$         5,000.           (c)         Total contributions           \$         5,000.           (c)         (c) | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.) |

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| Name of organization |         |             |     |  |  |
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| VOLUNTEER            | FLORIDA | FOUNDATION, | INC |  |  |

Employer identification number

01-0973168

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additiona  | I space is needed.         |                                                                                    |
|------------|-------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 619        | ROBERT MACCHIONE17561 CEDARWOOD LOOPLUTZ, FL 33558                            | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 620        | ROBERT ROSENTHAL<br>4444 WEST RIVERSIDE DRIVE, SUITE 303<br>BURBANK, CA 91505 | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 621        | ROBERT T. BIGELOW<br>1899 W. BROOKS AVENUE<br>NORTH LAS VEGAS, NV 89032       | \$1,000,000.               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 622        | ROBERT WELLS<br>1117 E. PALMER AVENUE<br>PHOENIX, AZ 85020                    | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 623        | ROBERTA CARROLL       10717 CORY LAKE DRIVE       TAMPA, FL 33647             | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 624        | ROLFE AND HARRIET WALL<br><u>49 NE 521 STREET</u><br>OLD TOWN, FL 32680       | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

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<sup>2022.06000</sup> VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

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Employer identification number

01-0973168

| Part I                    | Contributors (see instructions). Use duplicate copies of Part I if additional                                         | space is needed.           |                                                                                                                    |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------|
| (a)<br>No.                | (b)<br>Name, address, and ZIP + 4                                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 625                       | RON AND DONNA RIPLEY4101 WHITE ACRES ROADVIRGINIA BEACH, VA 23455                                                     | \$ <u>5,000.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.                | (b)<br>Name, address, and ZIP + 4                                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 626                       | RON AND KATHY CARLSON<br>1300 THAMES STREET WHARF 4TH FLOOR<br>ATTN: BANKING AND CASH SERVICES<br>BALTIMORE, MD 21231 | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.                | (b)<br>Name, address, and ZIP + 4                                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 627                       | RONALD AND MARY BOMBEI<br>10581 DEEPWOOD TRAIL<br>CARMEL, IN 46032                                                    | \$ <u>5,000.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.                | (b)<br>Name, address, and ZIP + 4                                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 628                       | RONALD BROOKS<br>24 PINE FOREST DR<br>JESUP, GA 31546                                                                 | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.                | (b)<br>Name, address, and ZIP + 4                                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 629                       | RONALD FRANEY<br>6071 JONATHANS BAY CIRCLE APT. 201<br>FORT MYERS, FL 33908                                           | \$ <u>5,000.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.                | (b)<br>Name, address, and ZIP + 4                                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| <u>630</u><br>23452 11-15 | RONALD L. BOOK<br><u>18851 NE 29TH AVENUE, SUITE 1010</u><br><u>AVENTURA, FL 33180</u>                                | \$ <u>5,000.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022) |

VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

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|      |         |         |      |        |

Name of organization

VOLUNTEER FLORIDA FOUNDATION, INC

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

| (a)                        | (b)                                                                              | (c)                 | (d)                                                                                                                |
|----------------------------|----------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------|
| No.                        | Name, address, and ZIP + 4                                                       | Total contributions | Type of contribution                                                                                               |
| 631                        | RONALD RABE       17110 VALLEY DRIVE       OMAHA, NE 68130                       | \$20,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                              | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                       | Total contributions | Type of contribution                                                                                               |
| 632                        | ROOMS TO GO<br>11540 HIGHWAY 92 EAST<br>SEFFNER, FL 33584                        | \$ <u>250,000.</u>  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                              | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                       | Total contributions | Type of contribution                                                                                               |
| 633                        | ROSCOE AND JOANNE HAYNES<br>1545 RAYMOND DIEHL ROAD 250<br>TALLAHASSEE, FL 32308 | \$ <u>5,000.</u>    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                              | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                       | Total contributions | Type of contribution                                                                                               |
| 634                        | ROSS DYER<br>10109 BIDGER CANYON ROAD<br>BOZEMAN, MT 59715                       | \$ <u> </u>         | Person     X       Payroll                                                                                         |
| (a)                        | (b)                                                                              | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                       | Total contributions | Type of contribution                                                                                               |
| 635                        | ROW CROP, LLC<br>PO BOX 22359<br>NASHVILLE , TN 37202                            | \$ <u>150,000.</u>  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                              | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                       | Total contributions | Type of contribution                                                                                               |
| <u>636</u><br>223452 11-15 | ROY DISNEY<br><u>3500 WEST OLIVE, SUITE 700</u><br>BURBANK, CA 91505             | \$ <u> </u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022) |

Employer identification number

01-0973168

2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

| 129        |           |         |         |         |    |
|------------|-----------|---------|---------|---------|----|
| 2022.06000 | VOLUNTEER | FLORIDA | FOUNDAT | 3742VF_ | _1 |

| Schedule B (Form s   | 990) (2022) |             |     |  |  |  |
|----------------------|-------------|-------------|-----|--|--|--|
| Name of organization |             |             |     |  |  |  |
| VOLUNTEER            | FLORIDA     | FOUNDATION, | INC |  |  |  |

Employer identification number

01-0973168

| (b)<br>Name, address, and ZIP + 4                                                                               | (c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                 | Total contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ROY E CRUMMER FOUNDATION<br>567 SAN NICOLAS DR STE 410B<br>NEWPORT BEACH, CA 92660                              | \$ <u>5,000.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (b)                                                                                                             | (c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Name, address, and ZIP + 4         RUESTERHOLZ FAMILY FOUNDATION         3250 GIN LANE         NAPLES, FL 34102 | \$5,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Type of contribution         Person       X         Payroll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| (b)<br>Name, address, and ZIP + 4                                                                               | (c)<br>Total contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| RUMBLE<br><u>444 GULF OF MEXICO DRIVE</u><br>LONGBOAT KEY, FL 34228                                             | \$100,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (b)<br>Name, address, and ZIP + 4                                                                               | (c)<br>Total contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| RYAN SVENDSEN<br>2510 W DUNLAP AVE., SUITE 290<br>PHOENIX, AZ 85021                                             | \$5,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (b)<br>Name, address, and ZIP + 4                                                                               | (c)<br>Total contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| S.W. ENTERPRISE ASSOCIATES<br>12730 NEW BRITTANY BLVD<br>FORT MYERS, FL 33907                                   | \$5,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (b)<br>Name, address, and ZIP + 4                                                                               | (c)<br>Total contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SAFARI CIRCUITS, LLC<br><u>411 WASHINGTON STREET</u><br>OTSEGO, MI 49078                                        | \$10,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                 | NEWPORT BEACH, CA 92660         (b)         Name, address, and ZIP + 4         RUESTERHOLZ FAMILY FOUNDATION         3250 GIN LANE         NAPLES, FL 34102         (b)         Name, address, and ZIP + 4         RUMBLE         444 GULF OF MEXICO DRIVE         LONGBOAT KEY, FL 34228         (b)         Name, address, and ZIP + 4         RYAN SVENDSEN         2510 W DUNLAP AVE., SUITE 290         PHOENIX, AZ 85021         (b)         Name, address, and ZIP + 4         S.W. ENTERPRISE ASSOCIATES         12730 NEW BRITTANY BLVD         FORT MYERS, FL 33907         (b)         Name, address, and ZIP + 4 | NEWPORT BEACH, CA 92660       (c)         Name, address, and ZIP + 4       Total contributions         RUESTERHOLZ FAMILY FOUNDATION       3250 GIN LANE       \$ 5,000.         NAPLES, FL 34102       (c)       (c)         Name, address, and ZIP + 4       Total contributions         RUMBLE       (b)       (c)         444 GULF OF MEXICO DRIVE       \$ 100,000.         LONGBOAT KEY, FL 34228       (c)         (b)       (c)         Name, address, and ZIP + 4       Total contributions         RYAN SVENDSEN       \$ 100,000.         2510 W DUNLAP AVE., SUITE 290       \$ 5,000.         PHOENIX, AZ 85021       (c)         (b)       (c)         Name, address, and ZIP + 4       Total contributions         S.W. ENTERPRISE ASSOCIATES       \$ 5,000.         12730 NEW BRITTANY BLVD       \$ 5,000.         FORT MYERS, FL 33907       (c)         (b)       (c)         Name, address, and ZIP + 4       Solou.         SAFARI CIRCUITS, LLC       \$ 10,000.         411 WASHINGTON STREET       \$ 10,000.         OTSEGO, MI 49078       \$ 10,000. |

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(a)

| No.                             | Name, address, and ZIP + 4                                                                                                                                                                                                  | Total contributions                                                                  | Type of contribution                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 643                             | SALLY BARKER<br>557 RIDGE RD<br>QUEENSBURY, NY 12804                                                                                                                                                                        | \$ <u> </u>                                                                          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                              |
| (a)<br>No.                      | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                           | (c)<br>Total contributions                                                           | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                     |
| 644                             | SALLY SUTHERLAND                                                                                                                                                                                                            |                                                                                      | Person X                                                                                                                                                                                                                                                                                                                                                        |
|                                 | 10847 VENICE CIRCLE<br>TAMPA, FL 33635                                                                                                                                                                                      | \$ <u>20,000.</u>                                                                    | Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                          |
| (a)<br>No.                      | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                           | (c)<br>Total contributions                                                           | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                     |
| 645                             | SANDPIPER SHORES ELEMENTARY SCHOOL<br>11201 GLADES ROAD<br>BOCA RATON, FL 33498                                                                                                                                             | \$ <u> </u>                                                                          | Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)                                                                                                                                                                                                                                                                  |
|                                 |                                                                                                                                                                                                                             |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                 |
| (a)<br>No.                      | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                           | (c)<br>Total contributions                                                           | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                     |
|                                 |                                                                                                                                                                                                                             |                                                                                      |                                                                                                                                                                                                                                                                                                                                                                 |
| No.                             | Name, address, and ZIP + 4         SANDRA MORIARTY         1545 RAYMOND DIEHL ROAD 250                                                                                                                                      | Total contributions                                                                  | Type of contribution         Person       X         Payroll                                                                                                                                                                                                                                                                                                     |
| <u>No.</u><br><u>646</u><br>(a) | Name, address, and ZIP + 4          SANDRA MORIARTY         1545 RAYMOND DIEHL ROAD 250         TALLAHASSEE, FL 32308         (b)                                                                                           | Total contributions           \$         20,000.           (c)         (c)           | Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)                                                                                                                                                                                                                                                                 |
| No.<br>646<br>(a)<br>No.        | Name, address, and ZIP + 4         SANDRA MORIARTY         1545 RAYMOND DIEHL ROAD 250         TALLAHASSEE, FL 32308         (b)         Name, address, and ZIP + 4         SANTANDER         3000 KELLWAY DRIVE, SUITE 120 | Total contributions         \$       20,000.         (c)         Total contributions | Type of contribution         Person       X         Payroll       Image: Contribution         Noncash       Image: Contribution         (Complete Part II for noncash contributions.)       (d)         Type of contribution       X         Person       X         Payroll       Image: Complete Part II for         Noncash       Image: Complete Part II for |

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# VOLUNTEER FLORIDA FOUNDATION, INC

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

(b)

(d)

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(c)

223452 11-15-22

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Schedule B (Form 990) (2022)

| No.                        | Name, address, and ZIP + 4                                                                  | Total contributions        | Type of contribution                                                                                            |
|----------------------------|---------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------|
| 650                        | SBROCCO INTERNATIONAL, INC.<br>501 E. LAS OLAS BLVD., SUITE 300<br>FT. LAUDERDALE, FL 33301 | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                              |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                     |
| <u>651</u>                 | SCHWARTZ WIEKAMP FOUNDATION<br>50885 WALDON PARK LANE<br>GRANGER, IN 46530                  | \$25,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                              |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                     |
| 652                        | SCOTT HAMPTON<br>6881 KINGSPOINTE PKWY, SUITE 2<br>ORLANDO, FL 32819                        | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                              |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                     |
| 653                        | SCOTT HENDRICKSON<br>1002 NORIDGE TRAIL<br>PORT WASHINGTON, WI 53074                        | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                              |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                           | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                     |
| <u>654</u><br>223452 11-15 | SCOTT RITTER<br>5915 WILDWOOD AVE<br>SARASOTA, FL 34231                                     | \$ <u>5,000.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (20 |

### VOLUNTEER FLORIDA FOUNDATION, INC

7343 PALOMINO TRAIL

SARASOTA, FL 34241

SAVIDGE FAMILY FOUNDATION

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

(b)

Name, address, and ZIP + 4

(b)

(a)

No.

649

(a)

Employer identification number

(d)

Type of contribution

X

01-0973168

Person Payroll

Noncash

(Complete Part II for

noncash contributions.)

(d)

(c)

**Total contributions** 

(c)

\$

20,000.



Schedule B (Form 990) (2022)

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| Employer identification | number |

01-0973168

| (a)        | (b)                                                                             | (c)                        | (d)                                                                                |
|------------|---------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| No.        | Name, address, and ZIP + 4                                                      | Total contributions        | Type of contribution                                                               |
| 655        | SEAN BACHRODT<br>2360 NW 43RD ST<br>BOCA RATON, FL 33431                        | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 656        | SEAN JOHNSON<br>10014 N. DALE MABRY HWY., SUITE 110<br>TAMPA, FL 33618          | \$12,220.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 657        | SERGIO FERNANDES<br>2750 PROSPERITY AVENUE, SUITE 400<br>FAIRFAX, VA 22031      | \$ <u>20,000.</u>          | Person     X       Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 658        | SHAHZAD AND BETTY MOSSANEN<br>88 WHITNEY PHIPPS DRIVE<br>OLD WESTBURY, NY 11568 | \$ <u>50,000.</u>          | Person     X       Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 659        | SHARK SHOOTOUT CHARITIES, INC.<br>19940 MONA ROAD, SUITE 3<br>JUPITER, FL 33469 | \$ <u>250,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 660        | SHELBY DILLON<br>2302 12TH ST N<br>ST. PETERSBURG, FL 33704                     | \$ <u>5,312.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

VOLUNTEER FLORIDA FOUNDATION, INC

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

Name of organization

Part I

Page **2** 

Schedule B (Form 990) (2022)

No.

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### Schedule B (Form 990) (2022)

VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 661 SHEPHARD'S BEACH RESORT 619 S GULFVIEW BLVD 15,000. (Complete Part II for CLEARWATER, FL 33767 noncash contributions.) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 662 SIGRID KREBS 3350 GATEWAY DR 5,000. (Complete Part II for POMPANO BEACH, FL 33069 noncash contributions.) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 663 SILVERLINERS FLORIDA GULFCOAST 3197 GARRISON ROAD 5,000. \$ (Complete Part II for DUNEDIN, FL 34698 noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** No. 664 SILVERMAN FAMILY FOUNDATION 8910 PURDUE ROAD, SUITE 500 17,425. \$ (Complete Part II for INDIANAPOLIS, IN 46268 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 665 SIMPLY HEALTHCARE PLANS 3075 VANDERCAR WAY 500,000. (Complete Part II for CINCINNATI, OH 45209 noncash contributions.) (a) (b) (c)

Name, address, and ZIP + 4

1555 PALM BEACH LAKES BLVD STE 1200

SISSY AND BRYON THOMAS JR

WEST PALM BEACH, FL 33401

(d)

Type of contribution

X

X

X

X

X

Employer identification number

01-0973168

Person Payroll

Noncash

noncash contributions.) Schedule B (Form 990) (2022)

133

10,000.

**Total contributions** 

\$

X Person Payroll Noncash (Complete Part II for

(d)

Type of contribution

| CHW | 00D, | OH | 44122 |  |
|-----|------|----|-------|--|
|     |      |    |       |  |
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Schedule B (Form 990) (2022)

### Schedule B (Form 990) (2022)

VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

Employer identification number

01-0973168

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional            | space is needed.           |                                                                                    |
|------------|------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 667        | SODIUM FISHING GEAR, LLC.<br>7763 W. GULF TO LAKE HIGHWAY<br>CRYSTAL RIVER, FL 34429     | \$ <u>11,466.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 668        | SONYA RANKER<br>18725 HILLSTONE DR<br>ODESSA, FL 33556                                   | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 669        | SOUTHEASTERN CREDIT UNION FOUNDATION<br>3692 COOLIDGE COURT<br>TALLAHASSEE, FL 32311     | \$ <u>25,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 670        | SOUTHWEST AIRLINES<br>2702 LOVE FIELD DRIVE, HDQ1PR<br>DALLAS, TX 75235                  | \$50,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 671        | SPA MANUFACTURE, INC<br>6060 ULMERTON RD<br>CLEARWATER, FL 33760                         | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 672        | SPENCER MURFEY FAMILY FOUNDATION<br>3333 RICHMOND ROAD, SUITE 110<br>BEACHWOOD, OH 44122 | \$14,800.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

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Page 2 Employer identification number

### VOLUNTEER FLORIDA FOUNDATION, INC

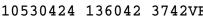
Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 673 SPROUTS HC FOUNDATION X Person Payroll 5455 E HIGH ST STE 111 100,000. Noncash \$ (Complete Part II for PHOENIX, AZ 85054 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution SRAPPA SOUTHEASTERN REGIONAL 674 ASSOCIATION OF PHYSICAL PLANT ADMINIST X Person Payroll PO BOX 5208 5,000. Noncash \$ (Complete Part II for MISSISSIPPI STATE, MS 39762 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 675 ST. THOMAS MOORE PARISH X Person Payroll 10935 S. MILITARY TRAIL 15,585. Noncash \$ (Complete Part II for BOYTON BEACH, FL 33436 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 676 STAN WILLIAMS Person X Payroll 5519 CREST VIEW TERRACE COURT \$ 7,500. Noncash (Complete Part II for FULSHEAR, TX 77441 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 677 STEPHEN G. BLUME X Person Payroll 1260 GULF BLVD. 25,000. Noncash \$ (Complete Part II for noncash contributions.) BELLEAIR BEACH, FL 33785 (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 678 X STEPHEN SPARGO Person Payroll 7,500. 6618 STONEGATE DR Noncash \$ (Complete Part II for noncash contributions.)

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Name of organization

01-0973168

Schedule B (Form 990) (2022)



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2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

| (b)                                                                                   | (c)                 | (d)                                                                                |
|---------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------|
| Name, address, and ZIP + 4                                                            | Total contributions | Type of contribution                                                               |
| STUART KOENIG AND BONNIE FOX<br>20155 NE 38TH COURT, APT. 1501<br>ADVENTURA, FL 33180 | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)                                                                                   | (c)                 | (d)                                                                                |
| Name, address, and ZIP + 4                                                            | Total contributions | Type of contribution                                                               |
| SUK YING WONG<br>37997 LAKE SHORE BLVD<br>WILLOUGHBY, OH 44094                        | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

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Name of organization

STEVEN CISHEK

JUPITER, FL 33458

STEVEN D. BLACKLEDGE

TALLAHASSEE, FL 32308

2364 E MAYA PALM DR

BOCA RATON, FL 33432

STILL UNBROKEN, INC.

NASHVILLE, TN 37212

STEVEN SCAGGS

01-0973168

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash

Person Payroll

Noncash (Complete Part II for

noncash contributions.)

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

Employer identification number

(d)

Type of contribution

X

X

X

X

VOLUNTEER FLORIDA FOUNDATION, INC

18764 SE JUPITER RIVER DR

1545 RAYMOND DIEHL ROAD 250

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

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

1920 ADELICIA STREET, SUITE 300

### Schedule B (Form 990) (2022)

No.

679

(a)

No.

680

(a)

No.

681

(a)

No.

682

(a) No.

683

(a) No.

684

223452 11-15-22

5,000.

5,000.

5,000.

100,000.

**Total contributions** 

(c)

**Total contributions** 

(c)

**Total contributions** 

(c)

**Total contributions** 

\$

\$

\$

\$

Page 2

Schedule B (Form 990) (2022)

| TAMPA, FL 33610                                                                        |                            | noncash contributions.)                                                            |
|----------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (b)<br>Name, address, and ZIP + 4                                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| SUNRUN INCORPORATED<br>775 FIERO LANE, SUITE 200<br>SAN LUIS OBISPO, CA 93401          | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| SUNSHINE HEALTH<br>PO BOX 459088<br>FORT LAUDERDALE, FL 33345-9088                     | \$ <u>1,000,000.</u>       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| SUPERIOR CONSTRUCTION COMPANY<br>7072 BUSINESS PARK BLVD. N.<br>JACKSONVILLE, FL 32256 | \$ <u>75,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| SUSAN CAPELL JEBSON AND PETER JEBSON<br>MD<br>100 FEDERAL STREET<br>BOSTON, MA 02110   | \$ <u>5,000.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)    |
| 22                                                                                     | •                          | Schedule B (Form 990) (20                                                          |

VOLUNTEER FLORIDA FOUNDATION, INC

SUN AIR PARTS, INC.

VALENCIA, CA 91355

SUNCOAST CREDIT UNION

6801 E. HILLSBOROUGH AVENUE

26007 HUNTINGTON LANE #4

Part I 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

| Schedule B | (Form 990) | (2022) |  |
|------------|------------|--------|--|

Name of organization

(a)

No.

685

(a)

No.

686

(a) No.

687

(a)

No.

688

(a) No.

689

(a)

No.

690

Employer identification number

(d)

Type of contribution

X

X

01-0973168

Person Payroll

Noncash

Person Payroll

Noncash

(Complete Part II for

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(c)

**Total contributions** 

(c)

**Total contributions** 

\$

\$

20,000.

500,000.

orm 990) (2022)

137

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| Sched | ule B | (Form | 990) | (2022) |  |
|-------|-------|-------|------|--------|--|
|       |       |       |      |        |  |
|       |       |       |      |        |  |
|       |       |       |      |        |  |

Name of organization

Part I

(a)

No.

691

(b) (c) Name, address, and ZIP + 4 **Total contributions** SUSAN FERGUSON 9,000. 917 E. CROWN OF ROSES LOOP \$

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

| (c)<br>Total contributions<br>\$ | (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)                                                                                                                                                                                  |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (c)                              | Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                           |
|                                  |                                                                                                                                                                                                                                                                                  |
| Total contributions              | (d)<br>Type of contribution                                                                                                                                                                                                                                                      |
| \$20,000.                        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                               |
| (c)<br>Total contributions       | (d)<br>Type of contribution                                                                                                                                                                                                                                                      |
| \$25,000.                        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                               |
| (c)<br>Total contributions       | (d)<br>Type of contribution                                                                                                                                                                                                                                                      |
| \$100,000.                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                               |
| (c)<br>Total contributions       | (d)<br>Type of contribution                                                                                                                                                                                                                                                      |
| \$50,000.                        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022)                                                                                                                                                               |
|                                  | Total contributions         \$       20,000.         (c)       Total contributions         \$       25,000.         (c)       Total contributions         \$       25,000.         (c)       Total contributions         \$       100,000.         (c)       Total contributions |

Employer identification number

(d)

Type of contribution

X

01-0973168

Person Payroll

Noncash

10530424 136042 3742VF

VOLUNTEER FLORIDA FOUNDATION, INC

T.W. STRUBE

PO BOX 1905

FOUNDATION,

TAMIJI HOMMA

TAMPA, FL 33607

INC.

MIAMI

(a)

No.

697

(a)

No.

698

(a)

No.

699

(a)

No.

700

(a)

No.

701

(a)

No.

702

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

(b)

Name, address, and ZIP + 4

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

Employer identification number

(d)

Type of contribution

X

01-0973168

Person Payroll

Noncash

### 5,000. \$ (Complete Part II for PALM CITY, FL 34991 noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution TAIPEI ECONOMIC & CULTURAL OFFICE IN X Person Payroll 2333 PONCE DE LEON BLVD., SUITE 610 300,000. Noncash (Complete Part II for CORAL GABLES, FL 33134 noncash contributions.) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 TALK OF THE TOWN RESTAURANT GROUP X Person Payroll 1260 CENTRAL FLORIDA PARKWAY 15,273. Noncash \$ (Complete Part II for ORLANDO, FL 32837 noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution X Person Payroll Noncash 4617 CALLE SAN JUAN 5,000. \$ (Complete Part II for NEWBURY PARK, CA 91320 noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution TAMPA BAY BUCCANEERS X Person Payroll ONE BUCCANEER PLACE 125,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution TARNOK FAMILY FOUNDATION X Person Payroll 2110 HARBOURSIDE DRIVE, UNIT 512 5,000. \$ Noncash (Complete Part II for noncash contributions.)

(c)

**Total contributions** 

Schedule B (Form 990) (2022)

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Name of organization

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition         | onal space is needed.      |                                                                                    |
|------------|-------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 703        | TARREN BRAGDON<br>5177 ROMA ST<br>AVE MARIA, FL 34142                               | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 704        | TARTE INC<br>1375 BROADWAY, SUITE 800<br>NEW YORK, NY 10018                         | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 705        | TAYLOR OWEN<br>7220 W BONFILS LN UNIT 403<br>LAKEWOOD, CO 80226                     | \$5,000.                   | Person     X       Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 706        | TD AMERITRADE<br>PO BOX 2226<br>OMAHA, NE 68103                                     | \$40,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| <u>707</u> | TED SLEDZ       100 WOODBRIDGE CENTER DRIVE       WOODBRIDGE, NJ 07095              | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 708        | TEN FINGERS FOUNDATION          1 NH AVENUE, SUITE 125         PORTSMOUTH, NH 03801 | \$100,000.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

Schedule B (Form 990) (2022)

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VOLUNTEER FLORIDA FOUNDATION, INC

01-0973168

223452 11-15-22

VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

Employer identification number

01-0973168

| Part I         | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona                                                          | I space is needed.                      |                                                                                    |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------|
| (a)<br>No.     | (b)<br>Name, address, and ZIP + 4                                                                                                            | (c)<br>Total contributions              | (d)<br>Type of contribution                                                        |
| 709            | TENET HEALTHCARE FOUNDATION<br>1445 ROSS AVENUE, SUITE 1400<br>DALLAS, TX 75202                                                              | \$ <u>25,000.</u>                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)            | (b)                                                                                                                                          | (c)                                     | (d)                                                                                |
| <u>    No.</u> | Name, address, and ZIP + 4         TERRI VARNER         2 HAMMOCK DUNES PLACE         SPRING , TX 77389                                      | Total contributions           \$5,000.  | Type of contribution         Person       X         Payroll                        |
| (a)<br>No.     | (b)<br>Name, address, and ZIP + 4                                                                                                            | (c)<br>Total contributions              | (d)<br>Type of contribution                                                        |
|                | TEW FOUNDATION<br>1000 SECOND AVENUE, 34TH FLOOR<br>SEATTLE, WA 98104                                                                        | \$70,000.                               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.     | (b)<br>Name, address, and ZIP + 4                                                                                                            | (c)<br>Total contributions              | (d)<br>Type of contribution                                                        |
| 712            | THE AGOSTO FAMILY CHARITABLE FUND<br>1545 RAYMOND DIEHL ROAD 250<br>TALLAHASSEE, FL 32308                                                    | \$5,000.                                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)            | (b)                                                                                                                                          | (c)                                     | (d)                                                                                |
| <u>No.</u>     | Name, address, and ZIP + 4         THE ALVAH H. & WYLINE P. CHAPMAN         FOUNDATION         PO BOX 55398         ST. PETERSBURG, FL 33732 | Total contributions           \$20,000. | Type of contribution         Person       X         Payroll                        |
| (a)<br>No.     | (b)<br>Name, address, and ZIP + 4                                                                                                            | (c)<br>Total contributions              | (d)<br>Type of contribution                                                        |
|                | THE ASMAN FAMILY FUND<br>2150 OAKLEY SEAVER DRIVE<br>CLERMONT, FL 34711                                                                      | \$ <u>10,000.</u>                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)    |



Schedule B (Form 990) (2022)

| THE BANSAL FAMILY FOUNDATION<br>1935 COMMERCE LN STE4<br>JUPITER, FL 33458           | \$25,000.                  | Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.) |
|--------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------|
| (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                                    |
| THE BERRY FAMILY FOUNDATION<br>3055 KETTRING BLVD. SUITE 418<br>DAYTON, OH 45439     | \$ <u>20,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)             |
| (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                                    |
| THE BOEING COMPANY<br>PO BOX 516<br>ST. LOUIS, MO 63166                              | \$ <u>750,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)             |
| (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                                    |
| THE BRUNI FOUNDATION<br>1528 N. TEJON STREET<br>COLORADO SPRINGS, CO 80907           | \$20,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)             |
| (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                                    |
| THE BRUNING FOUNDATION<br>4809 LAUREL LANE<br>FORT MYERS, FL 33908                   | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)             |
| (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                                    |
| THE CARLTON OF WEST MELBOURNE<br>4152 MERRILLVILLE DRIVE<br>WEST MELBOURNE, FL 32904 | \$11,866.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)             |

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

(b)

Name, address, and ZIP + 4

(c)

**Total contributions** 

01-0973168

Employer identification number

(d)

Type of contribution

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

No.

715

(a)

No.

716

(a)

No.

717

(a)

No.

718

(a)

No.

719

(a)

No.

720

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Name of organization

Employer identification number

01-0973168

## VOLUNTEER FLORIDA FOUNDATION, INC

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 721 THE CAROLE L. MCMANUS LIVING TRUST X Person Payroll 1205 SALT CREEK ISLAND DRIVE 5,000. Noncash \$ (Complete Part II for PONTE VEDRA BEACH, FL 32082 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 722 THE CHEMOURS X Person Payroll **1007 MARKET STREET** 50,000. Noncash (Complete Part II for WILMINGTON, DE 19899 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 723 THE CHURCH IN AURORA X Person Payroll 5,225. 146 S. CHILLICOTHE ROAD Noncash \$ (Complete Part II for AURORA, OH 44202 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 724 X THE CODY FOUNDATION Person Payroll 16787 CROWN BRIDGE DRIVE 25,000. Noncash \$ (Complete Part II for DELRAY BEACH, FL 33446 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution THE COMMUNITY FOUNDATION OF MIDDLE 725 TENNESSEE X Person Payroll 3833 CLEGHORN AVENUE, SUITE 400 10,000. Noncash (Complete Part II for NASHVILLE , TX 37215 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution THE COOPER VOCCOLA FAMILY FOUNDATION, 726 X INC. Person Payroll 200 BISCAYNE BLVD. WAY, APT. 5304 7,860. Noncash \$ (Complete Part II for MIAMI, FL 33131 noncash contributions.)

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10530424 136042 3742VF

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Schedule B (Form 990) (2022)

# Schedule B (Form 990) (2022)

VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

Employer identification number

01-0973168

| Part I                     | Contributors (see instructions). Use duplicate copies of Part I if additional                                                                | space is needed.                                 |                                                                                                                    |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                                                                            | (c)<br>Total contributions                       | (d)<br>Type of contribution                                                                                        |
| 727                        | THE DARHL AND DONALD GUINN FAMILY FUND                                                                                                       | \$5,000.                                         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                                                                            | (c)<br>Total contributions                       | (d)<br>Type of contribution                                                                                        |
| 728                        | THE ED AND GAYLE LABUDA CHARITABLE<br>FUND 2078 XANADU LOOP THE VILLAGES, FL 32163                                                           | \$ <u> </u>                                      | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.                 | (b)                                                                                                                                          | (c)                                              | (d)                                                                                                                |
| 729                        | Name, address, and ZIP + 4         THE EDDIE AND JO ALLISON SMITH FAMILY         FOUNDATION         PO BOX 1527         GREENVILLE, SC 27835 | Total contributions           \$         10,000. | Type of contribution         Person       X         Payroll                                                        |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                                                                            | (c)<br>Total contributions                       | (d)<br>Type of contribution                                                                                        |
| 730                        | THE EWING CAPOTOSTO PHILANTHROPY FUND<br>1545 RAYMOND DIEHL ROAD 250<br>TALLAHASSEE, FL 32308                                                | \$5,000.                                         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                                                                            | (c)<br>Total contributions                       | (d)<br>Type of contribution                                                                                        |
| 731                        | THE FLORENTINO GROUP<br>1301 RIVERPLACE BLVD., SUITE 1300<br>JACKSONVILLE, FL 32207                                                          | \$ <u>5,000.</u>                                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.                 | (b)<br>Name, address, and ZIP + 4                                                                                                            | (c)<br>Total contributions                       | (d)<br>Type of contribution                                                                                        |
| <u>732</u><br>223452 11-15 | THE FRANK AND LINDA WENTHUR CHARITABLE<br><u>FUND</u><br><u>1545 RAYMOND DIEHL ROAD 250</u><br><u>TALLAHASSEE, FL 32308</u>                  | \$10,000.                                        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022) |

| Schedule B (Form 990) (2022) |  |
|------------------------------|--|
|                              |  |

Name of organization

Part I

VOLUNTEER FLORIDA FOUNDATION, INC

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

| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                                          | (c)<br>Total contributions                                                                                                           | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 733                                    | THE FRANK AND SUSAN SALINER CULTURAL         INITIATIVE         PO BOX 17115         BALTIMORE, MD 21297                                                                                                                                                   | \$ <u> </u>                                                                                                                          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                    |
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                                          | (c)<br>Total contributions                                                                                                           | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 734                                    | THE GARY AND CATHERINE GRAHAM<br>FOUNDATION<br>2309 CANNONBALL ROAD<br>GREENSBORO, NC 27455                                                                                                                                                                | \$25,000.                                                                                                                            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                    |
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                                          | (c)<br>Total contributions                                                                                                           | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 735                                    | THE GEO GROUP FOUNDATION, INC.<br>4955 TECHNOLOGY WAY<br>BOCA RATON, FL 33431                                                                                                                                                                              | \$60,000.                                                                                                                            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                    |
|                                        |                                                                                                                                                                                                                                                            |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                                          | (c)<br>Total contributions                                                                                                           | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                        |                                                                                                                                                                                                                                                            |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| No.                                    | Name, address, and ZIP + 4       THE GRAYMER FOUNDATION       PO BOX 251                                                                                                                                                                                   | Total contributions                                                                                                                  | Type of contribution         Person       X         Payroll                                                                                                                                                                                                                                                                                                                                                                                           |
| <u>No.</u><br>736<br>(a)               | Name, address, and ZIP + 4<br><u>THE GRAYMER FOUNDATION</u><br><u>PO BOX 251</u><br><u>MADISON, WI 07940</u><br>(b)                                                                                                                                        | Total contributions           \$                                                                                                     | Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)                                                                                                                                                                                                                                                                                                                                                       |
| No.<br>736<br>(a)<br>No.               | Name, address, and ZIP + 4         THE GRAYMER FOUNDATION         PO BOX 251         MADISON, WI 07940         (b)         Name, address, and ZIP + 4         THE H. FOUNDATION, INC.         107 CLUBHOUSE LANE #391                                      | Total contributions         \$       10,000.         (c)       Total contributions                                                   | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for       Contribution         Person       X         Payroll       Image: Complete Part II for         Noncash       Image: Complete Part II for         (Complete Part II for       Image: Complete Part II for                                                                                     |
| No.<br>736<br>(a)<br>No.<br>737<br>(a) | Name, address, and ZIP + 4         THE GRAYMER FOUNDATION         PO BOX 251         MADISON, WI 07940         (b)         Name, address, and ZIP + 4         THE H. FOUNDATION, INC.         107 CLUBHOUSE LANE #391         NAPLES, FL 34105         (b) | Total contributions         \$       10,000.         (c)       Total contributions         \$       10,000.         \$       10,000. | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash         Noncash       Image: Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.)         (d)       Complete Part II for noncash contributions.) |

Employer identification number

01-0973168

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| (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of con                                               |
|-------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------|
| TZ CORPORATION<br>LLIAMS ROAD<br>FL 33928                                     | \$ <u>500,000.</u>         | Person<br>Payroll<br>Noncash<br>(Complete Part<br>noncash contri |
| (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of con                                               |
| ANUEL CHARITABLE FOUNDATION<br>810<br>ALE, AZ 85252                           | \$5,000.                   | Person<br>Payroll<br>Noncash<br>(Complete Part<br>noncash contri |
| (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of con                                               |
| ES H. WURZ AND EDWARD T. WURZ,<br>NDATION<br>VERSIDE RD<br>CON, DE 19809-0000 | \$ <u> </u>                | Person<br>Payroll<br>Noncash<br>(Complete Part<br>noncash contri |
| 146<br>242075 2022 06000                                                      |                            | Schedule B (For                                                  |

| Schedule B (Form 990) (2022) |
|------------------------------|
|------------------------------|

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

(b)

Name, address, and ZIP + 4

THE HEALY FAMILY CHARITY FUND

Name of organization

Part I

(a)

No.

739

Employer identification number

(d)

Type of contribution

X

01-0973168

Person

(c)

**Total contributions** 

### Payroll 4938 W. MELROSE AVENUE S. 10,000. Noncash \$ (Complete Part II for TAMPA, FL 33629 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 740 THE HEICHEMER FAMILY FOUNDATION, INC. X Person Payroll 3119 CASSEEKEY ISLAND ROAD 10,000. Noncash \$ (Complete Part II for JUPITER, FL 33477 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 741 THE HERBERT LEHNER CHARITABLE TRUST X Person Payroll 5,000. 216 SOUTH GORDON ROAD Noncash \$ (Complete Part II for FORT LAUDERDALE, FL 33301 noncash contributions.) (a) No. tribution 742 X THE HERI 8501 WII II for ESTERO, butions.) (a) No. tribution 743 X THE IMMA PO BOX 1 II for SCOTTSDA butions.) (a) No. tribution THE JAME 744 X SR. FOUN 501 SILV II for WILMINGT butions.) 223452 11-15-22 m 990) (2022)

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| 346 CLAREMONT AVENUE<br>JERSEY CITY, NJ 07305                                                       | \$ <u>9,977.</u>           | Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)             |
|-----------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (b)<br>Name, address, and ZIP + 4                                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| THE JOHN & BONNIE STRAUSS FOUNDATION<br>5301 VILLAGE CREEK DRIVE, SUITE E<br>PLANO, TX 75093        | \$ <u>15,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| THE KAMMINGA & ROODVOETS, INC<br>CHARITABLE FUND<br>3435 BROADMOOR AVE SE<br>GRAND RAPIDS, MI 49512 | \$ <u>10,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| THE KENNETH CHARITABLE FUND<br>PO BOX 17115<br>BALTIMORE, MD 21297                                  | \$ <u>5,000.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| THE KORFF FOUNDATION<br>545 CLARK NW<br>COMSTOCK PARK, MI 49321                                     | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (b)<br>Name, address, and ZIP + 4                                                                   | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| THE MAHAFFEY APARTMENT COMPANY                                                                      |                            | Person X<br>Payroll                                                                |
| 147 2ND AVENUE SOUTH, SUITE 300<br>ST. PETERSBURG, FL 33701                                         | \$ <u>250,000.</u>         | Noncash (Complete Part II for noncash contributions.)                              |
|                                                                                                     | 1                          |                                                                                    |

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VOLUNTEER FLORIDA FOUNDATION, INC

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

Name, address, and ZIP + 4

THE JERSEY CITY PUBLIC SCHOOLS

Name of organization

No.

745

(a)

No.

746

(a)

No.

747

(a)

No.

748

(a)

No.

749

(a)

No.

750

(d)

Type of contribution

X

01-0973168

Person

**Total contributions** 

noncash contributions.) Schedule B (Form 990) (2022)

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| Part I | Contributors (see instructions). Use duplicate co |
|--------|---------------------------------------------------|
| (a)    | (b)                                               |
| No.    | Name, address, and ZIP + 4                        |
|        |                                                   |

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

(c)

**Total contributions** 

(d)

Type of contribution

01-0973168

| 751          | THE MAILMAN FOUNDATION                                             |                            | Person X                                         |
|--------------|--------------------------------------------------------------------|----------------------------|--------------------------------------------------|
|              | CO CITRIN-50 ROCKEFELLER PLAZA:                                    | \$ 100,000.                | Payroll<br>Noncash                               |
|              | NEW YORK, NY 10020                                                 | ·                          | (Complete Part II for<br>noncash contributions.) |
|              |                                                                    |                            |                                                  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions | (d)<br>Type of contribution                      |
| 752          | THE MARY KITTREDGE FUND                                            |                            | Person X                                         |
|              | 4469 SOUTHERN BLVD.                                                | \$5,000.                   | Payroll<br>Noncash                               |
|              | KETTERING, OH 45429                                                |                            | (Complete Part II for noncash contributions.)    |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions | (d)<br>Type of contribution                      |
| 753          | THE MENTOR NETWORK                                                 |                            | Person X                                         |
|              | 280 MERRIMACK STREET, SUITE 600                                    | \$10,000.                  | Payroll<br>Noncash                               |
|              | LAWRENCE, MA 01843                                                 |                            | (Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions | (d)<br>Type of contribution                      |
| 754          | THE MISHRIKI FAMILY FUND                                           |                            | Person X                                         |
|              | 1545 RAYMOND DIEHL ROAD 250                                        | \$5,000.                   | Payroll<br>Noncash                               |
|              | TALLAHASSEE, FL 32308                                              |                            | (Complete Part II for<br>noncash contributions.) |
| (a)          | (b)                                                                | (c)                        | (d)                                              |
| No.          | Name, address, and ZIP + 4<br>THE ROBERT F. AND HARRIET S. MANCUSO | Total contributions        | Type of contribution                             |
| 755          | CHARITABLE FOUNDATION                                              |                            | Person X                                         |
|              | 1545 RAYMOND DIEHL ROAD 250                                        | \$8,000.                   | Payroll<br>Noncash                               |
|              | TALLAHASSEE, FL 32308                                              |                            | (Complete Part II for noncash contributions.)    |
| (a)          | (b)                                                                | (c)                        | (d)                                              |
| No.          | Name, address, and ZIP + 4<br>THE SEVENTH DAY CHRISTIAN ASSEMBLY,  | Total contributions        | Type of contribution                             |
| 756          | INC.                                                               |                            | Person X                                         |
|              | 276 OLD TIMEY TRAIL                                                | \$7,500.                   | Payroll<br>Noncash                               |
|              | MOULTRIE, GA 31788                                                 |                            | (Complete Part II for<br>noncash contributions.) |
| 223452 11-15 | 5-22                                                               | •                          | Schedule B (Form 990) (2022)                     |

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Schedule B (Form 990) (2022)

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| Schedule B | (Form | 990) | (2022) |
|------------|-------|------|--------|
|------------|-------|------|--------|

Name of organization

01-0973168

| (a)     (b)     (c)     (c)       No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       757     THE TERRANOVA EQUESTRIAN FOUNDATION     s     24.940.     Person     Xi       1301 6TH AVENUE WEST     s     24.940.     Person     Xi       (a)     (b)     (c)     (c)     (d)     Person     Xi       (b)     Name, address, and ZIP + 4     Total contributions     (d)     Noncash Contributions.       (c)     Name, address, and ZIP + 4     Total contributions     (d)     Noncash Contributions.       (c)     Name, address, and ZIP + 4     Total contributions     (e)     (d)       (c)     Name, address, and ZIP + 4     Total contributions     (e)     Noncash Contributions.       (c)     Name, address, and ZIP + 4     Total contributions     (f)     Noncash Contributions.       (c)     (b)     (c)     (c)     (d)     Noncash Contributions.       759     PUND     S     5.0000.     (f)     Noncash Contributions.       188     BEARS CLUB DRIVE     \$     5.0000.     (f)     Noncash Contributions.       760     THE WALDROP FAMILY CHARITABLE FUND     \$     5.0000.     (f)     Noncash Contributions.       1145     Name, address                                                                                                                                                    | Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.    |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------|---------------------|---------------------------------------------------------|
| 757       THE TERRANOVA EQUESTRIAN FOUNDATION<br>1301 6TH AVENUE WEST<br>BRADENTON, FL 34205       \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (a)    |                                                                               |                     |                                                         |
| 1301 6TH AVENUE WEST       s       24,940.       Payroli       Complete Part II for noncash contributions.)         (a)       Name, address, and ZIP + 4       Total contributions       (c)                                                                                                                                                                                                                       | No.    | Name, address, and ZIP + 4                                                    | Total contributions | Type of contribution                                    |
| No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       758     FOUNDATION     FOUNDATION     Person     Perso                                                                                                                                                                                   | 757    | 1301 6TH AVENUE WEST                                                          | \$24,940.           | Payroll<br>Noncash<br>(Complete Part II for             |
| THE TERRY & SUSIE REARDON FAMILY       Person X         FOUNDATION       655 SAINT JAMES COURT       \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (a)    | (b)                                                                           | (c)                 |                                                         |
| 758       FOUNDATION       FOUNDATION | No.    |                                                                               | Total contributions | Type of contribution                                    |
| No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       759     FUND     FUND     Person     X       188 BEARS CLUB DRIVE     \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 758    | FOUNDATION<br>655 SAINT JAMES COURT<br>VILLAGE OF LOCH LLOYD, MO 64012-2196   |                     | Payroll<br>Noncash<br>(Complete Part II for             |
| 759       THE TOM AND JAN HASSFURTHER CHARITABLE<br>FUND       s       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S       S <th< td=""><td></td><td></td><td></td><td></td></th<>                                                                                                                                                                                                                                                                                                   |        |                                                                               |                     |                                                         |
| No.Name, address, and ZIP + 4Total contributionsType of contribution760THE WALDROP FAMILY CHARITABLE FUND<br>1145 WASHINGTON STREET\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        | THE TOM AND JAN HASSFURTHER CHARITABLE<br>FUND<br>188 BEARS CLUB DRIVE        |                     | Person X<br>Payroll<br>Noncash<br>(Complete Part II for |
| 1145 WASHINGTON STREET       \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                                                               |                     |                                                         |
| No.Nome, address, and ZIP + 4Total contributionsType of contribution761THE ZIMMER FAMILY FOUNDATION, INC.<br>PO BOX 15222Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)Person X<br>Payroll<br>(Complete Part II for<br>noncash contributions.)(a)<br>No.(b)<br>Name, address, and ZIP + 4(c)<br>Total contributions(d)<br>Type of contribution762THOMAS HAMILTON<br>209 PHILADELPHIA AVENUE<br>EGG HARBOR, NJ 08215Person X<br>Payroll<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 760    | 1145 WASHINGTON STREET                                                        | \$50,000.           | Payroll<br>Noncash<br>(Complete Part II for             |
| PO BOX 15222       \$ 5,000.       Payroll Noncash         SARASOTA, FL 34277       \$ 0       \$ 0         (a)       (b)       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions       Type of contribution         762       THOMAS HAMILTON       \$ 20,000.       Person X         209 PHILADELPHIA AVENUE       \$ 20,000.       Person X         EGG HARBOR, NJ 08215       \$ 20,000.       (Complete Part II for noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |                                                                               |                     |                                                         |
| No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       762     THOMAS HAMILTON     Person X       209 PHILADELPHIA AVENUE     \$ 20,000.     Payroll Noncash       EGG HARBOR, NJ 08215     Complete Part II for noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 761    | PO BOX 15222                                                                  | \$5,000.            | Payroll<br>Noncash<br>(Complete Part II for             |
| 762       THOMAS HAMILTON       Person X         209 PHILADELPHIA AVENUE       \$ 20,000.       Payroll Noncash         EGG HARBOR, NJ 08215       (Complete Part II for noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                                                                               |                     |                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        | THOMAS HAMILTON 209 PHILADELPHIA AVENUE                                       |                     | Person X<br>Payroll<br>Noncash<br>(Complete Part II for |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                                                               |                     |                                                         |

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01-0973168

## VOLUNTEER FLORIDA FOUNDATION, INC

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

| Tarti        | Contributors (see instructions). Ose duplicate copies of Part I if additional             |                            |                                                                                                                    |
|--------------|-------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------|
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| _763         | THOMAS NOVELLI<br>349 CLOISTERBANE DRIVE<br>SAINT JOHNS, FL 32259                         | \$5,000.                   | Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)                     |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 764          | THOMAS OSYPKA<br>2800 PHILIPPE PKWY<br>SAFETY HARBOR, FL 34695                            | \$15,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| _765         | THUNDERDOME CAR LOT<br>1920 GARRETT STREET<br>ENUMCLAW, WA 98022                          | \$ <u>150,000.</u>         | Person     X       Payroll                                                                                         |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 766          | TIM SHARMA FOUNDATION<br>7505 FANNIN, SUITE 304<br>HOUSTON, TX 77054                      | \$30,000.                  | Person     X       Payroll                                                                                         |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
|              | TIMOTHY ESSAYE<br>815 STARBOARD DR<br>VERO BEACH, FL 32963                                | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 223452 11-15 | TIMOTHY VOORHEES<br><u>650 TIWN CENTER DRIVE SUITE 890</u><br><u>COSTA MESA, CA 92626</u> | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022) |

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Employer identification number

Name of organization

Employer identification number

01-0973168

| Part I     | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional | space is needed.           |                                                                                    |
|------------|--------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 769        | TONY AND CAROLINA ROMEO<br>9100 S. DADELAND BLVD. SUITE 408<br>MIAMI, FL 33156       | \$ <u>50,000.</u>          | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.)              |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 770        | TPS GROUP HOLDINGS, LLC.<br>20 MAIN STREET<br>ACTON, MA 01720                        | \$ <u>38,097.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 771        | TRACY DADEO<br>400 OAK HAMMOCK PATH<br>THE VILLAGES, FL 32162                        | \$ <u>100,000.</u>         | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.)              |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 772        | TREVOR AND MARISSA LAWRENCE<br>PO BOX 770001<br>CINCINNATI, OH 45277                 | \$ <u> </u>                | PersonXPayrollNoncash(Complete Part II for<br>noncash contributions.)              |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 773        | TRISONS FOUNDATION, INC.<br>8171 MAPLE LAWN BLVD. SUITE 375<br>FULTON, MD 20759      | \$ <u>350,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                    | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 774        | TROJAN BATTERY<br>12380 CLARK STREET<br>SANTA FE SPRINGS, CA 90670                   | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

| NESS     | SOLUTIONS | US | LLC |           |  |
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| 775        | TRUDY E NORFLEET                                                          | _                          | Person X                                                                           |
|------------|---------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
|            | 1719 FOXFIRE CIRCLE                                                       | \$ 6,451.                  | Payroll<br>Noncash                                                                 |
|            | RICHMOND, VA 23238                                                        | _                          | (Complete Part II for<br>noncash contributions.)                                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 776        | TRUSTCO BANK                                                              | _                          | Person X                                                                           |
|            | PO BOX 1082                                                               | \$ 10,000.                 | Payroll<br>Noncash                                                                 |
|            | SCHENECTDAY, NY 12301                                                     | -                          | (Complete Part II for<br>noncash contributions.)                                   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 777        | TRUSTMARK                                                                 | _                          | Person X                                                                           |
|            | 248 EAST CAPITOL STREET                                                   | \$ 10,000.                 | Payroll<br>Noncash                                                                 |
|            | JACKSON, MS 39201                                                         | _                          | (Complete Part II for noncash contributions.)                                      |
| (a)        | (b)                                                                       | (c)                        | (d)                                                                                |
| No.        | Name, address, and ZIP + 4                                                | Total contributions        | Type of contribution                                                               |
| 778        | TTEC FOUNDATION<br>501 SILVERSIDE ROAD, SUITE 123<br>WILMINGTON, DE 19809 | -<br>\$\$25,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
|            |                                                                           | -                          |                                                                                    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 779        | TURNER BATTLE BUNN JR AND CATHERINE<br>P.O. BOX 725                       | - \$ 5,000.                | Person X<br>Payroll<br>Noncash                                                     |
|            | LEWISVILLE, NC 27023                                                      | _                          | (Complete Part II for noncash contributions.)                                      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                         | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 780        | UBS BUSINESS SOLUTIONS US LLC                                             | _                          | Person X                                                                           |
|            | <u>PO BOX 120312</u>                                                      | \$\$                       | Payroll<br>Noncash                                                                 |
|            | STAMFORD, CT 06912                                                        |                            | (Complete Part II for noncash contributions.)                                      |
| 23452 11-1 |                                                                           |                            | Schedule B (Form 990) (2022)                                                       |
|            |                                                                           |                            |                                                                                    |

# Name of organization

VOLUNTEER FLORIDA FOUNDATION, INC Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2022)

(a)

No.

Employer identification number

(d) Type of contribution

01 - 0973168

(c)

**Total contributions** 

Schedule B (Form 990) (2022)

Employer identification number

01-0973168

## VOLUNTEER FLORIDA FOUNDATION, INC

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

| (a) | (b)                                                                                             | (c)                 | (d)                                                                                |
|-----|-------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------|
| No. | Name, address, and ZIP + 4                                                                      | Total contributions | Type of contribution                                                               |
| 781 | UH FOUNDATIOM<br><u>1314 S. KING ST.</u><br><u>HONOLULU, HI 96814</u>                           | \$1,000,000.        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                                                                                             | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                                      | Total contributions | Type of contribution                                                               |
| 782 | UNITED WAY WORLDWIDE<br>13400 COMMERCE PARK DRIVE, SUITE 300<br>RESTON, VA 20191                | \$5,226.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                                                                                             | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                                      | Total contributions | Type of contribution                                                               |
| 783 | UNIVERSITY PARK OBGYN, LLC.<br>2401 UNIVERSITY PARKWAY, BLDG. #1,<br>#201<br>SARASOTA, FL 34243 | \$ <u> </u>         | Person     X       Payroll                                                         |
| (a) | (b)                                                                                             | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                                      | Total contributions | Type of contribution                                                               |
| 784 | URSULA M SMITH<br>1001 RICKENBAKER RD.<br>COLUMBIA, SC 29205                                    | \$ <u>5,000.</u>    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                                                                                             | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                                      | Total contributions | Type of contribution                                                               |
| 785 | USPLY<br>9400 NW 104TH STREET, SUITE 100<br>MEDLEY, FL 33178                                    | \$5,000.            | Person     X       Payroll                                                         |
| (a) | (b)                                                                                             | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                                      | Total contributions | Type of contribution                                                               |
| 786 | VALLEY NATIONAL BANK<br>1455 VALLEY ROAD<br>WAYNE , NJ 07470                                    | \$ <u>25,000.</u>   | Person     X       Payroll                                                         |

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Schedule B (Form 990) (2022)

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| Schedule B | (Form   | 990) | (2022) |  |
|------------|---------|------|--------|--|
| Schedule D | (FOIIII | 990) | (2022) |  |

VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

01-0973168

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additio                                            | nal space is needed.                   |                                                                                    |
|------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                     | (c)<br>Total contributions             | (d)<br>Type of contribution                                                        |
| 787        | VENTURE PLASTICS<br>4000 WARREN RAVENNA RD<br>NEWTON FALLS, OH 44444                                                  | \$5,000.<br>                           | Person     X       Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                     | (c)<br>Total contributions             | (d)<br>Type of contribution                                                        |
| 788        | VERKADA INC<br>405 EAST 4TH AVENUE<br>SAN MATEO, CA 94401                                                             | \$5,000.                               | Person     X       Payroll                                                         |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                     | (c)<br>Total contributions             | (d)<br>Type of contribution                                                        |
| 789        | VICTOR R DEL REGNO AND THERESA DEL<br>REGNO<br>6718 FOX HOLLOW DR<br>WEST PALM BEACH, FL 33412                        | \$5,000.                               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)        | (b)                                                                                                                   | (c)                                    | (d)                                                                                |
| <u>No.</u> | Name, address, and ZIP + 4<br>VIRGINIA AND JAMES KONZELMAN<br><u>445 LOS ALTOS AVENUE</u><br><u>ARCADIA, CA 91007</u> | Total contributions          \$10,000. | Type of contribution         Person       X         Payroll                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                     | (c)<br>Total contributions             | (d)<br>Type of contribution                                                        |
| <u>791</u> | VIRGINIA ZUBER<br><u>9335 W GARNETTE DR</u><br><u>SUN CITY, AZ 85373</u>                                              | - \$\$5,000.                           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                     | (c)<br>Total contributions             | (d)<br>Type of contribution                                                        |
| 792        | VORTEX INSTITUTE<br><u>4006 S. MACDILL AVE</u><br>TAMPA, FL 33611                                                     | -<br>_ \$\$10,000.                     | Person X<br>Payroll<br>(Complete Part II for<br>noncash contributions.)            |

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Schedule B (Form 990) (2022)

Name of organization

Employer identification number

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## VOLUNTEER FLORIDA FOUNDATION, INC

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

| (a)                      | (b)                                                                                                                                              | (c)                                      | (d)                                                                                                                                                                    |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No.                      | Name, address, and ZIP + 4                                                                                                                       | Total contributions                      | Type of contribution                                                                                                                                                   |
| _793                     | <u>VVA CHAPTER #1036</u><br><u>PO BOX 842</u><br><u>OXFORD, FL 34484</u>                                                                         | \$ <u> </u>                              | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                     |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4                                                                                                                | (c)<br>Total contributions               | (d)<br>Type of contribution                                                                                                                                            |
| 794                      | VYSTAR CREDIT UNION<br>76 S. LAURA STREET<br>JACKSONVILLE, FL 32202                                                                              | \$ <u>25,000.</u>                        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                     |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4                                                                                                                | (c)<br>Total contributions               | (d)<br>Type of contribution                                                                                                                                            |
| _795                     | W. EVANS<br>1545 RAYMOND DIEHL ROAD 250<br>TALLAHASSEE, FL 32308                                                                                 | \$ <u>20,000.</u>                        | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                     |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4                                                                                                                | (c)<br>Total contributions               | (d)<br>Type of contribution                                                                                                                                            |
| 796                      | W. THOMAS MORGAN III TTEE                                                                                                                        |                                          | Person X<br>Payroll                                                                                                                                                    |
|                          | 918 S. GOLF VIEW STREET<br>TAMPA, FL 33629                                                                                                       | \$ <u>25,000.</u>                        | Noncash (Complete Part II for noncash contributions.)                                                                                                                  |
| (a)<br>No.               |                                                                                                                                                  | \$ 25,000.<br>(c)<br>Total contributions | (Complete Part II for                                                                                                                                                  |
|                          | TAMPA, FL 33629<br>(b)                                                                                                                           | (c)                                      | (Complete Part II for<br>noncash contributions.)<br>(d)                                                                                                                |
| No.                      | TAMPA, FL 33629         (b)         Name, address, and ZIP + 4         WALGREENS         108 WILMOT ROAD                                         | (c)<br>Total contributions               | (Complete Part II for<br>noncash contributions.)<br>(d)<br>Type of contribution<br>Person X<br>Payroll Noncash (Complete Part II for                                   |
| <u>No.</u><br>797<br>(a) | TAMPA, FL 33629         (b)         Name, address, and ZIP + 4         WALGREENS         108 WILMOT ROAD         DEERFIELD, IL 60015         (b) | (c)<br>Total contributions<br>\$         | (Complete Part II for<br>noncash contributions.)<br>(d)<br>Type of contribution<br>Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)<br>(d) |

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| Name of organization         |  |

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

| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                       | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
|--------------|-------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------|
| 799          | WAWA<br>260 WEST BALTIMORE AVENUE<br>MEDIA, PA 19063                    | \$ <u>500,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                       | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 800          | WAYNE HAUGE<br>331 THOMAS RD<br>MCMURRAY, PA 15317                      | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                       | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 801          | WEATLH ADVISORY SERVICES<br>1398 CENTRAL AVENUE<br>DUBUQUE, IA 52001    | \$5,000.                   | Person     X       Payroll                                                                                         |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                       | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 802          | WELLPOINT<br>857 ELKRIDGE LANDING ROAD SUITE 300<br>LINTHICUM, MD 21090 | \$ <u>500,000.</u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                       | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 803          | WELLS FARGO<br>1000 LOUISIANA, 16TH FLOOR<br>HOUSTON, TX 77002          | \$250,000.                 | Person     X       Payroll                                                                                         |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                       | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                        |
| 804          | WENDY MARTY<br>2626 LOUISA AVE<br>MOUNDS VIEW, MN 55112                 | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022) |
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Schedule B (Form 990) (2022)

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| 27502 |            |           | 1       | noncash contrib  | utions.)    |    |
|-------|------------|-----------|---------|------------------|-------------|----|
|       | 157        |           | \$      | Schedule B (Form | 990) (2022) |    |
| 2VF   | 2022.06000 | VOLUNTEER | FLORIDA | FOUNDAT          | 3742VF_     | _1 |

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

VOLUNTEER FLORIDA FOUNDATION, INC

Employer identification number

01-0973168

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional              | l space is needed.                      |                                                                                    |
|------------|--------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                          | (c)<br>Total contributions              | (d)<br>Type of contribution                                                        |
| 805        | WENDY THURSBY<br>2613 HANDASYDE AVE<br>CINCINNATI, OH 45208                                | \$5,002.                                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                          | (c)<br>Total contributions              | (d)<br>Type of contribution                                                        |
| 806        | WESTLAKE ROYAL ROOFING, LLC.<br>7575 IRVINE CENTER DRIVE, SUITE 100<br>IRVINE, CA 92618    | \$ <u>55,307.</u>                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)        | (b)                                                                                        | (c)                                     | (d)                                                                                |
| <u> </u>   | Name, address, and ZIP + 4WILLIAM H. HEYMAN133 EAST 64TH STREET, APT. 4BNEW YORK, NY 10065 | Total contributions           \$10,000. | Type of contribution         Person       X         Payroll                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                          | (c)<br>Total contributions              | (d)<br>Type of contribution                                                        |
| 808        | WILLIAM HARWIN<br>14270 ROYAL HARBOUR COURT, #1021<br>FORT MYERS, FL 33908                 | \$5,000.                                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                          | (c)<br>Total contributions              | (d)<br>Type of contribution                                                        |
| 809        | WILLIAM MACK<br>933 ANCHORAGE RD<br>TAMPA, FL 33602                                        | \$ <u> </u>                             | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                          | (c)<br>Total contributions              | (d)<br>Type of contribution                                                        |
| 810        | WILLIAM PENN DURHAM, JR.<br><u>3016 BUCKINGHAM WAY</u><br><u>APEX, NC 27502</u>            | \$12,330.                               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

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Schedule B (Form 990) (2022)

Employer identification number

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## VOLUNTEER FLORIDA FOUNDATION, INC

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

| (a)                                    | (b)                                                                                                                                                                                                                                                                                                                                      | (c)                                                                                                               | (d)                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No.                                    | Name, address, and ZIP + 4                                                                                                                                                                                                                                                                                                               | Total contributions                                                                                               | Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 811                                    | WILLIS AND REBA JOHNSON FOUNDATION<br>1301 MORAN ROAD<br>FRANKLIN, TN 37069                                                                                                                                                                                                                                                              | \$ <u>100,000.</u>                                                                                                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                     |
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                                                                                                                        | (c)<br>Total contributions                                                                                        | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 812                                    | YIGAL SAAD<br>11940 JOLLYVILLE ROAD #300-S<br>AUSTIN, TX 78759                                                                                                                                                                                                                                                                           | \$ <u> </u>                                                                                                       | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                     |
| (a)<br>No.                             | (b)<br>Name, address, and ZIP + 4                                                                                                                                                                                                                                                                                                        | (c)<br>Total contributions                                                                                        | (d)<br>Type of contribution                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 813                                    | YURI ROMANENKO<br>9487 SATINLEAF PL<br>PARKLAND, FL 33076                                                                                                                                                                                                                                                                                | \$6,500.                                                                                                          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                                                                                                                                                                                                                                                                                                     |
|                                        |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| (a)                                    | (b)                                                                                                                                                                                                                                                                                                                                      | (c)                                                                                                               | (d)                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (a)<br>No.<br>814                      |                                                                                                                                                                                                                                                                                                                                          | (c)<br>Total contributions<br>\$10,000.                                                                           | (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)                                                                                                                                                                                                                                                                                                                                                        |
| <u>No.</u><br>814<br>(a)               | (b)<br>Name, address, and ZIP + 4<br>ZORE FAMILY FOUNATION<br>2505 W DEAN RD<br>MILWAUKEE, WI 53217-2010<br>(b)                                                                                                                                                                                                                          | Total contributions \$ 10,000. (c)                                                                                | Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)                                                                                                                                                                                                                                                                                                                                                        |
| <u>No.</u>                             | (b)<br>Name, address, and ZIP + 4<br>ZORE FAMILY FOUNATION<br>2505 W DEAN RD<br>MILWAUKEE, WI 53217-2010                                                                                                                                                                                                                                 | Total contributions                                                                                               | Type of contribution         Person       X         Payroll                                                                                                                                                                                                                                                                                                                                                                                            |
| No.<br>814<br>(a)<br>No.               | (b)<br>Name, address, and ZIP + 4<br>ZORE FAMILY FOUNATION<br>2505 W DEAN RD<br>MILWAUKEE, WI 53217-2010<br>(b)<br>Name, address, and ZIP + 4<br>ZURICH AMERICAN INSURANCE COMPANY<br>1299 ZURICH WAY                                                                                                                                    | Total contributions         \$       10,000.         (c)       Total contributions                                | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (d)         Type of contribution       Person       X         Payroll       Image: Complete Part II for noncash       Image: Complete Part II for noncash         (complete Part II for       Complete Part II for noncash       Image: Complete Part II for noncash |
| No.<br>814<br>(a)<br>No.<br>815<br>(a) | (b)<br>Name, address, and ZIP + 4<br>ZORE FAMILY FOUNATION<br>2505 W DEAN RD<br>MILWAUKEE, WI 53217-2010<br>(b)<br>Name, address, and ZIP + 4<br>ZURICH AMERICAN INSURANCE COMPANY<br>1299 ZURICH WAY<br>SCHAUMBURG, IL 60196<br>(b)<br>Name, address, and ZIP + 4<br>ADAPTIVE SPORTS CENTER<br>P.O. BOX 1639<br>CRESTED BUTTE, CO 81224 | Total contributions         \$       10,000.         (c)       (c)         \$       25,000.         (c)       (c) | Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X       Payroll       Image: Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (Complete Part II for noncash contributions.)         (d)       (Complete Part II for noncash contributions.)                  |

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| (see instructions). Use duplicate copies of Part I if additional s | space is needed. |
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| Schedule B (Form 990) (2022) |  |
|------------------------------|--|
| Name of organization         |  |

Contributors

Part I

Employer identification number

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| (a) | (b)                                                                                         | (c)                 | (d)                                                                                |
|-----|---------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------|
| No. | Name, address, and ZIP + 4                                                                  | Total contributions | Type of contribution                                                               |
| 817 | AMERICAN BANKERS ASSOCIATION<br>1333 NEW HAMPSHIRE AVE NW<br>WASHINGTON, DC 20036           | \$ <u>178,780.</u>  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                                                                                         | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                                  | Total contributions | Type of contribution                                                               |
| 818 | AMERICAN ONLINE GIVING FOUNDATION<br>611 MERIDITH ROAD NE, #700<br>ALBERTA, CANADA          | \$8,539.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                                                                                         | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                                  | Total contributions | Type of contribution                                                               |
| 819 | ANNETTE MOSHGAT<br><u>3897 NORTH FRONT STREET</u><br>HARRISBURG, PA 17110                   | \$5,000 <b>.</b>    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                                                                                         | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                                  | Total contributions | Type of contribution                                                               |
| 820 | ANTONIA LIRIA<br>1545 RAYMOND DIEHL ROAD 250<br>TALLAHASSEE, FL 32308                       | \$ <u> </u>         | Person     X       Payroll                                                         |
| (a) | (b)                                                                                         | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                                  | Total contributions | Type of contribution                                                               |
| 821 | ASSURANCE CARING TOGETHER FOUNDATION<br>1750 E GOLF ROAD 11TH FLOOR<br>SCHAUMBURG, IL 60173 | \$ <u>25,000.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                                                                                         | (c)                 | (d)                                                                                |
| No. | Name, address, and ZIP + 4                                                                  | Total contributions | Type of contribution                                                               |
| 822 | BAO AN BUDDHIST CENTER INC<br>5788 N APOPKA VINELAND RD<br>ORLANDO, FL 32818                | \$ <u> </u>         | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

Schedule B (Form 990) (2022)

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Name of organization

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| (a)                 | (b)                                                                                             | (c)                 | (d)                                                                                                  |
|---------------------|-------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------|
| No.                 | Name, address, and ZIP + 4                                                                      | Total contributions | Type of contribution                                                                                 |
| 823                 | BENIHANA<br>21500 BISCAYNE BLVD STE 900<br>AVENTURA, FL 33180                                   | \$86,147.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                   |
| (a)                 | (b)                                                                                             | (c)                 | (d)                                                                                                  |
| No.                 | Name, address, and ZIP + 4                                                                      | Total contributions | Type of contribution                                                                                 |
| 824                 | CENTRAL FLORIDA RIFLE AND PISTOL CLUB<br>INC<br>P.O. BOX 621985<br>ORLANDO, FL 32862            | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                   |
| (a)                 | (b)                                                                                             | (c)                 | (d)                                                                                                  |
| No.                 | Name, address, and ZIP + 4                                                                      | Total contributions | Type of contribution                                                                                 |
| 825                 | COMPOSITES ONE LLC<br>P.O. BOX 3208<br>ARLINGTON HEIGHTS, IL 60006                              | \$20,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                   |
| (a)                 | (b)                                                                                             | (c)                 | (d)                                                                                                  |
| No.                 | Name, address, and ZIP + 4                                                                      | Total contributions | Type of contribution                                                                                 |
| 826                 | DONNA AND JON BOSCIA       2401 PARKVIEW DRIVE       HAVERFORD, PA 19041                        | \$5,000.            | Person X<br>Payroll<br>Noncash (Complete Part II for<br>noncash contributions.)                      |
| (a)                 | (b)                                                                                             | (c)                 | (d)                                                                                                  |
| No.                 | Name, address, and ZIP + 4                                                                      | Total contributions | Type of contribution                                                                                 |
| 827                 | EUGENE CASH<br><u>1417 49TH AVENUE NE</u><br><u>ST PETERSBURG, FL 33703</u>                     | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                   |
| (a)                 | (b)                                                                                             | (c)                 | (d)                                                                                                  |
| No.                 | Name, address, and ZIP + 4                                                                      | Total contributions | Type of contribution                                                                                 |
| 828<br>223452 11-15 | FLORIDA SOCIETY OF DERMATOLOGY<br>PHYSICIAN<br>1969 ALAFAYA TRAIL PMB #215<br>ORLANDO, FL 32828 | \$5,920.            | Person X<br>Payroll (Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022) |

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Schedule B (Form 990) (2022)

22.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

Name of organization

VOLUNTEER FLORIDA FOUNDATION, INC Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 829 FRANK ROSENBERG Person Payroll 100 LIGHT STREET SUITE 2500 20,000. Noncash (Complete Part II for BALTIMORE, MD 21202 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 830 GUPPY'S ON THE BEACH LLC Person Payroll 1609 GULF BLVD 10,000. Noncash (Complete Part II for INDIAN ROCKS BEACH, FL 33785 noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 831 HANNAH MILLS Person Payroll 7,000. 14530 GLOBAL PARKWAY Noncash \$ (Complete Part II for FORT MYERS, FL 33913 noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 832 HETTICH AMERICA Person Payroll 4295 HAMILTON MILL ROAD, SUITE 400 5,000. Noncash \$ (Complete Part II for BUFORD, GA 30518 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 833 HOUSTON CUMMINGS Person Payroll 2525 TORO COURT 5,000. Noncash (Complete Part II for PORTOLA VALLEY, CA 94028 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 834 J SCOTT MERRITT Person Payroll <u>P.O.</u> BOX 66145 10,000. Noncash \$ (Complete Part II for noncash contributions.) ST PETE

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Employer identification number

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2022.06000 VOLUNTEER FLORIDA FOUNDAT 3742VF\_1

Page **2** Employer identification number

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## VOLUNTEER FLORIDA FOUNDATION, INC

| Part I      | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional                             | space is needed.                               |                                                                                    |
|-------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------|
| (a)         | (b)                                                                                                              | (c)                                            | (d)                                                                                |
| <u>835</u>  | Name, address, and ZIP + 4         KATHLEEN SCHLENKER         1405       179TH AVE NE         BELLEVUE, WA 98008 | Total contributions         \$         10,000. | Type of contribution         Person       X         Payroll                        |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                                | (c)<br>Total contributions                     | (d)<br>Type of contribution                                                        |
| 836         | KRELL FAMILY FOUNDATION INC         P.O. BOX 25939         RICHMOND, VA 23260                                    | \$ <u> </u>                                    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                                | (c)<br>Total contributions                     | (d)<br>Type of contribution                                                        |
| 837         | LINCARE<br>OP.O. BOX 9004<br>CLEARWATER, FL 33758                                                                | \$23,980.                                      | Person     X       Payroll                                                         |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                                | (c)<br>Total contributions                     | (d)<br>Type of contribution                                                        |
| 838         | LISA FLANAGAN<br>2980 FAIRVIEW PARK DR<br>FALLS CHURCH, VA 22042                                                 | \$ <u>11,090.</u>                              | Person     X       Payroll                                                         |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                                | (c)<br>Total contributions                     | (d)<br>Type of contribution                                                        |
| 839         | MALLORY BLACKBURN<br>1750 E GOLF ROAD 11TH FLOOR<br>SCHAUMBURG, IL 60173                                         | \$ <u>25,000.</u>                              | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                                | (c)<br>Total contributions                     | (d)<br>Type of contribution                                                        |
| 840         | MANNINGTON<br>75 MANNINGTON MILLS RD                                                                             | \$12,841.                                      | Person X<br>Payroll<br>Noncash                                                     |
| 223452 11-1 | SALEM, NJ 08079                                                                                                  |                                                | (Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022)   |

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Name of organization

10530424 136042 3742VF

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| 2022.06000 | VOLUNTEER | FLORIDA | FOUNDAT | 3742VF_ | _1 |

Schedule B (Form 990) (2022)

| Schedule | в | (Form                                   | 990) | (2022 |
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VOLUNTEER FLORIDA FOUNDATION, INC

Name of organization

01-0973168

| Part I     | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.                    |                            |                                                                                    |  |
|------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|--|
| (a)        | (b)                                                                                                                      | (c)                        | (d)                                                                                |  |
| No.        | Name, address, and ZIP + 4                                                                                               | Total contributions        | Type of contribution                                                               |  |
| 841        | MARGARET SCAFIDI<br>14401 SE 1ST STREET<br>VANCOUVER, WA 98684                                                           | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |  |
| 842        | MARGARET SPRAGENS       13258     VENNETTA WAY       WINDERMERE, FL 34786                                                | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |  |
| 843        | MARTIN ANDERSEN-GRACIA ANDERSEN<br>FOUNDATION INC<br>1615 EDGEWATER DRIVE SUITE 100<br>ORLANDO, FL 32804                 | \$8,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |
| (a)        | (b)                                                                                                                      | (c)                        | (d)                                                                                |  |
| <u>844</u> | Name, address, and ZIP + 4         MYSTIC FISH SEAFOOD GRILL         1609 GULF BLVD         INDIAN ROCKS BEACH, FL 33785 | S5,000.                    | Type of contribution         Person       X         Payroll                        |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |  |
| 845        | NEXTERA ENERGY INC       65 FAIRCHILD STREET       CHARLESTON, SC 29492                                                  | \$94,836.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                                        | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |  |
| 846        | OTHE CALVIN AND FLAVIA OAK FOUNDATION<br>5580 LAGORCE DR<br>MIAMI BEACH, FL 33140                                        | \$15,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |  |

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Employer identification number

Name of organization VOLUNTEER FLORIDA FOUNDATION, INC 01-0973168 Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 847 PIASA CHARITABLE FOUNDATION Person Payroll P.O. BOX 484 5,000. Noncash \$ (Complete Part II for ALTON, IL 62002 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 848 REARDON FAMILY FOUNDATION Person Payroll 26901 WYNDHURST COURT NO 101 10,000. Noncash \$ (Complete Part II for BONITA SPRINGS, FL 34134 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 849 **REUBEN E EAVES** Person Payroll 7,000. 300 BEACH DR NE UNIT 1704 Noncash \$ (Complete Part II for ST PETERSBURG, FL 33701 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 850 ROBERT AND EILEEN HUNT Person Payroll 1470 LANDS END ROAD 10,000. Noncash \$ (Complete Part II for MANALAPAN, FL 33462 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 851 SENTRY INSURANCE Person Payroll **1800 NORTH POINT DRIVE** 37,800. Noncash (Complete Part II for STEVENS POINT, WI 54481 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution SIRI RAWSON. BRANDON RAWSON AND 852 REBEKKA GELDBART Person Payroll

> noncash contributions.) Schedule B (Form 990) (2022)

(Complete Part II for

Noncash

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209 BAYVIEW DRIVE

BELLEAIR, FL 33756

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30,000.

Name of organization

Employer identification number

01-0973168

## VOLUNTEER FLORIDA FOUNDATION, INC

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

| (a)                        | (b)                                                                                 | (c)                 | (d)                                                                                                                |
|----------------------------|-------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------|
| No.                        | Name, address, and ZIP + 4                                                          | Total contributions | Type of contribution                                                                                               |
| 853                        | STEPHEN LOCKE         P.O. BOX 2282         SOUTH BURLINGTON, VT 05407              | \$ <u>50,000.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                                 | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                          | Total contributions | Type of contribution                                                                                               |
| 854                        | SUSAN MCGREGOR<br>3340 SE 6TH AVENUE<br>FORT LAUDERDALE, FL 33316                   | \$ <u>5,000.</u>    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                                 | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                          | Total contributions | Type of contribution                                                                                               |
| 855                        | SYLVIA MISTRY<br>5022 51ST AVE SW<br>SEATTLE, WA 98136                              | \$ <u>10,000.</u>   | Person     X       Payroll                                                                                         |
| (a)                        | (b)                                                                                 | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                          | Total contributions | Type of contribution                                                                                               |
| 856                        | SYNGENTA<br>410 S SWING RD<br>GREENSBORO, NC 27409                                  | \$ <u>25,000.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                                 | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                          | Total contributions | Type of contribution                                                                                               |
| 857                        | TAMPA ELECTRIC COMPANY702 NORTH FRANKLIN STREETTAMPA, FL 33602                      | \$ <u>512,500.</u>  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                 |
| (a)                        | (b)                                                                                 | (c)                 | (d)                                                                                                                |
| No.                        | Name, address, and ZIP + 4                                                          | Total contributions | Type of contribution                                                                                               |
| <u>858</u><br>223452 11-15 | THE BENEVITY COMMUNITY IMPACT FUND<br>611 MERIDITH ROAD NE, #700<br>ALBERTA, CANADA | \$ <u>115,955.</u>  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>Schedule B (Form 990) (2022) |

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

VOLUNTEER FLORIDA FOUNDATION, INC

| Part I      | Contributors (see instructions). Use duplicate copies of Part I if additional                      | l space is needed.         |                                                                                    |
|-------------|----------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 859         | THE BGR FOUNDATION INC<br>P.O. BOX 14416<br>WASHINGTON, DC 20044                                   | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 860         | THE BLACKBAUD GIVING FUND         65 FAIRCHILD STREET         CHARLESTON, SC 29492                 | \$34,236.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 861         | THE HENRY AND RUTH BLAUSTEIN ROSENBERG<br>FOUNDATION100 LIGHT STREET SUITE 2500BALTIMORE, MD 21202 | \$20,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 862         | THE MARBOB GROUP<br>9714 10TH AVE N<br>PLYMOUTH, MN 55441                                          | \$ <u>5,000.</u>           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 863         | THOMAS AND KRISTEN RITCHIE<br>160 BROAD AVENUE S<br>NAPLES, FL 34102                               | \$100,000.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 864         | THOMAS MORRIS 880 CARILLON PARKWAY ST PETERSBURG, FL 33716                                         | \$5,100.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| 223452 11-1 | 5-22 166                                                                                           |                            | Schedule B (Form 990) (2022                                                        |

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| VOLUNTEER | FLORIDA | FOUNDATION, | INC |
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VOLUNTEER Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 865 TODD FELTHAUS 4401 BAYSHORE BLVD. NE 25,000. \$ ST PETERSBURG, FL 33703 noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** 

|            |                                   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)                                                                                                |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|            |                                   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)                                                                                                |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|            |                                   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                                                                    |
| (a)<br>No. | (b)                               | (c)<br>Total contributions | (d)                                                                                                                                                                 |
|            | Name, address, and ZIP + 4        | \$                         | Type of contribution         Person       Payroll         Payroll       Payroll         Noncash       Payroll         (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<br>noncash contributions.)         Schedule B (Form 990) (2022)   |

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Person Payroll

Noncash

(Complete Part II for

(d)

Type of contribution

Employer identification number

(d)

Type of contribution

X

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Schedule B (Form 990) (2022)

# VOLUNTEER FLORIDA FOUNDATION, INC

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

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

Name of organization

Page 3 Employer identification number

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| Schedule                  | B (Form 990) (2022)           |                                                                                                         |                      |                    | Page <b>4</b>                           |
|---------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------|----------------------|--------------------|-----------------------------------------|
| Name of c                 | organization                  |                                                                                                         |                      |                    | Employer identification number          |
| VOLUN                     | TEER FLORIDA FOUNDATION       | , INC                                                                                                   |                      |                    | 01-0973168                              |
| Part III                  |                               | ions to organizations descri<br>) through (e) and the followin<br>charitable, etc., contributions of \$ | a line entry. For or | anizations         | at total more than \$1,000 for the year |
| (a) No.<br>from           | (b) Purpose of gift           | (c) Use of g                                                                                            | .ift                 | (d) Doso           | ription of how gift is held             |
| Part I                    | (b) Pulpose of gift           |                                                                                                         | ,                    | (u) Desc           |                                         |
|                           |                               | (e) Transf                                                                                              | er of gift           |                    |                                         |
|                           | Transferee's name, address, a | and ZIP + 4                                                                                             | R                    | elationship of tra | nsferor to transferee                   |
| (a) No.<br>from           | (b) Purpose of gift           | (c) Use of g                                                                                            | jift                 | (d) Desc           | ription of how gift is held             |
| Part I                    |                               |                                                                                                         |                      |                    |                                         |
|                           |                               | (e) Transf                                                                                              | er of aift           |                    |                                         |
|                           | Transferee's name, address, a |                                                                                                         |                      | elationship of tra | nsferor to transferee                   |
|                           |                               |                                                                                                         |                      |                    |                                         |
| (a) No.<br>from<br>Part I | (b) Purpose of gift           | (c) Use of <u>c</u>                                                                                     | jift                 | (d) Desc           | cription of how gift is held            |
|                           |                               |                                                                                                         |                      |                    |                                         |
|                           |                               | (e) Transf                                                                                              | er of gift           |                    |                                         |
|                           | Transferee's name, address, a | and ZIP + 4                                                                                             | R                    | elationship of tra | nsferor to transferee                   |
|                           |                               |                                                                                                         |                      |                    |                                         |
| (a) No.<br>from<br>Part I | (b) Purpose of gift           | (c) Use of g                                                                                            | jift                 | (d) Desc           | ription of how gift is held             |
|                           |                               |                                                                                                         |                      |                    |                                         |
|                           | <b>.</b>                      | (e) Transf                                                                                              |                      |                    |                                         |
|                           | Transferee's name, address, a | ana ZIP + 4                                                                                             | R                    | elationship of tra | nsferor to transferee                   |
|                           |                               |                                                                                                         |                      |                    |                                         |
| 223454 11-1               | 5-22                          |                                                                                                         |                      |                    | Schedule B (Form 990) (2022)            |

Schedule B (Form 990) (2022)

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| SCHEDULE D |
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| (Form | 990) |
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

|    | VOLUNTEER FLORIDA FOUND                                                       |                  |                     |                           | 1-0973168                  |
|----|-------------------------------------------------------------------------------|------------------|---------------------|---------------------------|----------------------------|
| Pa | t I Organizations Maintaining Donor Advised Funds                             | s or Other       | Similar Fund        | s or Accounts.            | Complete if the            |
|    | organization answered "Yes" on Form 990, Part IV, line 6.                     |                  |                     |                           |                            |
|    | (2                                                                            | a) Donor advis   | sed funds           | (b) Funds an              | d other accounts           |
| 1  | Total number at end of year                                                   |                  |                     |                           |                            |
| 2  | Aggregate value of contributions to (during year)                             |                  |                     |                           |                            |
| 3  | Aggregate value of grants from (during year)                                  |                  |                     |                           |                            |
| 4  | Aggregate value at end of year                                                |                  |                     |                           |                            |
| 5  | Did the organization inform all donors and donor advisors in writing that     | at the assets h  | held in donor adv   | ised funds                |                            |
|    | are the organization's property, subject to the organization's exclusive      | legal control?   | ?                   |                           | Yes No                     |
| 6  | Did the organization inform all grantees, donors, and donor advisors in       | writing that c   | grant funds can b   | e used only               |                            |
|    | for charitable purposes and not for the benefit of the donor or donor ad      | dvisor, or for a | any other purpose   | e conferring              |                            |
|    | impermissible private benefit?                                                |                  |                     |                           | Yes No                     |
| Pa | t II Conservation Easements. Complete if the organization                     | answered "Y      | es" on Form 990     | , Part IV, line 7.        |                            |
| 1  | Purpose(s) of conservation easements held by the organization (check          | all that apply   | <i>י</i> )          |                           |                            |
|    | Preservation of land for public use (for example, recreation or ed            | ucation)         | Preservation        | of a historically impor   | tant land area             |
|    | Protection of natural habitat                                                 | L                | Preservation        | of a certified historic   | structure                  |
|    | Preservation of open space                                                    |                  |                     |                           |                            |
| 2  | Complete lines 2a through 2d if the organization held a qualified conse       | ervation contri  | ibution in the forn |                           |                            |
|    | day of the tax year.                                                          |                  |                     | Held                      | at the End of the Tax Year |
| а  | Total number of conservation easements                                        |                  |                     | <u>2</u> a                |                            |
| b  |                                                                               |                  |                     |                           |                            |
| С  | Number of conservation easements on a certified historic structure inc        |                  |                     | <b>2</b> c                |                            |
| d  | Number of conservation easements included in (c) acquired after July 2        | 25,2006, and     | not on a            |                           |                            |
|    | historic structure listed in the National Register                            |                  |                     | 2d                        |                            |
| 3  | Number of conservation easements modified, transferred, released, ex          | tinguished, or   | r terminated by th  | e organization during     | the tax                    |
|    | year                                                                          |                  |                     |                           |                            |
| 4  | Number of states where property subject to conservation easement is           |                  |                     | -                         |                            |
| 5  | Does the organization have a written policy regarding the periodic mor        |                  |                     |                           |                            |
| ~  | violations, and enforcement of the conservation easements it holds?           |                  | and anfaraing ag    |                           |                            |
| 6  | Staff and volunteer hours devoted to monitoring, inspecting, handling         | or violations, a | and enforcing col   | ISEI VALIOIT EASEITIEITIS | s during the year          |
| 7  | Amount of expenses incurred in monitoring, inspecting, handling of vic        | plations and (   | onforcing consorv   | ation accoments duri      | ng tha year                |
| '  | Amount of expenses incurred in monitoring, inspecting, handling of vic        | nations, and e   |                     | ation easements dur       | ng the year                |
| 8  | Does each conservation easement reported on line 2(d) above satisfy t         | the requireme    | ents of section 17  | )(h)(4)(B)(i)             |                            |
| Ŭ  | and section 170(h)(4)(B)(ii)?                                                 |                  |                     |                           | Yes No                     |
| 9  | In Part XIII, describe how the organization reports conservation easem        |                  |                     |                           |                            |
| -  | balance sheet, and include, if applicable, the text of the footnote to the    |                  | -                   |                           | the                        |
|    | organization's accounting for conservation easements.                         |                  |                     |                           |                            |
| Pa | t III Organizations Maintaining Collections of Art, Hi                        | storical Tr      | reasures, or C      | other Similar Ass         | sets.                      |
|    | Complete if the organization answered "Yes" on Form 990, Part                 | t IV, line 8.    |                     |                           |                            |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to r        | report in its re | evenue statement    | and balance sheet w       | orks                       |
|    | of art, historical treasures, or other similar assets held for public exhibit | tion, educatio   | on, or research in  | furtherance of public     |                            |
|    | service, provide in Part XIII the text of the footnote to its financial state | ments that de    | escribes these ite  | ms.                       |                            |
| b  | If the organization elected, as permitted under FASB ASC 958, to repo         | ort in its reven | ue statement and    | l balance sheet works     | s of                       |
|    | art, historical treasures, or other similar assets held for public exhibition | n, education,    | or research in fur  | therance of public se     | rvice,                     |
|    | provide the following amounts relating to these items:                        |                  |                     |                           |                            |
|    | (i) Revenue included on Form 990, Part VIII, line 1                           |                  |                     | \$                        |                            |
|    | (ii) Assets included in Form 990, Part X                                      |                  |                     |                           |                            |
| 2  | If the organization received or held works of art, historical treasures, or   |                  |                     | al gain, provide          |                            |
|    | the following amounts required to be reported under FASB ASC 958 re           |                  |                     |                           |                            |
| а  | Revenue included on Form 990, Part VIII, line 1                               |                  |                     | \$                        |                            |
| b  | Assets included in Form 990, Part X                                           |                  |                     | \$                        |                            |

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Schedule D (Form 990) 2022

| Sche       |                                                                                                 | ER FLORIDA             |                  |                       |               |             |                                         | 01-09               |                |                | age <b>2</b> |
|------------|-------------------------------------------------------------------------------------------------|------------------------|------------------|-----------------------|---------------|-------------|-----------------------------------------|---------------------|----------------|----------------|--------------|
| Par        | t III Organizations Maintaining C                                                               | ollections of Ar       | t, Hist          | orical Tre            | asures, c     | or Othe     | r Similar                               | <sup>•</sup> Assets | contir         | nued)          |              |
| 3          | Using the organization's acquisition, accessi                                                   | on, and other record   | s, checl         | k any of the f        | ollowing tha  | at make s   | ignificant ι                            | ise of its          |                |                |              |
|            | collection items (check all that apply):                                                        |                        |                  |                       |               |             |                                         |                     |                |                |              |
| а          | Public exhibition                                                                               | d                      |                  | Loan or exc           | hange progi   | ram         |                                         |                     |                |                |              |
| b          | Scholarly research                                                                              | е                      |                  | Other                 |               |             |                                         |                     |                |                |              |
| с          | Preservation for future generations                                                             |                        |                  |                       |               |             |                                         |                     |                |                |              |
| 4          | Provide a description of the organization's co                                                  | ollections and explair | n how th         | ney further th        | e organizati  | on's exer   | npt purpos                              | se in Part          | XIII.          |                |              |
| 5          | During the year, did the organization solicit o                                                 | r receive donations o  | of art, hi       | storical treas        | sures, or oth | er similar  | assets                                  |                     | _              |                | _            |
| _          | to be sold to raise funds rather than to be ma                                                  |                        |                  |                       |               |             |                                         |                     | Yes            |                | No           |
| Par        | t IV Escrow and Custodial Arran                                                                 |                        | ete if the       | e organizatio         | n answered    | "Yes" on    | Form 990                                | , Part IV,          | line 9, or     |                |              |
|            | reported an amount on Form 990, Pa                                                              |                        |                  |                       |               |             |                                         |                     |                |                |              |
| <b>1</b> a | Is the organization an agent, trustee, custodi                                                  |                        |                  |                       |               |             |                                         |                     | -              |                | -            |
|            | on Form 990, Part X?                                                                            |                        |                  |                       |               |             |                                         | <b>X</b>            | Yes            |                | No           |
| b          | If "Yes," explain the arrangement in Part XIII                                                  | and complete the fol   | lowing           | table:                |               |             |                                         |                     | <b>A</b>       |                |              |
|            |                                                                                                 |                        |                  |                       |               |             |                                         |                     | Amoun          |                | 1 2          |
| c          | Beginning balance                                                                               |                        |                  |                       |               |             |                                         |                     |                | <u>3,0</u>     |              |
| d          | Additions during the year                                                                       |                        |                  |                       |               |             |                                         |                     |                | 0,0            |              |
| e          | Distributions during the year                                                                   |                        |                  |                       |               |             |                                         |                     |                | 7,8<br>5,1     |              |
| T          | Ending balance                                                                                  |                        |                  |                       |               |             |                                         | V                   | Ves            | <u>, , , ,</u> | -            |
|            | Did the organization include an amount on Fe<br>If "Yes," explain the arrangement in Part XIII. |                        |                  |                       |               |             | • • • • • • • • • • • • • • • • • • • • |                     |                | X              | _ No<br>□    |
| Par        |                                                                                                 |                        |                  |                       |               |             |                                         |                     |                | - 23           |              |
|            |                                                                                                 | (a) Current year       |                  | Prior year            | (c) Two yea   |             |                                         | ears back           | (e) Four       | vears          | hack         |
| 1a         | Beginning of year balance                                                                       | (-, ,                  | (-7)             | ,                     | (-)           |             | (,                                      |                     | (-)            | ,              |              |
| h          | Contributions                                                                                   |                        |                  |                       |               |             |                                         |                     |                |                |              |
| c          | Net investment earnings, gains, and losses                                                      |                        |                  |                       |               |             |                                         |                     |                |                |              |
| b<br>b     | Grants or scholarships                                                                          |                        |                  |                       |               |             |                                         |                     |                |                |              |
| e          | Other expenditures for facilities                                                               |                        |                  |                       |               |             |                                         |                     |                |                |              |
| č          | and programs                                                                                    |                        |                  |                       |               |             |                                         |                     |                |                |              |
| f          | Administrative expenses                                                                         |                        |                  |                       |               |             |                                         |                     |                |                |              |
| g          | End of year balance                                                                             |                        |                  |                       |               |             |                                         |                     |                |                |              |
| 2          | Provide the estimated percentage of the curr                                                    | ent vear end balance   | e (line 1        | a. column (a)         | ) held as:    |             |                                         |                     |                |                |              |
| a          | Board designated or quasi-endowment                                                             | •                      | %                | 3,                    | ,             |             |                                         |                     |                |                |              |
| b          | Permanent endowment                                                                             | %                      | _                |                       |               |             |                                         |                     |                |                |              |
| с          | Term endowment                                                                                  | %                      |                  |                       |               |             |                                         |                     |                |                |              |
|            | The percentages on lines 2a, 2b, and 2c sho                                                     | uld equal 100%.        |                  |                       |               |             |                                         |                     |                |                |              |
| 3a         | Are there endowment funds not in the posse                                                      |                        | tion tha         | at are held ar        | id administe  | ered for th | ne                                      |                     |                |                |              |
|            | organization by:                                                                                |                        |                  |                       |               |             |                                         |                     | [              | Yes            | No           |
|            | (i) Unrelated organizations                                                                     |                        |                  |                       |               |             |                                         |                     | 3a(i)          |                |              |
|            | (ii) Related organizations                                                                      |                        |                  |                       |               |             |                                         |                     | 3a(ii)         |                |              |
| b          | If "Yes" on line 3a(ii), are the related organization                                           |                        |                  |                       |               |             |                                         |                     | 3b             |                |              |
| 4          | Describe in Part XIII the intended uses of the                                                  |                        | wment            | funds.                |               |             |                                         |                     |                |                |              |
| Par        | t VI Land, Buildings, and Equipm                                                                |                        |                  |                       |               |             |                                         |                     |                |                |              |
|            | Complete if the organization answere                                                            | d "Yes" on Form 990    | ), Part IV       | V, line 11a. S        | ee Form 99    | 0, Part X,  | line 10.                                |                     |                |                |              |
|            | Description of property                                                                         | (a) Cost or o          |                  |                       | or other      | 1           | ccumulate                               | d                   | <b>(d)</b> Boo | k valu         | е            |
|            |                                                                                                 | basis (investr         | nent)            | basis                 | (other)       | de          | preciation                              |                     |                |                |              |
| 1a         | Land                                                                                            |                        |                  |                       |               |             |                                         |                     |                |                |              |
| b          | Buildings                                                                                       |                        |                  |                       |               |             |                                         |                     |                |                |              |
| С          | Leasehold improvements                                                                          |                        |                  |                       |               |             |                                         |                     |                |                |              |
| d          | Equipment                                                                                       |                        |                  |                       |               |             |                                         |                     |                |                |              |
|            | Other                                                                                           |                        |                  |                       |               |             |                                         |                     |                |                |              |
| Tota       | . Add lines 1a through 1e. (Column (d) must e                                                   | qual Form 990, Part .  | X <u>, colur</u> | <u>mn (B), line 1</u> | 0c.)          |             |                                         |                     |                |                | 0.           |
|            |                                                                                                 |                        |                  |                       |               |             |                                         | Schedule            | D (Forn        | n <b>990</b> ) | 2022         |

| (a) Description of security or category (including name of security)                                                                                                                                                                                                                                                     | (b) Book value              | 1b. See Form 990, Part X, line 12.<br>(c) Method of valuation: Cost or end | d-of-year market value |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------|------------------------|
| 1) Financial derivatives                                                                                                                                                                                                                                                                                                 |                             |                                                                            |                        |
| 2) Closely held equity interests                                                                                                                                                                                                                                                                                         |                             |                                                                            |                        |
| 3) Other                                                                                                                                                                                                                                                                                                                 |                             |                                                                            |                        |
| (A)                                                                                                                                                                                                                                                                                                                      |                             |                                                                            |                        |
| (B)                                                                                                                                                                                                                                                                                                                      |                             |                                                                            |                        |
| (C)                                                                                                                                                                                                                                                                                                                      |                             |                                                                            |                        |
| (D)                                                                                                                                                                                                                                                                                                                      |                             |                                                                            |                        |
| (E)                                                                                                                                                                                                                                                                                                                      |                             |                                                                            |                        |
| (F)                                                                                                                                                                                                                                                                                                                      |                             |                                                                            |                        |
| (G)                                                                                                                                                                                                                                                                                                                      |                             |                                                                            |                        |
| (H)                                                                                                                                                                                                                                                                                                                      |                             |                                                                            |                        |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)                                                                                                                                                                                                                                                         |                             |                                                                            |                        |
| Part VIII Investments - Program Related.                                                                                                                                                                                                                                                                                 |                             |                                                                            |                        |
| Complete if the organization answered "Yes"                                                                                                                                                                                                                                                                              |                             |                                                                            |                        |
| (a) Description of investment                                                                                                                                                                                                                                                                                            | (b) Book value              | (c) Method of valuation: Cost or end                                       | d-of-year market value |
| (1)                                                                                                                                                                                                                                                                                                                      |                             |                                                                            |                        |
| (2)                                                                                                                                                                                                                                                                                                                      |                             |                                                                            |                        |
| (3)                                                                                                                                                                                                                                                                                                                      |                             |                                                                            |                        |
| (4)                                                                                                                                                                                                                                                                                                                      |                             |                                                                            |                        |
| (5)                                                                                                                                                                                                                                                                                                                      |                             |                                                                            |                        |
| (6)                                                                                                                                                                                                                                                                                                                      |                             |                                                                            |                        |
| (7)                                                                                                                                                                                                                                                                                                                      |                             |                                                                            |                        |
| <u>(8)</u><br>(9)                                                                                                                                                                                                                                                                                                        |                             |                                                                            |                        |
| <b>Fotal</b> . (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 1 |                                                                            |                        |
|                                                                                                                                                                                                                                                                                                                          |                             | 1d. See Form 990. Part X. line 15.                                         |                        |
|                                                                                                                                                                                                                                                                                                                          |                             | 1d. See Form 990, Part X, line 15.                                         | (b) Book value         |
| (a)                                                                                                                                                                                                                                                                                                                      | Description                 | 1d. See Form 990, Part X, line 15.                                         | (b) Book value         |
| (a)                                                                                                                                                                                                                                                                                                                      |                             | 1d. See Form 990, Part X, line 15.                                         | (b) Book value         |
| (a)<br>(1)<br>(2)                                                                                                                                                                                                                                                                                                        |                             | 1d. See Form 990, Part X, line 15.                                         | (b) Book value         |
| (a)<br>(1)<br>(2)<br>(3)                                                                                                                                                                                                                                                                                                 |                             | 1d. See Form 990, Part X, line 15.                                         | (b) Book value         |
| (a)<br>(1)<br>(2)<br>(3)<br>(4)                                                                                                                                                                                                                                                                                          |                             | 1d. See Form 990, Part X, line 15.                                         | (b) Book value         |
| (a)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)                                                                                                                                                                                                                                                                                   |                             | 1d. See Form 990, Part X, line 15.                                         | (b) Book value         |
| (a)<br>(1)<br>(2)<br>(3)<br>(4)                                                                                                                                                                                                                                                                                          |                             | 1d. See Form 990, Part X, line 15.                                         | (b) Book value         |
| (a)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)                                                                                                                                                                                                                                                                     |                             | 1d. See Form 990, Part X, line 15.                                         | (b) Book value         |
| (a)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)                                                                                                                                                                                                                                                              |                             | 1d. See Form 990, Part X, line 15.                                         | (b) Book value         |
| (a)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)                                                                                                                                                                                                                                                       | Description                 |                                                                            | (b) Book value         |
| (a)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)                                                                                                                                                                                                                                                       | Description                 |                                                                            | (b) Book value         |
| (a)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Fotal. (Column (b) must equal Form 990, Part X, col. (B) line                                                                                                                                                                                      | Description                 |                                                                            |                        |
| (a)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes"                                                                                                          | Description                 |                                                                            |                        |
| (a)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes"                                                                                                          | Description                 |                                                                            |                        |
| (a)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes"<br>1. (a) Description of liability                                                                       | Description                 |                                                                            |                        |
| (a)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes"<br>1. (a) Description of liability<br>(1) Federal income taxes                                           | Description                 |                                                                            |                        |
| (a)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes"<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2)<br>(3)                             | Description                 |                                                                            |                        |
| (a)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Fotal. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes"<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2)<br>(3)<br>(4)                      | Description                 |                                                                            |                        |
| (a)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes"<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2)<br>(3)                             | Description                 |                                                                            |                        |
| (a)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes"<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2)<br>(3)<br>(4)<br>(5)               | Description                 |                                                                            |                        |
| (a)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Total. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes"<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)        | Description                 |                                                                            |                        |
| (a)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>Fotal. (Column (b) must equal Form 990, Part X, col. (B) line<br>Part X Other Liabilities.<br>Complete if the organization answered "Yes"<br>1. (a) Description of liability<br>(1) Federal income taxes<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7) | Description                 |                                                                            |                        |

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022

|                                           | edule D (Form 990) 2022 VOLUNTEER FLORIDA FOUNDATI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                  |                             | 0973168 Page 4                                     |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------|-----------------------------|----------------------------------------------------|
| Pa                                        | rt 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                                         | Total revenue, gains, and other support per audited financial statements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                  | 1                           | 65,260,427.                                        |
| 2                                         | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                  |                             |                                                    |
| а                                         | <b>J</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                  |                             |                                                    |
| b                                         | Donated services and use of facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2b                                        |                  |                             |                                                    |
| С                                         | Recoveries of prior year grants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2c                                        |                  |                             |                                                    |
| d                                         | Other (Describe in Part XIII.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2d                                        | 845,419.         |                             |                                                    |
| е                                         | Add lines <b>2a</b> through <b>2d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                  | 2e                          | 845,419.                                           |
| 3                                         | Subtract line 2e from line 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                  | 3                           | 64,415,008.                                        |
| 4                                         | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                  |                             |                                                    |
| а                                         | Investment expenses not included on Form 990, Part VIII, line 7b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | . 4a                                      |                  |                             |                                                    |
| b                                         | Other (Describe in Part XIII.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4b                                        |                  |                             |                                                    |
| с                                         | Add lines <b>4a</b> and <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                  | 4c                          | 0.                                                 |
|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                  |                             |                                                    |
| 5                                         | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                  | 5                           | 64,415,008.                                        |
| 5<br>Pa                                   | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)<br>rt XII Reconciliation of Expenses per Audited Financial Stateme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ents With                                 | Expenses per F   |                             | 64,415,008.<br>n.                                  |
| 5<br>Pa                                   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt 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   |                             | n.                                                 |
| 5<br>Ра<br>1                              | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)<br>rt XII Reconciliation of Expenses per Audited Financial Stateme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ents With                                 | Expenses per F   |                             | 64,415,008.<br>n.<br>31,253,412.                   |
|                                           | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt 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   | Retur                       | n.                                                 |
| 1                                         | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt 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:                                                                                                                                                                                                                                                                                                                                                                                                                                   | ents With                                 | Expenses per F   | Retur                       | n.                                                 |
| 1 2                                       | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt 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                                                                                                                                                                                                                                                                                                                                                                                    | ents With                                 | Expenses per F   | Retur                       | n.                                                 |
| 1<br>2<br>a                               | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt 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                                                                                                                                                                                                                                                                                                                                                     | ents With                                 | I Expenses per F | Retur                       | n.                                                 |
| 1<br>2<br>a<br>b                          | Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         rt XII       Reconciliation of Expenses per Audited Financial Statement         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 losses                                                                                                                                                                                                                                                                                                       | ents With                                 | Expenses per F   | Retur                       | n.<br>31,253,412.                                  |
| 1<br>2<br>b<br>c<br>d                     | Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         rt 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                                                                                                                                                                                                                                                                                                                         | ents With                                 | 863,298.         | Retur                       | n.<br>31,253,412.<br>863,298.                      |
| 1<br>2<br>a<br>b<br>c<br>d                | Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         rt XII       Reconciliation of Expenses per Audited Financial Statement         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 losses in Part XIII.)                                                                                                                                                                                                                                                                                        | 2a<br>2b<br>2c<br>2d                      | 863,298.         | 1                           | n.<br>31,253,412.                                  |
| 1<br>2<br>b<br>c<br>d<br>e                | Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         rt 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<br>2b<br>2c<br>2d                      | 863,298.         | 1<br>2e                     | n.<br>31,253,412.<br>863,298.                      |
| ] 1<br>2<br>2<br>6<br>0<br>2<br>3         | Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         rt 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 losses       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 | 863,298.         | 1<br>2e                     | n.<br>31,253,412.<br>863,298.                      |
| 1<br>2<br>a<br>b<br>c<br>d<br>e<br>3<br>4 | Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         rt XII       Reconciliation of Expenses per Audited Financial Statement         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 losses         Other losses       Other statements         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 IX, line 7b                                      | ents With 2a 2b 2c 2d 4a                  | 863,298.         | 1<br>2e                     | n.<br>31,253,412.<br>863,298.                      |
| 1<br>2<br>3<br>4<br>3                     | Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         rt XII       Reconciliation of Expenses per Audited Financial Statement         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 IX, line 7b         Other (Describe in Part XIII.)       Add lines 4a and 4b | 2a           2b           2c           2d | 863,298.         | letur<br>1<br>2e<br>3<br>4c | n.<br>31,253,412.<br>863,298.<br>30,390,114.<br>0. |
| 1<br>2<br>d<br>e<br>3<br>4<br>b<br>c<br>5 | Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         rt XII       Reconciliation of Expenses per Audited Financial Statement         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 IX, line 7b         Other (Describe in Part XIII.)                 | 2a           2b           2c           2d | 863,298.         | leturi<br>1<br>2e<br>3      | n.<br>31,253,412.<br>863,298.<br>30,390,114.       |

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 IV, LINE 1B:

FLORIDA GUBERNATORIAL FELLOWS FUND - THE FOUNDATION ACTS IN AN AGENCY

CAPACITY FOR THE EXECUTIVE OFFICE OF THE GOVERNOR WHO ADMINISTERS THE

PROGRAM.

DEPARTMENT OF EMERGENCY MANAGEMENT CONTRIBUTION FUND - THE FOUNDATION ACTS

173

IN AN AGENCY CAPACITY FOR THE FLORIDA DIVISION OF EMERGENCY MANAGEMENT

("THE DIVISION"), WHERE THE FOUNDATION COLLECTS NON-CASH DONATIONS FROM

ORGANIZATIONS AND DIRECTLY REMITS THEM TO THE DIVISION FOR THEIR USE.

#### PART IV, LINE 2B:

#### SEE EXPLANATION FOR 1B.

232054 09-01-22

| Schedule D (Form 990) 2022                     |  |  | FOUNDATION, | INC | 01-0973168 | Page 5 |  |  |  |  |  |
|------------------------------------------------|--|--|-------------|-----|------------|--------|--|--|--|--|--|
| Part XIII Supplemental Information (continued) |  |  |             |     |            |        |  |  |  |  |  |
|                                                |  |  |             |     |            |        |  |  |  |  |  |
|                                                |  |  |             |     |            |        |  |  |  |  |  |
|                                                |  |  |             |     |            |        |  |  |  |  |  |

PART X, LINE 2:

WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATIONS

BY MAJOR TAX JURISDICTIONS FOR YEARS ENDED JUNE 30, 2019 AND PRIOR.

|                                        | 795 404 |
|----------------------------------------|---------|
| FDF MATCHING FUNDS                     | 785,404 |
| FIDUCIARY REVENUES                     | 60,015  |
| FOTAL TO SCHEDULE D, PART XI, LINE 2D  | 845,419 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: |         |
| PROGRAM MATCHING SERVICES              | 785,404 |
| FIDUCIARY EXPENSES                     | 77,894  |
| FOTAL TO SCHEDULE D, PART XII, LINE 2D | 863,298 |
|                                        |         |
|                                        |         |
|                                        |         |
|                                        |         |
|                                        |         |
|                                        |         |

Schedule D (Form 990) 2022

232055 09-01-22

| SCHEDULE I                                              |                   | irants and Oth                           |                                    |                                        |                                               |                                       | OMB No. 1545-0047                     |
|---------------------------------------------------------|-------------------|------------------------------------------|------------------------------------|----------------------------------------|-----------------------------------------------|---------------------------------------|---------------------------------------|
| (Form 990)                                              |                   | vernments, an<br>ete if the organization |                                    |                                        |                                               |                                       | 2022                                  |
| Department of the Treasury<br>Internal Revenue Service  | Comp              | -                                        | Attach to Form<br>.gov/Form990 for | n 990.                                 |                                               |                                       | Open to Public<br>Inspection          |
| Name of the organization                                |                   |                                          | -                                  |                                        |                                               |                                       | Employer identification number        |
|                                                         | FLORIDA 1         | FOUNDATION,                              | INC                                |                                        |                                               |                                       | 01-0973168                            |
| Part I General Information on Grants an                 | nd Assistance     |                                          |                                    |                                        |                                               |                                       |                                       |
| <b>1</b> Does the organization maintain records to      |                   | -                                        |                                    |                                        | -                                             |                                       |                                       |
| criteria used to award the grants or assis              | tance?            |                                          |                                    |                                        |                                               |                                       | Yes X No                              |
| 2 Describe in Part IV the organization's pro            |                   |                                          |                                    |                                        |                                               |                                       |                                       |
| Part II Grants and Other Assistance to I                |                   |                                          |                                    |                                        | anization answered "Y                         | es" on Form 990, Part                 | IV, line 21, for any                  |
| recipient that received more than \$                    |                   | ·                                        |                                    |                                        | (f) Method of                                 |                                       |                                       |
| 1 (a) Name and address of organization<br>or government | <b>(b)</b> EIN    | (c) IRC section<br>(if applicable)       | (d) Amount of<br>cash grant        | (e) Amount of<br>noncash<br>assistance | valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |
| ALL FATHUR FOOD DANK THO                                |                   |                                          |                                    |                                        |                                               |                                       |                                       |
| ALL FAITHS FOOD BANK, INC.<br>8171 BLAIKIE COURT        |                   |                                          |                                    |                                        |                                               |                                       |                                       |
| SARASOTA, FL 34240                                      | 65-0115814        | 501 (C) 3                                | 600,000.                           | 0.                                     |                                               |                                       | HURRICANE IAN GRANTS                  |
| SARASOIA, FL 54240                                      | 03-0113014        | 501 (C) 5                                | 000,000.                           | 0.                                     |                                               |                                       | HURRICANE IAN GRANIS                  |
| ALL HANDS AND HEARTS SMART                              |                   |                                          |                                    |                                        |                                               |                                       |                                       |
| RESPONSE - 6 COUNTY ROAD                                |                   |                                          |                                    |                                        |                                               |                                       |                                       |
| SUITE 6 - MATTAPOISETT, MA 02739                        | 20-3414952        | 501 (C) 3                                | 500,000.                           | 0.                                     |                                               |                                       | HURRICANE IAN GRANTS                  |
| ,,                                                      |                   |                                          |                                    |                                        |                                               |                                       |                                       |
| AMERICAN NATIONAL RED CROSS DBA                         |                   |                                          |                                    |                                        |                                               |                                       |                                       |
| AMERICAN RED CROSS - 431 18TH                           |                   |                                          |                                    |                                        |                                               |                                       |                                       |
| STREET NW - WASHINGTON, DC 20002                        | 53-0196605        | 501 (C) 3                                | 71,500.                            | 0.                                     |                                               |                                       | HURRICANE IAN GRANTS                  |
| ,                                                       |                   |                                          | ,                                  |                                        |                                               |                                       |                                       |
| AREA AGENCY ON AGING FOR NORTH                          |                   |                                          |                                    |                                        |                                               |                                       |                                       |
| FLORIDA, INC 2414 MAHAN DRIVE -                         |                   |                                          |                                    |                                        |                                               |                                       |                                       |
| TALLAHASSEE, FL 32308                                   | 59-1844633        | 501 (C) 3                                | 25,000.                            | ٥.                                     |                                               |                                       | HURRICANE IAN GRANTS                  |
| AREA AGENCY ON AGING FOR SOUTHWEST                      |                   |                                          |                                    |                                        |                                               |                                       |                                       |
| FLORIDA, INC 2380 WINKLER                               |                   |                                          |                                    |                                        |                                               |                                       |                                       |
| AVENUE, SUITE 112 - FORT MYERS, FL                      |                   |                                          |                                    |                                        |                                               |                                       |                                       |
| 33916                                                   | 59-1854441        | 501 (C) 3                                | 600,000.                           | 0.                                     |                                               |                                       | HURRICANE IAN GRANTS                  |
| AREA AGENCY ON AGING OF CENTRAL                         |                   |                                          |                                    |                                        |                                               |                                       |                                       |
| FLORIDA, INC. DBA SENIOR RESOURCE                       |                   |                                          |                                    |                                        |                                               |                                       |                                       |
| ALLIANCE - 3319 MAGUIRE BLVD,                           |                   |                                          |                                    |                                        |                                               |                                       |                                       |
| SUITE 100 - ORLANDO, FL 32803                           | 59-3144723        | 501 (C) 3                                | 600,000.                           | 0.                                     |                                               |                                       | HURRICANE IAN GRANTS                  |
| 2 Enter total number of section 501(c)(3) ar            | nd government org | anizations listed in the                 | e line 1 table                     |                                        |                                               |                                       | 81.                                   |
| 3 Enter total number of other organizations             |                   |                                          |                                    |                                        |                                               |                                       |                                       |

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

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|                                                                                                          |                   | FOUNDATION,                      |                                 |                                               |                                                                       |                                        | 01-09/3166 Pa                         |
|----------------------------------------------------------------------------------------------------------|-------------------|----------------------------------|---------------------------------|-----------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|---------------------------------------|
| Part II Continuation of Grants and Other A                                                               | Assistance to Dor | mestic Organizations             | and Domestic Go                 | vernments (Sche                               | edule I (Form 990), Pa                                                | irt II.)<br>T                          | 1                                     |
| (a) Name and address of organization or government                                                       | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| SOT OF THE FLORIDA ANNUAL                                                                                |                   |                                  |                                 |                                               |                                                                       |                                        |                                       |
| CONFERENCE OF THE UNITED METHODIST                                                                       |                   |                                  |                                 |                                               |                                                                       |                                        |                                       |
| CHURCH - 450 MARTIN LUTHER KING JR                                                                       |                   |                                  |                                 |                                               |                                                                       |                                        |                                       |
| AVENUE - LAKELAND, FL 33815                                                                              | 59-0904361        | 501 (C) 3                        | 500,000.                        | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| BRIDGE A LIFE                                                                                            |                   |                                  |                                 |                                               |                                                                       |                                        |                                       |
| 9015 TOWN CENTER PARKWAY, UNIT 126                                                                       |                   |                                  |                                 |                                               |                                                                       |                                        |                                       |
| BRADENTON, FL 34202                                                                                      | 46-2391027        | 501 (C) 3                        | 600,000.                        | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| CAMELOT COMMUNITY CARE, INC. DBA<br>CHILDREN'S NETWORK OF SOUTHWEST<br>FLORIDA, I - 2232 ALTAMONT AVENUE |                   |                                  |                                 |                                               |                                                                       |                                        |                                       |
| - FORT MYERS, FL 33901                                                                                   | 31-1659302        | 501 (C) 3                        | 600,000.                        | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| CATHOLIC CHARITIES DIOCESE OF<br>VENICE, INC. – 1000 PINEBROOK ROAD<br>– VENICE, FL 34285                | 59-2473176        | 501 (C) 3                        | 100,000.                        | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| CATHOLIC CHARITIES OF FLORIDA,<br>INC 201 WEST PARK AVENUE -                                             | FF 00001FF        |                                  | =1 =00                          |                                               |                                                                       |                                        |                                       |
| TALLAHASSEE, FL 32301                                                                                    | 55-0900157        | 501 (C) 3                        | 71,500.                         | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| CATHOLIC CHARITIES OF THE<br>ARCHDIOCESE OF MIAMI, INC. – 1505<br>NE 26TH STREET – WILTON MANORS, FL     |                   |                                  |                                 |                                               |                                                                       |                                        |                                       |
| 33305                                                                                                    | 59-1279497        | 501 (C) 3                        | 1,033,313.                      | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| CHARLOTTE COMMUNITY FOUNDATION<br>227 SULLIVAN STREET                                                    |                   |                                  |                                 |                                               |                                                                       |                                        |                                       |
| PUNTA GORDA, FL 33950                                                                                    | 65-0455319        | 501 (C) 3                        | 125,000.                        | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| CHARLOTTE LOCAL EDUCATION<br>FOUNDATION, INC 18150 MURDOCK                                               |                   |                                  |                                 |                                               |                                                                       |                                        |                                       |
| CIRCLE - PORT CHARLOTTE, FL 33948                                                                        | 59-2592844        | 501 (C) 3                        | 350,000.                        | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| COMMUNITIES OF EVERGLADES DISASTER<br>RECOVERY, INC. – PO BOX 166 –                                      |                   |                                  |                                 |                                               |                                                                       |                                        |                                       |
| EVERGLADES CITY, FL 34139                                                                                | 84-1929685        | 501 (C) 3                        | 100,000.                        | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |

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| Part III       Continuation of Cants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule II/cm 300, Part II).       (d) Name and address of organizations and Dimestic Governments. (Schedule II/cm 300, Part II).         (d) Name and address of organizations and Dimestic Governments. (Schedule II/cm 300, Part II).       (e) Purpose of grant organizations and Dimestic Governments. (Schedule II/cm 300, Part II).         (d) Nome and address of organizations and Dimestic Governments. (Schedule II/cm 300, Part II).       (f) Method of provise Name. (f) Method (f) appricial, other)       (f) Method of provise Name. (f) Method (f) (f) Description of organizations (f) Method (f) provise Name. (f) Method (f) (f) (f) (f)                                                                                                                                                                                                                                                          | Schedule I (Form 990) VOLUNTEER          | . FLORIDA I       | FOUNDATION,          | INC             |                 |                          | l       | 11-09/3108 Page      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------|----------------------|-----------------|-----------------|--------------------------|---------|----------------------|
| organization or government if applicable cash grant noncash assistance or assistance o                                                                                                                         | Part II Continuation of Grants and Other | Assistance to Dor | nestic Organizations | and Domestic Go | vernments (Sche | edule I (Form 990), Pa   | rt II.) | 1                    |
| COUNTY DAA COLLER COMMUNITY<br>POUNDATION - 1110 FINE RIDGE ROAD,<br>SUITE 200 - NAPLES, FL 34108         59-2396243 501 (C) 3         125,000.         0.         NURRICANE IAN GRANTS           COMMUNITY LEGAL SERVICES OF<br>IND-FLORIDA, DR 122 E.<br>COLONIAL DRIVE, SUITE 200 -<br>SELANDO, FL 32801         59-1156260 501 (C) 3         600,000.         0.         NURRICANE IAN GRANTS           DESOND COUNTY CHANNER OF COMMERCE<br>SUITE 100 - NAPLES, PL 34266         87-3851057 501 (C) 3         600,000.         0.         NURRICANE IAN GRANTS           DESOND COUNTY CHANNER OF COMMERCE<br>SUITE 100 - NAPLES, PL 34266         87-3851057 501 (C) 3         100,000.         0.         NURRICANE IAN GRANTS           DESOND COUNTY CHANNER<br>FORDATION, INC 122 E OAX         87-3851057 501 (C) 3         100,000.         0.         NURRICANE IAN GRANTS           DESOND COUNTY EDUCATION<br>FOUNDATION, INC 124 E OAX         87-3851057 501 (C) 3         375,000.         0.         NURRICANE IAN GRANTS           EDUCATION FOUNDATION OF COLLER<br>COUNTY - 1560 ENTERPRISE AVENUE,<br>SUITE 10 - NARLES, PL 34104         65-0230582 501 (C) 3         500,000.         0.         NURRICANE IAN GRANTS           EDUCATION FOUNDATION OF SARAGOTA<br>COUNTY - 1560 LANDING BUVD.,<br>SUITE 10 - SARASOTA,<br>COUNTY - 1560 LANDING BUVD.,<br>SUITE 12 - SARASOTA, FL 34231         59-2320858 501 (C) 3         550,000.         0.         NURRICANE IAN GRANTS           EDUCATION FOUNDATION OF SARASOTA<br>COUNTY - 1560 LANDING BUVD.,<br>SUITE 12 - SARASOTA, FL 34231                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          | <b>(b)</b> EIN    |                      |                 | noncash         | valuation<br>(book, FMV, |         |                      |
| OUNDATION - 1110 PITE RIDGE ROAD,<br>UITE 200 NAPLES, PL 34108         59-2336243         501 (C) 3         125,000.         0.         HURRICAME IAN GRANTS           OWNNITY LEASL SERVICES OF<br>LO FLORIDA, TNC 122 E.<br>CONTANT DRVK, SUTTE 200 -<br>RLANDO, FL 32801         59-136260 501 (C) 3         600,000.         0.         HURRICAME IAN GRANTS           BESOTO COUNTY CHANGER OF COMMERCE<br>OWNARTION, INC 222 E 0AK<br>TREET - ARCADIA, FL 34266         87-3851057 501 (C) 3         100,000.         0.         HURRICAME IAN GRANTS           BESOTO COUNTY CHANGER OF COMMERCE<br>OWNARTION, INC 222 E 0AK<br>TREET - ARCADIA, FL 34266         87-3851057 501 (C) 3         100,000.         0.         HURRICAME IAN GRANTS           BESOTO COUNTY EDUCATION<br>OWNARTON, INC PO BOX 1903 -<br>RCADIA, FL 34265         59-3433706 501 (C) 3         375,000.         0.         HURRICAME IAN GRANTS           DUCATION FOUNDATION OF COLLIER<br>OWNY - 1360 LANDINGS ELVD.,<br>UITE 150 NAPLES, FL 34104         65-0230582 501 (C) 3         600,000.         0.         HURRICAME IAN GRANTS           DUCATION FOUNDATION OF SARASOTA<br>OWNY - 1350 LANDINGS ELVD.,<br>UITE 150 NAPLES, FL 34231         59-2320858 501 (C) 3         550,000.         0.         HURRICAME IAN GRANTS           DUCATION FOUNDATION OF SARASOTA<br>OWNY - 1350 LANDINGS ELVD.,<br>UITE 120 - SARASOTA, FL 34231         59-2320858 501 (C) 3         550,000.         0.         HURRICAME IAN GRANTS           DUCATION FOUNDATION OF DRABADTA<br>OWNYY - 1350 LANDINGS ELVD.,<br>UITE 120 - SARASOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OMMUNITY FOUNDATION OF COLLIER           |                   |                      |                 |                 |                          |         |                      |
| NUTRE 200 - NAPLES, FL 34108 59-2396243 501 (C) 3 125,000. 0. HURRICANE IAN GRANTS<br>DOMINITY LEGAL SERVICES OF<br>DOMINATION, FLC 122 R.<br>DIGUNAL DELVE, SUTTE 200 -<br>DELANDO, FL 32801 59 - 1156260 501 (C) 3 600,000. 0. HURRICANE IAN GRANTS<br>DESOTO COUNTY CHAMBER OF COMMERCE<br>STREET - ARCADIA, FL 34266 87 - 3851057 501 (C) 3 100,000. 0. HURRICANE IAN GRANTS<br>DESOTO COUNTY EDUCATION<br>DOUNDATION, INC 22 B CAR<br>STREET - ARCADIA, FL 34266 87 - 3851057 501 (C) 3 100,000. 0. HURRICANE IAN GRANTS<br>DESOTO COUNTY EDUCATION<br>DOUNDATION, INC 20 BOX 1903 -<br>RECADIA, FL 34265 59 - 3433706 501 (C) 3 375,000. 0. HURRICANE IAN GRANTS<br>DESOTO COUNTY EDUCATION<br>DOUNDATION OF COLLIER<br>DUCATION FOUNDATION OF COLLIER<br>DUCATION FOUNDATION OF COLLIER<br>DUCATION FOUNDATION OF SARASOTA<br>DUTTE 150 - NAPLES, FL 34104 65 - 0230582 501 (C) 3 550,000. 0. HURRICANE IAN GRANTS<br>DESOLUTION FOUNDATION OF SARASOTA<br>DUCATION FOUNDATION OF SARASOTA<br>DUCATION FOUNDATION OF SARASOTA<br>DUCATION FOUNDATION OF THE<br>HURRICANE IAN GRANTS<br>DUCATION FOUNDATION OF THE<br>HURRICANE IAN GRANTS<br>HURRICANE IAN GRANTS<br>HURRICANE IAN GRANTS<br>HURRICANE IAN GRANTS<br>HURRICANE IAN GRANTS<br>HURRICANE IAN GRANTS<br>HURRICANE IAN GRANTS | COUNTY DBA COLLIER COMMUNITY             |                   |                      |                 |                 |                          |         |                      |
| COMMUNITY LEGAL SERVICES OF<br>HID FLORIDA, INC 122 E.<br>OUNDAILD RIVE, SUTE 200 -<br>SELANDO, FL 32801         59-1156260         501 (C) 3         600,000.         0.           DESON COUNTY CHAMBER OF COMMERCE<br>OUNDATION, INC 222 B OAK         87-3851057         501 (C) 3         100,000.         0.           VERTICANE IAN GRANTS         BESON COUNTY CHAMBER OF COMMERCE<br>OUNDATION, INC 222 B OAK         87-3851057         501 (C) 3         100,000.         0.           VERTEET - ARCADIA, FL 34266         87-3851057         501 (C) 3         100,000.         0.         HURRICANE IAN GRANTS           DESOND COUNTY EDUCATION<br>YOUNDATION, INC PO BOX 1903 -<br>IRCADIA, FL 34265         59-3433706         501 (C) 3         375,000.         0.         HURRICANE IAN GRANTS           DEDUCATION FOUNDATION OF COLLIER<br>JOUNTY - 1560 ENTERPTES REAVENDE,<br>JUITE 150 - NAPLES, FL 34104         65-0230582         501 (C) 3         600,000.         0.         HURRICANE IAN GRANTS           DEDUCATION FOUNDATION OF SARASOTA<br>JUITE 120 - SARASOTA, FL 34231         59-2320858         501 (C) 3         550,000.         0.         HURRICANE IAN GRANTS           EDUCATION FOUNDATION OF THE<br>LOCIDA RESTAURANTS & LOPOSING<br>ISCOLATION, INC PO BOX 1779 -<br>SHLAHASSEE, FL 32302         59-6194391         501 (C) 3         500,000.         0.         HURRICANE IAN GRANTS           YMILY ENDERVORS, INC.<br>333 DE ZAVALA ROAD<br>IAN ANTONIO, TX 78249         23-7223078                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FOUNDATION - 1110 PINE RIDGE ROAD,       |                   |                      |                 |                 |                          |         |                      |
| HD-FLORIDA, INC 122 E.       59-1156260       501 (C) 3       600,000.       0.       HURRICANE IAN GRANTS         VEXADD, FL 3201       59-1156260       501 (C) 3       600,000.       0.       HURRICANE IAN GRANTS         VESOTO COUNTY CHAMBER OF COMMERCE<br>OUNDATION, INC 222 E GAR       87-3851057       501 (C) 3       100,000.       0.       HURRICANE IAN GRANTS         VESOTO COUNTY EDUCATION<br>OUNDATION, INC 70 BOX 1903<br>IRCADLA, FL 34265       87-3851057       501 (C) 3       375,000.       0.       HURRICANE IAN GRANTS         DEUCATION<br>OUNDATION, FOUNDATION OF COLLIER<br>COUNTY - 360 ENTERPRISE AVENUE,<br>ULTE 150 - NAFLES, FL 34104       59-2320582       501 (C) 3       600,000.       0.       HURRICANE IAN GRANTS         DEUCATION FOUNDATION OF SARASOTA<br>COUNTY - 1560 LANDINGS BL/D.,<br>ULTE 120 - SARASOTA, FL 34231       59-2320585       501 (C) 3       500,000.       0.       HURRICANE IAN GRANTS         DEUCATION FOUNDATION OF SARASOTA<br>COUNTY - 1560 LANDINGS BL/D.,<br>ULTE 120 - SARASOTA, FL 34231       59-2320585       501 (C) 3       550,000.       0.       HURRICANE IAN GRANTS         DEUCATION FOUNDATION OF THE<br>LORIDA RESTAURANTS & LOBGING<br>SOCIATION, INC PO BOX 1779 -<br>SP-6194391       501 (C) 3       500,000.       0.       HURRICANE IAN GRANTS         ANA INFOND, TX 78249       23-7223078       501 (C) 3       784,655.       0.       HURRICANE IAN GRANTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UITE 200 - NAPLES, FL 34108              | 59-2396243        | 501 (C) 3            | 125,000.        | Ο.              |                          |         | HURRICANE IAN GRANTS |
| DOLONIAL DRIVE, SUTTE 200 -<br>RLANDO, FL 32801         59-1156260         S01 (C) 3         600,000.         0.         HURRICANE IAN GRANTS           VESOTO COUNTY CHAMBER OF COMMERCE<br>OUNDATION, INC 222 E 0AK         87-3851057         501 (C) 3         100,000.         0.         HURRICANE IAN GRANTS           VESOTO COUNTY CHAMBER OF COMMERCE<br>OUNDATION, INC 22 E 0AK         87-3851057         501 (C) 3         100,000.         0.         HURRICANE IAN GRANTS           VESOTO COUNTY EDUCATION<br>OUNDATION, INC PO EOX 1903 -<br>RCADIA, FL 34265         59-3433706         501 (C) 3         375,000.         0.         HURRICANE IAN GRANTS           DUCATION FOUNDATION OF COLLER<br>OUNTY 1 3606 ENTERFISE AVENUE,<br>UITE 150 - NAPLES, FL 34104         65-0230582         501 (C) 3         600,000.         0.         HURRICANE IAN GRANTS           DUCATION FOUNDATION OF SARASOTA<br>OUNTY - 1860 IANDINGS ENTERFISE AVENUE,<br>UITE 120 - SARASOTA, FL 34231         59-2320858         501 (C) 3         550,000.         0.         HURRICANE IAN GRANTS           DUCATION FOUNDATION OF THE<br>LORIDA RESERVENTS         59-2320858         501 (C) 3         550,000.         0.         HURRICANE IAN GRANTS           NUTHE 120 - SARASOTA, FL 34231         59-2320858         501 (C) 3         500,000.         0.         HURRICANE IAN GRANTS           DUCATION FOUNDATION OF THE<br>LORIDA RESERVENTES THEE         59-6194391         501 (C) 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | COMMUNITY LEGAL SERVICES OF              |                   |                      |                 |                 |                          |         |                      |
| RLANDO, FL 32801       59-1156260       501 (c) 3       600,000.       0.       HURRICANE IAN GRANTS         ESOTO COUNTY CHAMBER OF COMMERCE<br>OUNDATION, INC 222 E OAK       87-3851057       501 (c) 3       100,000.       0.       HURRICANE IAN GRANTS         SSOTO COUNTY CHAMBER OF COMMERCE<br>OUNDATION, INC 222 E OAK       87-3851057       501 (c) 3       100,000.       0.       HURRICANE IAN GRANTS         SSOTO COUNTY EDUCATION<br>OUNDATION, INC PO BOX 1903 -<br>RCADIA, FL 34265       59-3433706       501 (c) 3       375,000.       0.       HURRICANE IAN GRANTS         DUCATION FOUNDATION OF COLLIER<br>OUNTY - 3606 ENFERENSE AVENUE,<br>UITE 150 - NAPLES, FL 34104       65-0230582       501 (c) 3       600,000.       0.       HURRICANE IAN GRANTS         DUCATION FOUNDATION OF SARASOTA<br>OUNTY - 1960 LANDINGS BLVD.,<br>UITE 120 - SARASOTA, PL 34231       59-2320858       501 (c) 3       550,000.       0.       HURRICANE IAN GRANTS         DUCATION FOUNDATION OF THE<br>LOCIDA FOUNDATION OF THE<br>LOCIDA FOUNDATION OF THE<br>LOCIDA FOUNDATION OF THE<br>LAILARASEE, FL 3202       59-6194391 501 (c) 3       500,000.       0.       HURRICANE IAN GRANTS         ANALYCHIC, INC.       59-6194391 501 (c) 3       784,655.       0.       HURRICANE IAN GRANTS         BEDING FLORIDA, INC.       433 MARTER STREET       501 (c) 3       784,655.       0.       HURRICANE IAN GRANTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID-FLORIDA, INC 122 E.                   |                   |                      |                 |                 |                          |         |                      |
| ESOTO COUNTY CHAMBER OF COMMERCE<br>OUNDATION, INC 222 E OAK<br>TREET - ARCADIA, FL 34266         B7-3851057 501 (c) 3         100,000.         0.           BESOTO COUNTY EDUCATION<br>OUNDATION, INC PO BOX 1903 -<br>RCADIA, FL 34265         59-3433706 501 (c) 3         375,000.         0.         HURRICANE IAN GRANTS           DUCATION FOUNDATION OF COLLIER<br>OUNTY - 3606 ENTERFRISE AVENUE,<br>UITE 150 - NAPLES, FL 34104         65-0230582 501 (c) 3         600,000.         0.         HURRICANE IAN GRANTS           DUCATION FOUNDATION OF SARASOTA<br>OUNTY - 1360 LANDINGS BLVD.,<br>UITE 120 - SARASOTA, FL 34231         59-2320858 501 (c) 3         550,000.         0.         HURRICANE IAN GRANTS           DUCATION FOUNDATION OF BARASOTA<br>OUNTY - 1360 LANDINGS BLVD.,<br>UITE 120 - SARASOTA, FL 34231         59-2320858 501 (c) 3         550,000.         0.         HURRICANE IAN GRANTS           DUCATION FOUNDATION OF DATION OF THE<br>LORIDA RESTAURANTS & LOOING<br>SSOCIATION, INC PO BOX 1779 -<br>ALLAHASSEE, FL 3202         59-6194391 501 (c) 3         500,000.         0.         HURRICANE IAN GRANTS           AMILY ENDEAVORS, INC.<br>363 DE ZAVALA ROAD<br>AN ANTONIO, TX 78249         23-7223078 501 (c) 3         784,655.         0.         HURRICANE IAN GRANTS           EEDING FLORIDA, INC.<br>433 MARTENT STREET         23-7223078 501 (c) 3         784,655.         0.         HURRICANE IAN GRANTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OLONIAL DRIVE, SUITE 200 -               |                   |                      |                 |                 |                          |         |                      |
| DOUNDATION, INC 222 E OAK<br>STREET - ARCADIA, FL 34266B7-3851057 501 (C) 3100,000.0.HURRICANE IAN GRANTSDESOTO COUNTY EDUCATION<br>NOUNDATION, INC FO BOX 1903<br>IRCADIA, FL 3426559-3433706 501 (C) 3375,000.0.HURRICANE IAN GRANTSEDUCATION FOUNDATION OF COLLIER<br>SOUNTY - 3606 ENTERFRISE AVENUE,<br>SUITE 150 - NAPLES, FL 3410455-0230582 501 (C) 3600,000.0.HURRICANE IAN GRANTSEDUCATION FOUNDATION OF SARASOTA<br>SOUNTY - 1960 LANDINGS BLVD,<br>EDUCATION FOUNDATION OF SARASOTA<br>SOUNTY - 1960 LANDINGS BLVD,<br>EDUCATION FOUNDATION OF THE<br>LORIDA RESTAURANTS & LODGING<br>ISSOCIATION, INC FO BOX 1779 -<br>SALLAHASEE, FL 3320259-2320858 501 (C) 3550,000.0.PAMILY ENDEAVORS, INC.<br>3633 DE ZAVALA ROAD<br>AN ANTONIO, TX 7824923-7223078 501 (C) 3784,655.0.HURRICANE IAN GRANTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RLANDO, FL 32801                         | 59-1156260        | 501 (C) 3            | 600,000.        | 0.              |                          |         | HURRICANE IAN GRANTS |
| STREET - ARCADIA, FL 34266         87-3851057         501 (C) 3         100,000.         0.         HURRICAME IAN GRANTS           DESOTO COUNTY EDUCATION<br>FOUNDATION, INC PO BOX 1903 -<br>ARCADIA, FL 34265         59-3433706         501 (C) 3         375,000.         0.         HURRICAME IAN GRANTS           EDUCATION FOUNDATION OF COLLIER<br>COUNTY - 3606 ENTERPRISE AVENUE,<br>SUITE 150 - NAPLES, PL 34104         65-0230582         501 (C) 3         600,000.         0.         HURRICAME IAN GRANTS           EDUCATION FOUNDATION OF SARASOTA<br>COUNTY - 1960 LANDINGS BLVD.,<br>SUITE 120 - SARASOTA, FL 34231         59-2320858         501 (C) 3         550,000.         0.         HURRICAME IAN GRANTS           EDUCATION FOUNDATION OF THE<br>FLORIDA RESTAURANTS & LODGING<br>ASSOCIATION, INC PO BOX 1779 -<br>FAILLAHASEE, FL 32202         59-6194391         501 (C) 3         500,000.         0.         HURRICAME IAN GRANTS           YAMILY ENDEAVORS, INC.<br>SSAS ADATION, INC.<br>HURRICANE IAN GRANTS         501 (C) 3         500,000.         0.         HURRICAME IAN GRANTS           YEEDING FLORIDA, INC.<br>HURS FURCEDA         23-7223078         501 (C) 3         784,655.         0.         HURRICAME IAN GRANTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |                   |                      |                 |                 |                          |         |                      |
| NOUNDATION, INC PO BOX 1903 -<br>IRCADIA, FL 3426559-3433706501 (c) 3375,000.0.HURRICANE IAN GRANTSREDUCATION FOUNDATION OF COLLIER<br>NOUNTY - 3606 ENTERPRISE AVENUE,<br>NUITE 150 - NAPLES, FL 3410465-0230582501 (c) 3600,000.0.HURRICANE IAN GRANTSREDUCATION FOUNDATION OF SARASOTA<br>NOUNTY - 1960 LANDINGS BLVD.,<br>NUITE 120 - SARASOTA, FL 3423159-2320858501 (c) 3550,000.0.HURRICANE IAN GRANTSREDUCATION FOUNDATION OF SARASOTA<br>NOUNTY - 1960 LANDINGS BLVD.,<br>NUITE 120 - SARASOTA, FL 3423159-2320858501 (c) 3550,000.0.HURRICANE IAN GRANTSREDUCATION FOUNDATION OF THE<br>LORDIA RESTRUEATING & LOBGING<br>ASSOCIATION, INC PO BOX 1779 -<br>VALLAHASSEE, FL 320259-6194391501 (c) 3500,000.0.HURRICANE IAN GRANTSAMILY ENDEAVORS, INC.<br>36363 DE ZAVALA ROAD<br>HAN ANTONIO, TX 7824923-7223078501 (c) 3784,655.0.HURRICANE IAN GRANTSVEEDING FLORIDA, INC.<br>493 MARKET STREETLLLLHURRICANE IAN GRANTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ,                                        | 87-3851057        | 501 (C) 3            | 100,000.        | 0.              |                          |         | HURRICANE IAN GRANTS |
| EDUCATION FOUNDATION OF COLLIER<br>COUNTY - 3606 ENTERPRISE AVENUE,<br>SUITE 150 - NAPLES, FL 34104 65-0230582 501 (C) 3 600,000. 0.<br>HURRICANE IAN GRANTS<br>EDUCATION FOUNDATION OF SARASOTA<br>COUNTY - 1960 LANDINGS BLUD.,<br>SUITE 120 - SARASOTA, FL 34231 59-2320858 501 (C) 3 550,000. 0.<br>HURRICANE IAN GRANTS<br>EDUCATION FOUNDATION OF THE<br>FLORIDA RESTAURANTS & LODGING<br>ASSOCIATION, INC FO BOX 1779 -<br>TALLAHASSEE, FL 32302 59-6194391 501 (C) 3 500,000. 0.<br>HURRICANE IAN GRANTS<br>FAMILY ENDEAVORS, INC.<br>6363 DE ZAVALA ROAD<br>SAN ANTONIO, TX 78249 23-7223078 501 (C) 3 784,655. 0.<br>HURRICANE IAN GRANTS<br>FEEDING FLORIDA, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FOUNDATION, INC PO BOX 1903 -            | 59-3433706        | 501 (C) 3            | 375,000.        | 0.              |                          |         | HURRICANE IAN GRANTS |
| OUNTY - 3606 ENTERPRISE AVENUE,<br>UITE 150 - NAPLES, FL 3410465-0230582501 (C) 3600,000.0.HURRICANE IAN GRANTSDUCATION FOUNDATION OF SARASOTA<br>OUNTY - 1960 LANDINGS BLVD.,<br>UITE 120 - SARASOTA, FL 3423159-2320858501 (C) 3550,000.0.HURRICANE IAN GRANTSDUCATION FOUNDATION OF THE<br>LOCIDA FOUNDATION OF THE<br>LORIDA RESTAURANTS & LODGING<br>SSOCIATION, INC PO BOX 1779 -<br>ALLAHASSEE, FL 3230259-6194391501 (C) 3500,000.0.HURRICANE IAN GRANTSAMILY ENDEAVORS, INC.<br>363 DE ZAVALA ROAD<br>AN ANTONIO, TX 7824923-7223078501 (C) 3784,655.0.HURRICANE IAN GRANTSEEDING FLORIDA, INC.<br>493 MARKET STREETLotLotLotHURRICANE IAN GRANTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ,,                                       |                   |                      | ,               |                 |                          |         |                      |
| SUITE 150 - NAPLES, FL 34104       65-0230582       501 (C) 3       600,000.       0.       HURRICANE IAN GRANTS         EDUCATION FOUNDATION OF SARASOTA<br>COUNTY - 1960 LANDINGS BLVD.,<br>SUITE 120 - SARASOTA, FL 34231       59-2320858       501 (C) 3       550,000.       0.       HURRICANE IAN GRANTS         SEDUCATION FOUNDATION OF THE<br>LORIDA RESTAURANTS & LODGING<br>ASSOCIATION, INC PO BOX 1779 -<br>TALLAHASSEE, FL 32302       59-6194391       501 (C) 3       500,000.       0.       HURRICANE IAN GRANTS         VAMILY ENDEAVORS, INC.<br>36363 DE ZAVALA ROAD<br>SAN ANTONIO, TX 78249       23-7223078       501 (C) 3       784,655.       0.       HURRICANE IAN GRANTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | EDUCATION FOUNDATION OF COLLIER          |                   |                      |                 |                 |                          |         |                      |
| SUITE 150 - NAPLES, FL 34104       65-0230582       501 (C) 3       600,000.       0.       HURRICANE IAN GRANTS         EDUCATION FOUNDATION OF SARASOTA<br>SOUNTY - 1960 LANDINGS BLVD.,<br>SUITE 120 - SARASOTA, FL 34231       59-2320858       501 (C) 3       550,000.       0.       HURRICANE IAN GRANTS         EDUCATION FOUNDATION OF THE<br>LOCIDIA FESTAURANTS & LODGING<br>ASSOCIATION, INC PO BOX 1779 -<br>YALLAHASSEE, FL 32302       59-6194391       501 (C) 3       500,000.       0.       HURRICANE IAN GRANTS         AMILY ENDEAVORS, INC.<br>36363 DE ZAVALA ROAD<br>HAN ANTONIO, TX 78249       23-7223078       501 (C) 3       784,655.       0.       HURRICANE IAN GRANTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COUNTY - 3606 ENTERPRISE AVENUE,         |                   |                      |                 |                 |                          |         |                      |
| SOUNTY - 1960 LANDINGS BLVD.,<br>SUITE 120 - SARASOTA, FL 3423159-2320858501 (C) 3550,000.0.HURRICANE IAN GRANTSSUDUCATION FOUNDATION OF THE<br>VICRIDA RESTAURANTS & LODGING<br>ASSOCIATION, INC PO BOX 1779 -<br>VALLAHASSEE, FL 3230259-6194391501 (C) 3500,000.0.HURRICANE IAN GRANTSYAMILY ENDEAVORS, INC.<br>363 DE ZAVALA ROAD<br>KAN ANTONIO, TX 7824923-7223078501 (C) 3784,655.0.HURRICANE IAN GRANTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ,                                        | 65-0230582        | 501 (C) 3            | 600,000.        | 0.              |                          |         | HURRICANE IAN GRANTS |
| EDUCATION FOUNDATION OF THE<br>FLORIDA RESTAURANTS & LODGING<br>ASSOCIATION, INC PO BOX 1779 -<br>FALLAHASSEE, FL 32302 59-6194391 501 (C) 3 500,000. 0.<br>HURRICANE IAN GRANTS<br>FAMILY ENDEAVORS, INC.<br>5363 DE ZAVALA ROAD<br>SAN ANTONIO, TX 78249 23-7223078 501 (C) 3 784,655. 0.<br>HURRICANE IAN GRANTS<br>FEEDING FLORIDA, INC.<br>493 MARKET STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                   |                      |                 |                 |                          |         |                      |
| LORIDA RESTAURANTS & LODGING<br>SSOCIATION, INC PO BOX 1779 -<br>ALLAHASSEE, FL 32302 59-6194391 501 (C) 3 500,000. 0. HURRICANE IAN GRANTS<br>AMILY ENDEAVORS, INC.<br>363 DE ZAVALA ROAD<br>AN ANTONIO, TX 78249 23-7223078 501 (C) 3 784,655. 0. HURRICANE IAN GRANTS<br>EEDING FLORIDA, INC.<br>493 MARKET STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | UITE 120 - SARASOTA, FL 34231            | 59-2320858        | 501 (C) 3            | 550,000.        | 0.              |                          |         | HURRICANE IAN GRANTS |
| VALLAHASSEE, FL 3230259-6194391501 (C) 3500,000.0.HURRICANE IAN GRANTSVAMILY ENDEAVORS, INC.<br>363 DE ZAVALA ROAD<br>SAN ANTONIO, TX 7824923-7223078501 (C) 3784,655.0.HURRICANE IAN GRANTSVEEDING FLORIDA, INC.<br>493 MARKET STREETVALUAR COMPARING<br>VALUAR COMPARINGVALUAR COMPARING<br>VALUAR COMPARINGVALUAR COMPARING<br>VALUAR COMPARINGVALUAR COMPARING<br>VALUAR COMPARINGVALUAR COMPARING<br>VALUAR COMPARINGVALUAR COMPARING<br>VALUAR COMPARINGVALUAR COMPARING<br>VALUAR COMPARING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LORIDA RESTAURANTS & LODGING             |                   |                      |                 |                 |                          |         |                      |
| 363 DE ZAVALA ROAD       23-7223078       501 (C) 3       784,655.       0.       HURRICANE IAN GRANTS         AN ANTONIO, TX 78249       23-7223078       501 (C) 3       784,655.       0.       HURRICANE IAN GRANTS         EEDING FLORIDA, INC.       493 MARKET STREET       Image: Constraint of the state of                                                                                                                                                                                                                                                                                                                        | •                                        | 59-6194391        | 501 (C) 3            | 500,000.        | 0.              |                          |         | HURRICANE IAN GRANTS |
| 363 DE ZAVALA ROAD       23-7223078       501 (C) 3       784,655.       0.       HURRICANE IAN GRANTS         AN ANTONIO, TX 78249       23-7223078       501 (C) 3       784,655.       0.       HURRICANE IAN GRANTS         EEDING FLORIDA, INC.       493 MARKET STREET       Image: Constraint of the street of the s                                                                                                                                                                                                                                                                                                                        |                                          |                   |                      |                 |                 |                          |         |                      |
| AN ANTONIO, TX 78249       23-7223078       501 (C) 3       784,655.       0.       HURRICANE IAN GRANTS         PEEDING FLORIDA, INC.       493 MARKET STREET       Image: Constraint of the state o                                                                                                                                                                                                                                                 | AMILY ENDEAVORS, INC.                    |                   |                      |                 |                 |                          |         |                      |
| EEDING FLORIDA, INC.<br>493 MARKET STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 363 DE ZAVALA ROAD                       |                   |                      |                 |                 |                          |         |                      |
| 493 MARKET STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AN ANTONIO, TX 78249                     | 23-7223078        | 501 (C) 3            | 784,655.        | ٥.              |                          |         | HURRICANE IAN GRANTS |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |                   |                      |                 |                 |                          |         |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ALLAHASSEE, FL 32312                     | 65-0467165        | 501 (C) 3            | 671,500.        | 0.              |                          |         | HURRICANE IAN GRANTS |

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| Schedule I (Form 990) VOLUNIEER                          | . FLORIDA I       | FOUNDATION,                      | INC                      |                                               |                                                                       | L L                                    | 01-09/3100 Pag                        |
|----------------------------------------------------------|-------------------|----------------------------------|--------------------------|-----------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|---------------------------------------|
| Part II Continuation of Grants and Other                 | Assistance to Dor | mestic Organizations             | and Domestic Go          | overnments (Sche                              | edule I (Form 990), Pa                                                | rt II.)                                | 1                                     |
| (a) Name and address of organization or government       | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| EEDING SOUTH FLORIDA                                     |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| 2501 SW 32 TERRACE                                       |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| PEMBROKE PINES, FL 33023-7707                            | 59-2097520        | 501 (C) 3                        | 175,000.                 | 0.                                            |                                                                       |                                        | BROWARD FLOOD GRANTS                  |
| FIRST CALL FOR HELP OF BROWARD,                          |                   |                                  | , -                      |                                               |                                                                       |                                        |                                       |
| INC. DBA 2-1-1 BROWARD - 3317 NW                         |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| 10TH TERRACE, SUITE 403 - FORT                           |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| LAUDERDALE, FL 33309                                     | 65-0589294        | 501 (C) 3                        | 175,000.                 | 0.                                            |                                                                       |                                        | BROWARD FLOOD GRANTS                  |
|                                                          |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| FLORIDA BAPTIST CHILDREN'S HOMES,                        |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| INC. DBA ONE MORE CHILD - PO BOX                         | E0 06E7226        | F01 (a) 2                        | 600.000                  | 0                                             |                                                                       |                                        | UUDDIGINE IN GDINEG                   |
| 8190 - LAKELAND, FL 33802                                | 59-0657326        | 501 (C) 5                        | 600,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| FLORIDA BAPTIST CONVENTION, INC.                         |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| 5850 BELFORT OAKS PLACE                                  |                   |                                  |                          |                                               |                                                                       |                                        | BROWARD FLOODS GRANTS &               |
| JACKSONVILLE, FL 32216                                   | 59-0766980        | 501 (C) 3                        | 575,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
|                                                          |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| FLORIDA CONFERENCE OF SEVENTH-DAY                        |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| ADVENTISTS - 351 SOUTH STATE ROAD                        |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| 434 - ALTAMONTE SPRINGS, FL 32714                        | 59-0806975        | 501 (C) 3                        | 928,500.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| LORIDA EMERGENCY PREPAREDNESS                            |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| ASSOCIATION - 400 CAPITAL CIRCLE                         |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| SE, STE 18-263 - TALLAHASSEE, FL                         | 50 000000         | F01 (a) 2                        | 105 000                  | <u> </u>                                      |                                                                       |                                        |                                       |
| 32301                                                    | 59-2389989        | 501 (C) 3                        | 125,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| FLORIDA FIREFIGHTERS CHARITIES                           |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| TRUST - 343 WEST MADISON STREET -                        |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| FALLAHASSEE, FL 32301                                    | 59-7121270        | 501 (C) 3                        | 500,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| LORIDA NATIONAL GUARD FOUNDATION                         |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| 2 MARINE STREET                                          |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| PO BOX 717 - ST. AUGUSTINE, FL                           |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| 32085                                                    | 59-2314251        | 501 (C) 3                        | 500,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| ELODIDA DEA LIEADE EININ TAIA                            |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| FLORIDA PBA HEART FUND, INC.<br>3800 EAST BREVARD STREET |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| FALLAHASSEE, FL 32301                                    | 04-3611100        | 501 (C) 3                        | 500,000.                 | ٥.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
|                                                          | 04 JOIII00        | 501 (C) 5                        | 500,000.                 | ۰.                                            | l                                                                     | 1                                      | TIOURICAINE THE GIVENTS               |

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|                                                    |                   | FOUNDATION,                      |                          |                                               |                                                                       |                                        | 11-09/3108 Pa                         |
|----------------------------------------------------|-------------------|----------------------------------|--------------------------|-----------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|---------------------------------------|
| Part II Continuation of Grants and Other           | Assistance to Dor | mestic Organizations             | and Domestic Go          | vernments (Sche                               | edule I (Form 990), Pa                                                | rt II.)                                | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| FLORIDA SHERIFF'S ASSOCIATION                      |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| 2617 MAHAN DRIVE                                   |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| TALLAHASSEE, FL 32308                              | 59-0708112        | 501 (C) 3                        | 500,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| FLORIDA STATE LODGE FRATERNAL                      |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| ORDER OF POLICE MEMORIAL                           |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| FOUNDATION, INC 242 OFFICE                         |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| ,<br>PLAZA DRIVE - TALLAHASSEE, FL                 | 35-2216194        | 501 (C) 3                        | 500,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| ,                                                  |                   |                                  | , ,                      |                                               |                                                                       |                                        |                                       |
| FLOURISHNOW, INC. DBA BETTER                       |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| TOGETHER - 15275 COLLIER BLVD.,                    |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| SUITE 201-284 - NAPLES, FL 34119                   | 47-5591391        | 501 (C) 3                        | 400,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
|                                                    |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| GLOBAL EMPOWERMENT MISSION, INC.                   |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| 1850 NW 84 AVENUE                                  |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| DORAL, FL 33126                                    | 45-3782061        | 501 (C) 3                        | 175,000.                 | 0.                                            |                                                                       |                                        | BROWARD FLOOD GRANTS                  |
|                                                    |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| GOOD360                                            |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| 675 N WASHINGTON STREET, SUITE 330                 |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| ALEXANDRIA, VA 22314                               | 54-1282616        | 501 (C) 3                        | 71,500.                  | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
|                                                    |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| GREATER PINE ISLAND ALLIANCE, INC.                 |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| PO BOX 284                                         |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| MATLACHA, FL 33993                                 | 92-1305064        | 501 (C) 3                        | 100,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
|                                                    |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| GULF COAST PARTNERSHIP, INC.                       |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| 408 TAMIAMI TRAIL, UNIT 121                        | 20.2012075        |                                  |                          |                                               |                                                                       |                                        | L                                     |
| PUNTA GORDA, FL 33950                              | 38-3913077        | 501 (C) 3                        | 100,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| HADDEE CONNEY EDUCATON                             |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| HARDEE COUNTY EDUCATION                            |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| FOUNDATION, INC PO BOX 1678 -                      | 50 2060102        | F01 (C) 2                        | 275 000                  | 0                                             |                                                                       |                                        | UIIDDTCANE TAN CDANING                |
| WAUCHULA, FL 33873                                 | 59-2969193        | DUT (C) 3                        | 375,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| HARRY CHAPIN FOOD BANK OF                          |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| SOUTHWEST FLORIDA, INC 3760                        |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| FOWLER STREET - FORT MYERS, FL                     | 50 0000100        | F01 (C) 2                        | 600.000                  | 0.                                            |                                                                       |                                        | UIIDDTCANE TAN CDANING                |
| 33901                                              | 59-2332120        | DUI (C) 3                        | 600,000.                 | υ.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |

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| (a) Name and address of organization or government                                          | (b) EIN    | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|---------------------------------------------------------------------------------------------|------------|----------------------------------|-----------------------------|----------------------------------------|-----------------------------------------------------------------------|----------------------------------------|---------------------------------------|
| IMPACT FOUNDATION CHARITABLE<br>FOUNDATION, INC. – 8208 MELROSE<br>DRIVE – LENEXA, KS 66214 | 47-3574130 | 501 (C) 3                        | 500,000.                    | 0.                                     |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| INSPIRITUS, INC.<br>731 PEACHTREE STREET, NE SUITE B                                        | 47 5574150 | 501 (0) 5                        |                             |                                        |                                                                       |                                        |                                       |
| ATLANTA, GA 30308                                                                           | 58-1535692 | 501 (C) 3                        | 500,000.                    | 0.                                     |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| ISLAMIC RELIEF USA<br>3655 WHEELER AVENUE<br>ALEYANDETA VA 22304                            | 95-4453134 | 501 (C) 3                        | 71,500.                     | 0.                                     |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| ALEXANDRIA, VA 22304                                                                        | 22-4422124 | 201 (C) 2                        | /1,300.                     | 0.                                     |                                                                       |                                        | HONNICANE IAN GRANIS                  |
| LAKE AND SUMTER EMERGENCY                                                                   |            |                                  |                             |                                        |                                                                       |                                        |                                       |
| RECOVERY, INC PO BOX 560410 -<br>MONTVERDE, FL 34756                                        | 06-1807554 | 501 (C) 3                        | 200,000.                    | 0.                                     |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| LEE BUILDING INDUSTRY ASSOCIATION                                                           | 00 100,001 | 301 (0) 3                        | 200,000.                    |                                        |                                                                       |                                        |                                       |
| BUILDERS CARE, INC 6835                                                                     |            |                                  |                             |                                        |                                                                       |                                        |                                       |
| INTERNATIONAL CENTER BLVD.                                                                  |            |                                  |                             |                                        |                                                                       |                                        |                                       |
| UNIT 4 - FT. MYERS, FL 33912                                                                | 20-2640022 | 501 (C) 3                        | 400,000.                    | 0.                                     |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| MIDWEST FOOD BANK                                                                           |            |                                  |                             |                                        |                                                                       |                                        |                                       |
| 2031 WAREHOUSE ROAD                                                                         |            |                                  |                             |                                        |                                                                       |                                        | BROWARD FLOODS GRANTS                 |
| NORMAL, IL 61761                                                                            | 41-2120170 | 501 (C) 3                        | 246,500.                    | Ο.                                     |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| MONROE COUNTY COMMUNITY                                                                     |            |                                  |                             |                                        |                                                                       |                                        |                                       |
| ORGANIZATION ACTIVE IN DISASTER,                                                            |            |                                  |                             |                                        |                                                                       |                                        |                                       |
| INC 181 KEY DEER BLVD. PMB 110                                                              |            |                                  |                             |                                        |                                                                       |                                        |                                       |
| - BIG PINE KEY, FL 33043                                                                    | 88-4082961 | 501 (C) 3                        | 100,000.                    | 0.                                     |                                                                       |                                        | HURRICANE IAN GRANTS                  |
|                                                                                             |            |                                  |                             |                                        |                                                                       |                                        |                                       |
| MOTHERS HELPING MOTHERS, INC.<br>5933 N. WASHINGTON BLVD.                                   |            |                                  |                             |                                        |                                                                       |                                        |                                       |
| SARASOTA, FL 34243                                                                          | 65-0416462 | 501 (C) 3                        | 600,000.                    | 0.                                     |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| NORTHEAST FLORIDA AREA AGENCY ON                                                            | 00 0110402 |                                  |                             |                                        |                                                                       |                                        |                                       |
| AGING, INC. DBA ELDERSOURCE -                                                               |            |                                  |                             |                                        |                                                                       |                                        |                                       |
| 10688 OLD ST. AUGUSTINE ROAD -                                                              |            |                                  |                             |                                        |                                                                       |                                        |                                       |
| JACKSONVILLE, FL 32257                                                                      | 59-1569867 | 501 (C) 3                        | 600,000.                    | Ο.                                     |                                                                       |                                        | HURRICANE IAN GRANTS                  |

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|                                                                        |                   | OUNDATION,                       |                             |                                               |                                                                       |                                        | 11-09/3108 Page                       |
|------------------------------------------------------------------------|-------------------|----------------------------------|-----------------------------|-----------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|---------------------------------------|
| Part II Continuation of Grants and Other                               | Assistance to Don | nestic Organizations             | and Domestic Go             | vernments (Sche                               | edule I (Form 990), Pa                                                | rt II.)                                | 1                                     |
| (a) Name and address of organization or government                     | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | <b>(e)</b> Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| NU-HOPE ELDER CARE SERVICES, INC.<br>3530 OFFICE PARK ROAD             |                   |                                  |                             |                                               |                                                                       |                                        |                                       |
| SEBRING, FL 33870                                                      | 59-1649814        | 501 (C) 3                        | 600,000.                    | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| OPERATION BBQ RELIEF<br>22720 JOE HOLT PARKWAY<br>PECULIAR, MO 64078   | 45-2442792        | 501 (C) 3                        | 71,500.                     | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| ORANGE COUNTY LTRG, INC. DBA RISE<br>ORANGE COUNTY - 1021 N. GOLDENROD |                   |                                  |                             |                                               |                                                                       |                                        |                                       |
| RD ORLANDO, FL 32807                                                   | 82-5478067        | 501 (C) 3                        | 100,000.                    | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| OSCEOLA COUNTY COUNCIL ON AGING<br>700 GENERATION POINT                |                   |                                  |                             |                                               |                                                                       |                                        |                                       |
| KISSIMMEE, FL 34744                                                    | 59-1595398        | 501 (C) 3                        | 600,000.                    | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| OSCEOLA REDI, INC.<br>1425 E. VINE STREET                              |                   |                                  |                             |                                               |                                                                       |                                        |                                       |
| KISSIMMEE, FL 34744                                                    | 47-4950780        | 501 (C) 3                        | 100,000.                    | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| OUR DAILY BREAD FOOD PANTRY<br>PO BOX 109                              |                   |                                  |                             |                                               |                                                                       |                                        |                                       |
| MARCO ISLAND, FL 34146                                                 | 83-2956050        | 501 (C) 3                        | 100,000.                    | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| PALATKA CHRISITAN SERVICE CENTER,<br>INC. DBA HEART OF PUTNAM - 2600   |                   |                                  |                             |                                               |                                                                       |                                        |                                       |
| PETERS STREET - PALATKA, FL 32177                                      | 59-3132718        | 501 (C) 3                        | 100,000.                    | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| REBUILD BAY COUNTY, INC.<br>PO BOX 306                                 |                   |                                  |                             |                                               |                                                                       |                                        |                                       |
| PANAMA CITY, FL 32402                                                  | 83-3817372        | 501 (C) 3                        | 30,610.                     | 0.                                            |                                                                       |                                        | HURRICANE MICHAEL GRANTS              |
| REBUILDING TOGETHER TAMPA BAY,<br>INC 911 E 122 AVENUE - TAMPA,        |                   |                                  |                             |                                               |                                                                       |                                        |                                       |
| FL 33612                                                               | 59-3664580        | 501 (C) 3                        | 1,066,096.                  | ٥.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |

01-0973168 Page 1

|                                                                           |                   | OUNDATION,                       |                          | . (0.1                                        |                                                                       |                                        | 01-0973108 Pa                         |
|---------------------------------------------------------------------------|-------------------|----------------------------------|--------------------------|-----------------------------------------------|-----------------------------------------------------------------------|----------------------------------------|---------------------------------------|
| Part II Continuation of Grants and Other                                  | Assistance to Dor | nestic Organizations             | and Domestic Go          | vernments (Sche                               | edule I (Form 990), Pa                                                | rt II.)<br>T                           | 1                                     |
| (a) Name and address of organization or government                        | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| REDLANDS CHRISTIAN MIGRANT                                                |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| ASSOCIATION, INC 402 W MAIN                                               |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| STREET - IMMOKALEE, FL 34142                                              | 59-1221966        | 501 (C) 3                        | 100,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| SAFE CHILDREN COALITION, INC.<br>1500 INDEPENDENCE BLVD., SUITE 210       |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| SARASOTA, FL 34243                                                        | 59-1618413        | 501 (C) 3                        | 600,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| SAMARITAN'S PURSE<br>801 BAMBOO ROADØPO BOX 3000                          | 50 1427000        | F01 (a) 2                        | 400.000                  |                                               |                                                                       |                                        |                                       |
| BOONE, NC 28607                                                           | 58-1437002        | 501 (C) 3                        | 400,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| SAVE THE CHILDREN FEDERATION, INC.<br>501 KINGS HIGHWAYØSUITE 400         |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| FAIRFIELD, CT 06825                                                       | 06-0726487        | 501 (C) 3                        | 71,500.                  | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| SEMINOLE HOME BASED EMERGENCY<br>ASSISTANCE RESPONSE TEAM - 150           |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| ESLINGER WAY - SANFORD, FL 32773                                          | 59-3546475        | 501 (C) 3                        | 100,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| SENDMEMISSIONS, INC.<br>303 W. MAIN STREET, SUITE 3<br>WAUCHULA, FL 33873 | 45-4455369        | 501 (C) 3                        | 500,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
|                                                                           | 10 1100000        | 301 (0) 3                        |                          | <b>.</b>                                      |                                                                       |                                        |                                       |
| SENIOR CONNECTION CENTER, INC.<br>8928 BRITTANY WAY                       |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| TAMPA, FL 33619                                                           | 59-2074063        | 501 (C) 3                        | 600,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| SENIOR FRIENDSHIP CENTERS, INC.<br>1888 BROTHER GREENEN WAY               |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| SARASOTA, FL 34236                                                        | 59-1522614        | 501 (C) 3                        | 600,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| SOUTHWEST FLORIDA COMMUNITY<br>FOUNDATION, INC 2031 JACKSON               |                   |                                  |                          |                                               |                                                                       |                                        |                                       |
| STREET, SUITE 100 - FORT MYERS, FL                                        |                   |                                  | 105 000                  |                                               |                                                                       |                                        |                                       |
| 33901                                                                     | 59-6580974        | DUI (C) 3                        | 125,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |

#### VOLUNTEER FLORIDA FOUNDATION, INC

| Schedule I (Form 990) VOLUNTEER                    | FLORIDA          | FOUNDATION,                      | INC                      |                                               |                                                                       | (                                      | )1-0973168 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.)                                |                                       |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| TEAM RUBICON                                       |                  |                                  |                          |                                               |                                                                       |                                        |                                       |
| 5230 PACIFIC CONCOURSE DRIVE, SUITE                |                  |                                  |                          |                                               |                                                                       |                                        |                                       |
| LOS ANGELES, CA 90045                              | 27-1720480       | 501 (C) 3                        | 478,523.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| THE COORDINATING COUNCIL OF                        |                  |                                  |                          |                                               |                                                                       |                                        |                                       |
| BROWARD - PO BOX 4640 - FORT                       |                  |                                  |                          |                                               |                                                                       |                                        |                                       |
| LAUDERDALE, FL 33338                               | 65-0613528       | 501 (C) 3                        | 175,000.                 | 0.                                            |                                                                       |                                        | BROWARD FLOOD GRANTS                  |
|                                                    |                  |                                  |                          |                                               |                                                                       |                                        |                                       |
| THE FOUNDATION FOR LEE COUNTY                      |                  |                                  |                          |                                               |                                                                       |                                        |                                       |
| PUBLIC SCHOOLS, INC 2266 SECOND                    | 50 0607040       |                                  | 750 000                  | 0                                             |                                                                       |                                        |                                       |
| STREET - FT. MYERS, FL 33901                       | 59-2637849       | 501 (C) 3                        | 750,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| THE SALVATION ARMY                                 |                  |                                  |                          |                                               |                                                                       |                                        |                                       |
| 1424 NE EXPRESSWAY                                 |                  |                                  |                          |                                               |                                                                       |                                        | BROWARD FLOODS GRANTS &               |
| ATLANTA, GA 30329                                  | 58-0660607       | 501 (C) 3                        | 246,500.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
|                                                    |                  |                                  |                          |                                               |                                                                       |                                        |                                       |
| THE ST BERNARD PROJECT INC DBA SBP                 |                  |                                  |                          |                                               |                                                                       |                                        |                                       |
| INC 2645 TOULOUSE STREET - NEW                     | 26 2180665       | E01 (0) 2                        | 1 220 000                | 0                                             |                                                                       |                                        | HURRICANE IAN GRANT &                 |
| ORLEANS, LA 70119                                  | 26-2189665       | 501 (C) 5                        | 1,220,000.               | 0.                                            |                                                                       |                                        | HURRICANE MICHAEL GRANTS              |
| TOOLBANK USA, INC.                                 |                  |                                  |                          |                                               |                                                                       |                                        |                                       |
| 410 ENGLEWOOD AVENUE SE                            |                  |                                  |                          |                                               |                                                                       |                                        |                                       |
| ATLANTA, GA 30315                                  | 90-0386790       | 501 (C) 3                        | 71,500.                  | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| UNITED WAY OF COLLIER AND THE                      |                  |                                  |                          |                                               |                                                                       |                                        |                                       |
| KEYS, INC 9015 STRADA STELL                        |                  |                                  |                          |                                               |                                                                       |                                        |                                       |
| COURT                                              |                  |                                  |                          |                                               |                                                                       |                                        |                                       |
| SUITE 204 - NAPLES, FL 34109-4373                  | 59-1026096       | 501 (C) 3                        | 676,232.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| UNITED WAY OF FLORIDA, INC.                        |                  |                                  |                          |                                               |                                                                       |                                        |                                       |
| 307 EAST 7TH AVENUE                                |                  |                                  |                          |                                               |                                                                       |                                        |                                       |
| TALLAHASSEE, FL 32303                              | 59-2104175       | 501 (C) 3                        | 100,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| UNITED WAY OF LEE COUNTY, INC. DBA                 | 35 2101175       |                                  | 100,000.                 | 0.                                            |                                                                       |                                        |                                       |
| UNITED WAY OF LEE, HENDRY & GLADES                 |                  |                                  |                          |                                               |                                                                       |                                        |                                       |
| COUNT - 7273 CONCOURSE DRIVE - FT.                 |                  |                                  |                          |                                               |                                                                       |                                        |                                       |
| MYERS, FL 33908                                    | 59-1005169       | 501 (C) 3                        | 100,000.                 | 0.                                            |                                                                       |                                        | HURRICANE IAN GRANTS                  |

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| (a) Nome and address of                            |                |                                  | (d) Amount of               | (a) Amount of                          | (f) Mathad of                                                         | (m) Description of                     | (h) Dumpage of succest                |
|----------------------------------------------------|----------------|----------------------------------|-----------------------------|----------------------------------------|-----------------------------------------------------------------------|----------------------------------------|---------------------------------------|
| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| NITED WAY OF SOUTH SARASOTA                        |                |                                  |                             |                                        |                                                                       |                                        |                                       |
| COUNTY, INC 4242 S. TAMIAMI                        |                |                                  |                             |                                        |                                                                       |                                        |                                       |
| RAIL - VENICE, FL 34293                            | 59-1100846     | 501 (C) 3                        | 100,000.                    | 0.                                     |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| OLUSIA INTERFAITHS AGENCIES                        |                |                                  |                             |                                        |                                                                       |                                        |                                       |
| ETWORKING IN DISASTER, INC 326                     |                |                                  |                             |                                        |                                                                       |                                        |                                       |
| PALMETTO AVE - DAYTONA BEACH, FL                   |                |                                  |                             |                                        |                                                                       |                                        |                                       |
| 22114                                              | 59-3721382     | 501 (C) 3                        | 100,000.                    | 0.                                     |                                                                       |                                        | HURRICANE IAN GRANTS                  |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
| ORLD RENEW                                         |                |                                  |                             |                                        |                                                                       |                                        |                                       |
| 970 BYRON COMMERCE DRIVE                           |                |                                  |                             |                                        |                                                                       |                                        |                                       |
| SYRON CENTER, MI 49315                             | 38-1708140     | 501 (C) 3                        | 71,500.                     | 0.                                     |                                                                       |                                        | HURRICANE IAN GRANTS                  |
| ,                                                  |                |                                  | ,                           |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |
|                                                    |                |                                  |                             |                                        |                                                                       |                                        |                                       |

Part III

# --

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

Part III can be duplicated if additional space is needed.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

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

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| SCHED         | ULEJ              | I                                                                                                                                                                                   | OMB No. 1  | 545-004     | 47     |      |
|---------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|--------|------|
| (Form 9       | 990)              | <b>Compensation Information</b><br>For certain Officers, Directors, Trustees, Key Employees, and Highest                                                                            |            | 20          | 22     | )    |
|               |                   | Compensated Employees<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.                                                                                 |            | 20          |        | •    |
| Department o  | of the Treasury   | Attach to Form 990.                                                                                                                                                                 |            | Open to     |        | ic   |
| Internal Reve | nue Service       | Go to www.irs.gov/Form990 for instructions and the latest information.                                                                                                              |            | Inspe       |        |      |
| Name of t     | he organization   |                                                                                                                                                                                     | Employer i |             |        | nber |
| Part I        | Questions         | VOLUNTEER FLORIDA FOUNDATION, INC<br>Regarding Compensation                                                                                                                         | 01-0       | 97316       | 8      |      |
| Parti         | Questions         |                                                                                                                                                                                     |            |             | N/     |      |
| te Char       | oli the energy    | to bey/ee) if the executation provided any of the following to as few a nerver listed on Ferm                                                                                       | 000        |             | Yes    | No   |
|               |                   | te box(es) if the organization provided any of the following to or for a person listed on Form ine 1a. Complete Part III to provide any relevant information regarding these items. | 990,       |             |        |      |
|               | First-class or ch |                                                                                                                                                                                     | معبياهم    |             |        |      |
|               | Travel for comp   |                                                                                                                                                                                     |            |             |        |      |
|               | •                 | ation and gross-up payments Health or social club dues or initiation fee                                                                                                            |            |             |        |      |
|               |                   | pending account Personal services (such as maid, chauffel                                                                                                                           |            |             |        |      |
|               |                   |                                                                                                                                                                                     | ,,         |             |        |      |
| b If any      | y of the boxes o  | n line 1a are checked, did the organization follow a written policy regarding payment or                                                                                            |            |             |        |      |
| -             | -                 |                                                                                                                                                                                     |            | 1b          |        |      |
| 2 Did t       | he organization   | require substantiation prior to reimbursing or allowing expenses incurred by all directors,                                                                                         |            |             |        |      |
|               |                   | s, including the CEO/Executive Director, regarding the items checked on line 1a?                                                                                                    |            | 2           |        |      |
|               |                   |                                                                                                                                                                                     |            |             |        |      |
| 3 Indic       | ate which, if an  | y, of the following the organization used to establish the compensation of the organization's                                                                                       |            |             |        |      |
| CEO           | Executive Direct  | ctor. Check all that apply. Do not check any boxes for methods used by a related organization                                                                                       | on to      |             |        |      |
| estat         | blish compensa    | tion of the CEO/Executive Director, but explain in Part III.                                                                                                                        |            |             |        |      |
|               | Compensation      | committee Written employment contract                                                                                                                                               |            |             |        |      |
|               | Independent co    | ompensation consultant Compensation survey or study                                                                                                                                 |            |             |        |      |
|               | Form 990 of ot    | her organizations Approval by the board or compensation c                                                                                                                           | ommittee   |             |        |      |
|               | aa tha waar did   | any nerson listed on Farm 000. Dort VII. Section A line to with respect to the filing                                                                                               |            |             |        |      |
|               |                   | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing                                                                                             |            |             |        |      |
| -             |                   | ated organization:<br>payment or change-of-control payment?                                                                                                                         |            | 4a          |        | x    |
|               |                   | payment or change-of-control payment?                                                                                                                                               |            |             |        | X    |
|               |                   | eive payment from an equity-based compensation arrangement?                                                                                                                         |            |             |        | X    |
|               |                   | es 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                             |            |             |        |      |
|               |                   |                                                                                                                                                                                     |            |             |        |      |
| Only          | section 501(c)    | (3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                                                                                               |            |             |        |      |
|               |                   | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio                                                                                        | n          |             |        |      |
|               | ingent on the re  |                                                                                                                                                                                     |            |             |        |      |
| a The o       | organization?     |                                                                                                                                                                                     |            | 5a          |        | X    |
|               |                   | tion?                                                                                                                                                                               |            |             |        | X    |
| lf "Ye        | es" on line 5a oi | <sup>2</sup> 5b, describe in Part III.                                                                                                                                              |            |             |        |      |
| 6 For p       | persons listed o  | n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio                                                                                        | n          |             |        |      |
|               | ingent on the ne  | -                                                                                                                                                                                   |            |             |        |      |
|               |                   |                                                                                                                                                                                     |            |             |        | X    |
|               |                   | tion?                                                                                                                                                                               |            | <b>6b</b>   |        | X    |
|               |                   | 6b, describe in Part III.                                                                                                                                                           |            |             |        |      |
| -             |                   | n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments                                                                                        |            |             |        | 77   |
|               |                   | es 5 and 6? If "Yes," describe in Part III                                                                                                                                          |            | 7           |        | X    |
|               |                   | eported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the                                                                                       |            | -           |        | v    |
|               |                   | -                                                                                                                                                                                   |            | 8           |        | X    |
|               |                   | d the organization also follow the rebuttable presumption procedure described in                                                                                                    |            |             |        |      |
|               |                   | 53.4958-6(c)?                                                                                                                                                                       |            |             |        |      |
| LHA For       | Paperwork Re      | duction Act Notice, see the Instructions for Form 990.                                                                                                                              | Sched      | ule J (Forn | n 990) | 2022 |

Schedule J (Form 990) 2022

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

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

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

|                    |             | (B) Breakdown of W       | /-2 and/or 1099-MIS<br>compensation       | C and/or 1099-NEC                         | other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|--------------------|-------------|--------------------------|-------------------------------------------|-------------------------------------------|----------------|-------------------------|------------------------------------|-------------------------------------------|
| (A) Name and Title |             | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation   |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) ERIN SJOSTROM  | (i)         | 0.                       | 0.                                        | 0.                                        | 0.             | 0.                      |                                    | 0.                                        |
| COO                | (ii)        | 124,927.                 | 2,000.                                    | 0.                                        | 37,897.        | 21,973.                 | 186,797.                           | 0.                                        |
|                    | (i)         |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)<br>(ii) |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (i)         |                          |                                           |                                           |                |                         |                                    |                                           |
|                    | (ii)        |                          |                                           |                                           |                |                         |                                    |                                           |

#### Part III Supplemental Information

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

| SCHE  | DU  | LE | 0 |
|-------|-----|----|---|
| (Form | 990 | )  |   |

Department of the Treasury

Name of the organization

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.

INC



Employer identification number 01-0973168

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

FORM 990 AND ACCOMPANYING SCHEDULES ARE PREPARED BY AN INDEPENDENT

VOLUNTEER FLORIDA FOUNDATION

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

THE ASSOCIATION'S STAFF FOR ACCURACY. THE FORM 990 AND ACCOMPANYING

SCHEDULES ARE THEN SENT TO THE AUDIT COMMITTEE FOR REVIEW AND THEN SENT TO

THE BOARD MEMBERS. ALL QUESTIONS AND ISSUES ARE RESOLVED WITH THE

INDEPENDENT ACCOUNTING FIRM PRIOR TO FILING WITH THE INTERNAL REVENUE

SERVICE CENTER.

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

CERTIFICATION OF COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY ALL

AND TRUSTEES, MUST BE SUBMITTED TO THE STATE DIRECTORS, OFFICERS,

ANNUALLY.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND THREE MOST CURRENT YEARS

OF FINANCIAL STATEMENTS AND FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

#### 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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022 Open to Public

Inspection

Employer identification number 01 - 0973168

Name of the organization

Department of the Treasury Internal Revenue Service

#### VOLUNTEER FLORIDA FOUNDATION, INC

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

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

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

| <b>(a)</b><br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section | <b>(f)</b><br>Direct controlling<br>entity | cont | <b>g)</b><br>512(b)(13)<br>rolled<br>ity? |
|-----------------------------------------------------------------|--------------------------------|-----------------------------------------------------|-------------------------------|---------------------------------------------|--------------------------------------------|------|-------------------------------------------|
|                                                                 |                                |                                                     |                               | 501(c)(3))                                  |                                            | Yes  | No                                        |
| FL COMMISSION ON COMMUNITY SERVICE -                            |                                |                                                     |                               |                                             |                                            |      |                                           |
| 61-1596268, 1545 RAYMOND DIEHL ROAD 250,                        |                                |                                                     |                               |                                             |                                            |      |                                           |
| TALLAHASSEE, FL 32308                                           | COMMISSION                     | FLORIDA                                             | 501(C)(1)                     |                                             | N/A                                        |      | х                                         |
|                                                                 |                                |                                                     |                               |                                             |                                            |      |                                           |
|                                                                 |                                |                                                     |                               |                                             |                                            |      |                                           |
|                                                                 |                                |                                                     |                               |                                             |                                            |      |                                           |

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

01-0973168 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.

|                                                |                  | -                                         |                              |                                                                                            |                       |                                   | 1   |                      |                                               |                           |                                  |
|------------------------------------------------|------------------|-------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|-----|----------------------|-----------------------------------------------|---------------------------|----------------------------------|
| (a)                                            | (b)              | (c)                                       | (d)                          | (e)                                                                                        | (f)                   | (g)                               | (I  | h)                   | (i)                                           | (j)                       | (k)                              |
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign | Direct controlling<br>entity | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | Share of total income | Share of<br>end-of-year<br>assets |     | ortionate<br>itions? | Code V-UBI<br>amount in box<br>20 of Schedule | Genera<br>manag<br>partne | or Percentage<br>ng<br>ownership |
|                                                |                  | country)                                  |                              | sections 512-514)                                                                          |                       |                                   | Yes | No                   | K-1 (Form 1065)                               | Yes                       | lo                               |
|                                                |                  |                                           |                              |                                                                                            |                       |                                   |     |                      |                                               |                           |                                  |
|                                                |                  |                                           |                              |                                                                                            |                       |                                   |     |                      |                                               |                           |                                  |
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|                                                | 1                |                                           | 1                            | 1                                                                                          |                       | 1                                 |     | L                    | 1                                             | <u> </u>                  |                                  |

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.

| <b>(a)</b><br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign | <b>(d)</b><br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | <b>(f)</b><br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | l contr | i)<br>tion<br>o)(13)<br>rolled<br>ity? |
|-----------------------------------------------------------------|--------------------------------|-----------------------------------------------|--------------------------------------------|--------------------------------------------------------|----------------------------------------|-------------------------------------------------|--------------------------------|---------|----------------------------------------|
|                                                                 |                                | country)                                      |                                            | 01 11 03 0                                             |                                        | 233013                                          |                                | Yes     | No                                     |
|                                                                 |                                |                                               |                                            |                                                        |                                        |                                                 |                                |         |                                        |
|                                                                 |                                |                                               |                                            |                                                        |                                        |                                                 |                                |         |                                        |
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|                                                                 |                                |                                               |                                            |                                                        |                                        |                                                 |                                |         |                                        |

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

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

| <b>(a)</b><br>Name of related organization | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining amount involved |
|--------------------------------------------|-----------------------------------------|-------------------------------|----------------------------------------------|
| (1) FL COMMISSION ON COMMUNITY SERVICE     | 0                                       | 2,242,594.                    | ACTUAL                                       |
| <u>(2)</u>                                 |                                         |                               |                                              |
| (3)                                        |                                         |                               |                                              |
| (4)                                        |                                         |                               |                                              |
| <u>(5)</u>                                 |                                         |                               |                                              |
| _(6)                                       |                                         |                               |                                              |

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

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

| (a)                    | (b)                | (c)               | (d)                                                                                        | 6                     | ~                  | (f)   | (g)         | (۲                       | .,                  | (i)                                                              | (j)           | (k) |
|------------------------|--------------------|-------------------|--------------------------------------------------------------------------------------------|-----------------------|--------------------|-------|-------------|--------------------------|---------------------|------------------------------------------------------------------|---------------|-----|
| Name, address, and EIN | Primary activity   | Legal domicile    | Predominant income                                                                         | Are                   | <b>∋)</b><br>e all |       |             |                          | • <b>7</b><br>opor- | Code V-UBI                                                       | (J)<br>Genera |     |
| of entity              | Fillinary activity | (state or foreign | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | partne<br>501(<br>org | rs sec.<br>c)(3)   | total | end-of-year | Dispr<br>tior<br>allocat | iate                | Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | manag         |     |
| or onaly               |                    | country)          | excluded from tax under                                                                    | org                   |                    |       |             |                          | 10115 ?             | of Schedule K-1                                                  | partne        |     |
|                        |                    |                   | 360110113 3 12-3 14)                                                                       | Yes                   | No                 |       |             | Yes                      | No                  | (1011111003)                                                     | Yes I         |     |
|                        |                    |                   |                                                                                            |                       |                    |       |             |                          |                     |                                                                  |               |     |
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|                        |                    |                   |                                                                                            |                       |                    |       |             |                          |                     |                                                                  |               |     |
|                        |                    |                   |                                                                                            |                       |                    |       |             |                          |                     |                                                                  |               |     |
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|                        |                    |                   |                                                                                            |                       |                    |       |             |                          |                     |                                                                  | $\vdash$      |     |
|                        |                    |                   |                                                                                            |                       |                    |       |             |                          |                     |                                                                  |               |     |
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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



# STATE OF FLORIDA DIVISION OF EMERGENCY MANAGEMENT

Ron DeSantis, Governor

Kevin Guthrie, Executive Director

August 9, 2024

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

The Honorable Paul Renner Speaker Florida House of Representatives 420 The Capitol 402 South Monroe Street Tallahassee, FL 32399-1300 The Honorable Kathleen Passidomo President Florida Senate 409 The Capitol 404 South Monroe Street Tallahassee, FL 32399-1100

The Office of Program Policy Analysis and Government Accountability 111 West Madison Street, Room 312 Tallahassee, Florida 32399-1475

Dear Governor DeSantis, President Passidomo, Speaker Renner, and the Office of Program Policy and Government Accountability:

Section 20.058 (3), Florida Statutes, requires the Florida Division of Emergency Management ("FDEM") to submit a report by August 15, 2024, including the information provided by the Florida Emergency Management Assistance Foundation, Inc. ("Foundation"). The Foundation is FDEM's direct support organization, created pursuant to section 252.71, Florida Statutes, and provides assistance, funding, and support to FDEM's disaster response, recovery, and relief efforts for natural emergencies.

FDEM recommends a continued association with the Foundation. Since its creation, the Foundation has provided assistance to communities and individuals impacted by the January North Florida Tornadoes, has supported the training of Emergency Management Personnel and Stakeholders at the 2024 Florida Training for Emergency Managers, and has supported FDEM's efforts in the awareness of disaster preparedness, response, recovery, and mitigation, by supporting the 2024 Emergency Management Day at the Florida Capitol.

Please find included with this report the information provided by the Foundation pursuant to section 20.058, Florida Statutes.

We look forward to our partnership with the Foundation to serve the people of Florida.

Sincerely,

Kevin Guthrie Executive Director, FDEM

DIVISION HEADQUARTERS 2555 Shumard Oak Boulevard Tallahassee, FL 32399-2100 Telephone: 850-815-4000 www.FloridaDisaster.org Page 1 of 1 STATE LOGISTICS RESPONSE CENTER 2702 Directors Row Orlando, FL 32809-5631





Brian Mimbs, Chair

July 30, 2024

Steven Lerner, Vice Chair

The Honorable Kevin Guthrie Executive Director Florida Division of Emergency Management 2555 Shumard Oak Blvd. Tallahassee, FL 32399

Dear Executive Director Guthrie:

Section 20.058, Florida Statutes, requires the Florida Emergency Management Assistance Foundation to submit a report by August 1, 2024, regarding the following.

- (a) The name, mailing address, telephone number, and website address of the organization.
- (b) The statutory authority or executive order pursuant to which the organization was created.
- (c) A brief description of the mission of, and results obtained by, the organization.
- (d) A brief description of the plans of the organization for the next 3 fiscal years.
- (e) A copy of the organization's code of ethics.

(f) A copy of the organization's most recent federal Internal Revenue Service Return of Organization Exempt from Income Tax form (Form 990).

(g) An attestation, under penalty of perjury, stating that the organization has complied with s. 20.058 (4), Florida Statutes.

The Florida Emergency Management Assistance Foundation is pleased to report satisfaction of those requirements as follows.

(a) The name, mailing address, telephone number, and website address of the organization
 Name: The Florida Emergency Management Assistance Foundation Inc., also known as, The Florida Disaster Foundation
 Mailing Address: 2555 Shumard Oak Blvd, Tallahassee, Florida 32399

Phone Number: 850-273-1273 Website: https://www.floridadisasterfoundation.org/

#### (b) The statutory authority or executive order pursuant to which the organization was created.

Section 252.71, Florida Statutes, is the statutory authority the Florida Emergency Management Assistance Foundation, Inc., was created. Copies of the statute are attached to this letter.

#### (c) A brief description of the mission of, and results obtained by, the organization.

As a valued partner in emergency management and a direct support organization for the Florida Division of Emergency Management, the Florida Emergency Management Assistance Foundation (Florida Disaster Foundation) invests in response and recovery efforts to assist Floridians in responding to disasters and mitigating against their impacts. The mission of the Florida Disaster Foundation is to provide assistance, funding, and support in disaster response, recovery, and relief efforts for natural emergencies. These funds are designed to directly contribute to the immediate recovery of communities impacted by disasters and provide needed support where federal assistance stops. For the period ending June 30, 2024, the Florida Disaster Foundation has provided funding for emergency management training focused on team building and leadership excellence in emergency management. Two 12-week sessions were provided for partners in emergency management throughout Florida and beyond. The Florida Disaster Foundation supported Florida's Training for Emergency





#### Brian Mimbs, Chair

#### Steven Lerner, Vice Chair

Management held in June 2024. Additionally, the Florida Disaster Foundation was a supporter of Emergency Management Day at the Florida Capitol during the 2024 Legislative Session, enhancing awareness related to the response, recovery, and mitigation opportunities for Floridians before, during and after disasters. Finally, the Florida Disaster Foundation was able to work with partners to provide temporary housing needs to Floridians impacted by the Severe Weather in January 2024 that impacted the Florida panhandle.

## (d) A brief description of the plans of the organization for the next 3 fiscal years.

Over the next three fiscal years, the Florida Disaster Foundation will continue to assist Floridians in responding to disasters and mitigating against their impacts, including, furthering efforts in training in emergency management, providing resources to Floridians impacted by Disasters, and raising awareness to the resources available to assist during times of need.

## (e) A copy of the organization's code of ethics.

Please see the attached code of ethics.

# (f) A copy of the organization's most recent federal Internal Revenue Service Return of Organization Exempt from Income Tax form (Form 990).

Due to the low volume of revenues for the period ending December 31, 2023, the Foundation was not required to file. For the period of January 1, 2024, to June 30, 2024, the form is in process and the reporting is being completed but has not been filed.

# (g) An attestation, under penalty of perjury, stating that the organization has complied with s. 20.058 (4), Florida Statutes.

Please see the attached attestation.

Sincerely,

Brian Mimbs, Chair Florida Emergency Management Assistance Foundation 2555 Shumard Oaks Blvd. Tallahassee, Florida 32399

Attachments





Brian Mimbs, Chair

Steven Lerner, Vice Chair

July 30, 2024

The Honorable Kevin Guthrie Executive Director Florida Division of Emergency Management 2555 Shumard Oak Blvd. Tallahassee, FL 32399

Dear Executive Director Guthrie:

The Florida Emergency Management Assistance Foundation is pleased to offer this attestation, under penalty of perjury, stating that the organization has complied with s. 20.058 (4), Florida Statutes.

The Florida Emergency Assistance Foundation, through Chair Brian Mimbs, attests under penalty of perjury, that the Florida Emergency Assistance Foundation complied with s. 20.058(4), Florida Statutes. That, notwithstanding any other law, when deciding whether to invest and when investing funds on behalf of the Florida Emergency Management Assistance Foundation, decisions are based solely on pecuniary factors and may not subordinate the interests of the people of this state to other objectives, including sacrificing investment return or undertaking additional investment risk to promote any nonpecuniary factor. The term "pecuniary factor" means a factor that the Florida Emergency Management Assistance Foundation prudently determines is expected to have a material effect on the risk or returns of an investment based on appropriate investment horizons consistent with applicable investment objectives and funding policy. The term does not include the consideration of the furtherance of any social, political, or ideological interests.

Sincerely,

Brian Mimbs, Chair Florida Emergency Management Assistance Foundation 2555 Shumard Oaks Blvd. Tallahassee, Florida 32399



# CODE OF ETHICS EFFECTIVE JULY 1, 2023

# I. GENERAL PROVISIONS

Pursuant to sections 252.71(4)(f) and 112.3251, Florida Statutes, the Florida Emergency Management Assistance Foundation ("FEMAF") adopts this Code of Ethics, establishing standards of conduct and disclosures required under sections 112.313 and 112.3143(2), Florida Statutes, respectively.

FEMAF is dedicated to faithfully performing its duties, bestowed upon it by the laws of the State of Florida. FEMAF is committed to the highest standards of ethics to promote the public interest and serve its statutory purpose. This Code of Ethics shall provide clear, concise, and enforceable standards that incorporate the ethical requirements of Chapter 112, Part III, Florida Statutes ("Statutory Code"). Accordingly, all FEMAF board members, officers, and employees should familiarize themselves with the requirements of the law. The term "employees" in the Code of Ethics refers to all "reporting individuals" (i.e., those required to file a full or limited financial disclosure pursuant to Article II, Section 8 of the Florida Constitution) and "procurement employees" (i.e., participants in procuring government goods or services of more than \$10,000 per year). As used in the Code of Ethics, the definition also applies to all employees of the Florida Emergency Management Assistance Foundation. Employees, as described above, shall comply with the requirements of the Code of Ethics as well as the Statutory Code; Article I, Section 24 of the Florida Constitution; Chapters 112 and 119, Florida Statutes; and Chapter 34, Florida Administrative Code.

Failure of a FEMAF board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position. Further, failure of the FEMAF to observe the Code of Ethics may result in the Florida Division of Emergency Management ("FDEM") terminating its Agreement with FEMAF.

# II. DESIGNATION OF AN ETHICS OFFICER

FEMAF's Chief Ethics Officer is the General Counsel of FDEM. A FEMAF board member, officer, or employee must consult with the FDEM Office of the General Counsel for any guidance relating to this Code of Ethics.

#### III. AVOIDING THE APPEARANCE OF IMPROPRIETY

FEMAF board members, officers, and employees shall use their powers and resources to advance the statutory goals of FEMAF and the best interests of the residents of Florida, and not for any personal benefit (other than salaried compensation and employer-provided benefits, if any). FEMAF board members, officers, and employees are expected to safeguard their ability to make fair and impartial decisions, and therefore shall not accept a benefit of any sort when a reasonable observer could infer that the benefit was intended to influence a pending or future decision, or to reward a past decision, of the board member, officer, or employee.

# IV. FINANCIAL DISCLOSURE

FEMAF board members, officers, and employees are required to make public disclosures of their financial interests. Conflicts of interest may occur when public officials are in a position to make decisions that could affect their personal financial interests. Therefore, FEMAF board members, officers, and employees are required to publicly disclose those interests. See generally §§ 112.3144 and 112.3145, Florida Statutes. The disclosure process serves to remind officials of their obligation to put the public interest above personal considerations and helps citizens monitor the considerations and actions of government actors.

Pursuant to § 112.3145, Florida Statutes, all non-clerical/secretarial employees may be required to file with the Commission on Ethics a Form 1, Statement of Financial Interests and other forms as may be required by the statutory code (employees should visit the Commission on Ethics website for other forms that may need to be filed). See Statutory Code for exact reporting requirements.

Employees should also regularly review their personal assets, business interests, and investments to assure that any potential for conflict or the appearance of impropriety is avoided.

# V. GIFT REQUIREMENTS

No FEMAF board member, officer, or employee shall solicit or accept anything of value to or from a recipient, including a gift, honorarium, loan, reward, promise of future employment, favor, or service, based upon any understanding that their vote, official action, or judgment would be influenced thereby. When considering receipt of gifts and services from other individuals and organizations, a FEMAF board member, officer, or employee shall consider and apply the requirements of this Ethics Code. These guidelines are meant to serve as an overview and do not excuse or exempt a board member, officer, or employee from reading and understanding the standards of conduct set forth in the Statutory Code. A board member, officer, or employee with questions or concerns should consult the FDEM Office of the General Counsel.

A "gift" is anything accepted by a person, whether directly or indirectly by another, for that person's benefit and for which no payment is made. A gift may include real property or its use; tangible or intangible personal property or its use; a preferential rate or terms on a transaction not available to others similarly situated; forgiveness of a debt; transportation; lodging; parking; food or beverage; dues, fees, and tickets; plants and flowers; personal services for which a fee is normally charged by the provider; and any other thing or service having an attributable value.

The term "lobbyist" is any person who meets the definition of that term in the Statutory Code. Consistent with § 112.3215, Florida Statutes, a "lobbyist" does not include an employee of an agency or of a legislative or judicial branch entity acting in the normal course of his or her duties. Consistent with the Statutory Code, a "principal" is anyone (other than an agency, legislative branch entity, or judicial branch entity) who employs or retains a lobbyist, either as an employee or independent contractor. The Florida Legislature maintains a website of all registered principals and executive branch lobbyists that should be consulted by FEMAF board members, officers, and employees.

# 1. No Lobbyist Gifts

While § 112.3148, Florida Statutes, outlines gift requirements for all government employees, § 112.3215, Florida Statutes provides separate prohibitions for gifts from lobbyists to executive branch employees. This Code of Ethics shall include these prohibitions for FEMAF board members, officers, and employees. Pursuant to this Code of Ethics, FEMAF board members, officers, and employees shall not accept a gift from a lobbyist or a lobbyist's principal, **regardless of whether the item or service is being offered "for the purpose of lobbying."** In other words, the prohibition in § 112.3215(6)(a) on employees accepting a lobbyist gift applies as defined in § 112.3215(1)(d) despite whether the gift is "for the purpose of lobbying."

At all times, FEMAF board members, officers, and employees have a duty to inquire whether the thing of value accepted is from a lobbyist or principal of a lobbyist. No gift should ever be accepted unless and until the FEMAF board member, officer, or employee determines whether it is being given by a lobbyist or the principal of a lobbyist. FEMAF board members, its officers, and its employees should affirmatively consult the Florida Legislature's website listing of registered lobbyists and principals: http://www.leg.state.fl.us. FEMAF board members, officers, or employees who are unable to access or verify a party's status via the website should ask the offeror of the thing or event whether a principal or lobbyist is involved. If there is any doubt, employees should consult the FDEM Office of the General Counsel.

# 2. Non-Lobbyist Gifts

FEMAF board members, officers, and employees may not accept otherwise legal gifts from nonlobbyists if the gift could lead to impropriety or the appearance of impropriety. For example, employees may not accept gifts from: (1) current contract holders with the State of Florida; (2) parties soliciting, bidding on or expecting to bid on a contract with the State; and (3) parties who have pending matters awaiting decision by the State or who otherwise may be attempting to influence government matters. Any otherwise legal gift from a non-lobbyist over \$100 must be reported under § 112.3148(8), Florida Statutes. See Statutory Code for exceptions. In addition:

- Gifts from relatives are excluded from the statutory definition of "gift" unless the relative is a lobbyist or the principal of a lobbyist, in which case the general prohibition on gifts from lobbyists applies unless there is reimbursement in value. The term "relative" shall follow the definition in the statutory code. See § 112.312(21), Florida Statutes.
- No prohibited gift may be received indirectly. Thus, a gift to an employee's spouse or minor child could be considered a gift to the employee and may be prohibited if from a lobbyist, or otherwise may need to be reported, in line with the Code of Ethics and the Statutory Code. If there is any doubt, employees should consult the FDEM Office of the General Counsel, and if necessary, the Governor's Office of General Counsel.

# 3. No Solicitation

FEMAF board members, officers, and employees may not solicit any gift, regardless of its value, if the gift is for the personal benefit of himself or herself, his or her family, or another FEMAF board member, officer, or employee.

## VI. CONSIDERATIONS FOR ACCEPTING GIFTS, SERVICES OR HONORARIA

Generally, any reimbursement is measured as the cost of the item to the person providing it. In the case of gifts, the cost is the actual value of the item, such as face value on admission ticket. While a membership fee required to use a golf course, tennis club, dining club, or other private facility is not part of the reimbursable cost, the per person additional cost above the ticket's face value for seating at a skybox or other exclusive seating area at a sporting or theatrical venue is part of the reimbursable cost and must be included. Employees should review the Statutory Code for more detailed rules on how to value and pay for gifts. See § 112.3148(7), Florida Statutes; and Rules 34-13.210 and 34-13.500, Florida Administrative Code.

On-site consumption of food and refreshment at receptions or other events, provided the employee's attendance at such event is an appropriate exercise of official duties, may be permissible unless the food and refreshments are paid for by a lobbyist or principal. Additionally, FEMAF board members, officers, or employees are not prohibited from attending an event open to all persons, or from accepting any item or benefit generally available for free or below the customary rate if the terms or rate is a government rate available to all other similarly situated government employees or a rate available to similarly situated members of the public by virtue of occupation, affiliation, age, religion, sex, or national origin.

**<u>NOTE</u>**: There is no gift if the FEMAF board member, officer, or employee reimburses the other person for the cost of the item. If a FEMAF board member, officer, or employee is unsure whether something constitutes an impermissible gift, he or she can always pay for the item or service.

The Statutory Code provides helpful guidance for FEMAF board members, officers, or employees considering whether goods or services may or may not constitute gifts:

- A gift does not include salary, benefits, services, fees, commissions, gifts, or expenses associated primarily with one's employment.
- A gift does <u>not</u> include contributions covering expenses for campaign-related personal services provided by non-compensated employees volunteering their time or any other contribution made by a political party or an affiliated party committee. See § 106, Florida Statutes.
- A gift does <u>not</u> include reimbursement or expenses covered for a FEMAF board member, officer, or employee, or for the spouse of a board member, officer, or employee, related to participation in an honorarium event. FEMAF board members, officers, or employees are prohibited from accepting money payment or direct payment of monetary value for

> speaking appearances or for written works; however, reimbursement of expenses are permissible to the extent they cover expenses for the FEMAF board member, officer, or employee's participation in the event (e.g. an event sponsor may provide accommodations for a FEMAF board member, officer, or employee delivering remarks or participating on a panel at an event, but payment for a speech is not permitted).

• A gift does <u>not</u> include non-monetary awards, plaques, certificates, or other similar personalized items given in recognition of the FEMAF board member, officer, or employee's public, civic, charitable, or professional service.

The Statutory Code also provides helpful guidance for employees in conducting their actions:

- FEMAF board members, officers, and employees are prohibited from corruptly using or attempting to use their official positions to obtain a special position for themselves or others.
- FEMAF board members, officers, and employees are prohibited from seeking for a relative any appointment, employment, promotion, or advancement in the unit in which he/she is serving or over which he/she exercises jurisdiction or control.
- FEMAF board members, officers, and employees are prohibited from directly or indirectly procuring contractual services for FEMAF from a business entity of which a relative is an officer, partner, director, or proprietor, or in which they, their spouse, or their children own more than a 5% interest.

# VII. OTHER PROHIBITIONS AND RESTRICTIONS

# 1. Prohibition of Accepting Compensation Given to Influence a Vote

No FEMAF board member, officer, or employee (or the spouse or minor child of the same) shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the FEMAF board member, officer, or employee was expected to participate in his or her official capacity. § 112.313(4), Fla. Stat.

# 2. Prohibition of Misuse of Position

No FEMAF board member, officer, or employee 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. § 112.313(6), Fla. Stat.

# 3. Prohibition of Misuse of Privileged Information

No FEMAF board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of his or her official position for his or her own personal gain or benefit or for the personal gain or benefit of any other person or business entity. § 112.313(8), Fla. Stat.

# 4. Post-Employment Restrictions

A person who has been appointed to any FEMAF board or office or who is employed by FEMAF may not personally represent another person or entity for compensation before FEMAF for a period of two years after he or she vacates that office or employment position. § 112.313(9), Fla. Stat.

# 5. Prohibition on Employees Holding Office

No person may be both an employee of the FEMAF and a FEMAF board member at the same time. § 112.313(10), Fla. Stat.

# 6. Requirements to Abstain from Voting

A FEMAF board member or officer shall not vote in an official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the FEMAF board member or officer, prior to the vote being taken, 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 FEMAF board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes be filed with the person responsible for recording the memorandum must be filed with the person responsible for recording the memorandum must be filed with the person responsible for recording the memorandum filed with the person responsible for the S 112.3143, Fla. Stat.

# VIII. CONFLICTS OF INTEREST

A FEMAF board member, officer, or employee shall not participate in an official capacity in any matter that would inure to his or her special private gain or loss, or which the FEMAF board member, officer, or employee knows will inure to the special private gain or loss of any relative or business associate. FEMAF board members, officers, or employees should consult the FDEM Office of the General Counsel regarding appropriate screening procedures for meetings, events, or other government matters that could lead to such an appearance of impropriety. However, no procedure shall limit the FEMAF board member, officer, or employee's ability to fulfill the core functions of his or her job, and nothing in this Code of Ethics is meant to prohibit a board member, officer, or employee from addressing or making decisions relating to issues that may generally

Florida Emergency Management Assistance Foundation Code of Ethics DRAFT affect an industry or business sector with which the business

affect an industry or business sector with which the board member, officer, or employee may have had a prior relationship.

# IX. APPLICATIONS FOR EXEMPTIONS

There may be unique and/or compelling circumstances warranting exceptions to and/or waivers from these requirements in certain individual cases. In such instances, prior approval from the FDEM Office of the General Counsel is required in consultation with the Governor's Office of General Counsel as necessary.

# X. VIOLATIONS

Failure of a FEMAF board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position. Further, failure of the FEMAF to observe the Code of Ethics may result in FDEM terminating its Agreement with FEMAF.

All ethics violations should be promptly reported to the FDEM Office of the General Counsel.

# XI. POLICY ADMINISTRATION

The FDEM Office of Human Resources is responsible for notifying FEMAF board members, officers, and employees appointed to designated positions of the requirement to file financial and gift disclosures. Contact: (850) 815-4177.

The FDEM Office of the General Counsel is responsible for providing clarification to employees on the specific ethics policies outlined herein. Contact: (850) 815-4178.

Questions about the ethics laws may be addressed to the Commission on Ethics. Contact: (850) 488-7864.

Questions about the public records and/or sunshine laws may be addressed to the Governor's Office of Open Government. Contact: (850) 717-9248; desantis.opengov@eog.myflorida.com