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

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

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

community.

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

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

d Services Foundation of Florida,	Authority	Mission	Strategic Flam	IRS Form 990	National Contraction of Contraction
Control of the contro	dillolling.				<ul> <li>The Foundation funded and is</li> </ul>
					overseeing the development of
225 W Gaines C+ Room 1114					the Vocational Evaluation
Turlington Building					Project that created a
Tallahassee Florida 37399					vocational evaluation tool that
1-800-340-1808					has garnered interest in its use
I-000-342 - 1020					nationwide and in Canada, the
WWW.DIIIUSELVICESIOUIIGAUOII					development of a manual to
					accompany the tool, the
					creation of a listing of related
					tests that could be used in
					conjunction with the tool, and
					an outline of the specific value
					of this approach to assessing
					the vocational readiness of
					people who are blind or have
					low vision.
					The Foundation will focus on
					marketing initiatives such as a
			- **		new brochure, outreach,
					technology and training for
					older blind.
					<ul> <li>The primary value of the</li> </ul>
					Foundation lies with the
					projects it supports each year
					that the Division of Blind
					Services cannot sponsor due to
					funding restrictions.

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## Blind Services Foundation of Florida Inc.

## Annual Report 2021-2022

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

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

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

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

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

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

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

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

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

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

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

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

Respectfully submitted,

Paul Edwards, Chair
Blind Services Foundation of Florida

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

## State of Florida Direct Support Organization Code of Ethics

## **Policy Statement**

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

## **Board of Directors**

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

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

## **Employees**

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

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

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

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

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

## **Financial Practices**

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

## Fundraising Activities

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

## CODE OF ETHICS

## BLIND SERVICES FOUNDATION OF FLORIDA, INC.

State of Florida Direct Support Organization

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

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





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## **Treatment of Individuals Served**

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

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

## Acknowledgement

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

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

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

Print Name:	

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

November 3, 2021

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

Dear Client:

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

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

Sincerely,

Scot A. Shepard, CPA

TAXPAYER'S COPY
PREPARED BY
ROGERS WOOD HILL STARMAN & GUSTASON
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS
606 BALD EAGLE DRIVE. SUITE 400
MARCO ISLAND, FL 34145

Form **990-EZ** 

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

2020

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990EZfor instructions at			<ul> <li>Go to www.irs.gov/Form990EZfor instructions and the latest info</li> </ul>	ormation	1	Inspection 3
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			nd 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mor mn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ			81,081.
Pai	tΙ	10	Expanses and Changes in Net Assets or Fund Balances (See	the ins	structions	for Part I)
. 411		Chack if the	organization used Schedule O to respond to any question in this race			79,662.
$\neg$	1	Contributions	gifts grapts and similar amounts received		1971	19,002.
- 1	2	Program şerv	ice revenue including government fees and contracts		3	
- 1	-	Momberchin	flues and assessments		4	1,419.
- 1	4	Investment in	come	100000		1,419.
	5 a	Gross amoun	t from sale of assets other than inventory			
- 1	b	Less: cost or	other basis and sales expenses		5 c	
- 1	c	Gain or (loss) fro	m sale of assets other than inventory (subtract line 5b from line 5a)	E   E + 1/2/2	91111	
- 1	6	Gamino and	fundraising events:		1.7.74	
왕	a	Gross income	e from gaming (attach Schedule G if greater than \$15,000) 6a of contribution		199	
를	ь	Gross income		JIIS		
Revenue		of such gross	ing events reported on line 1) (attach Schedule G if the sum Income and contributions exceeds \$15,000)			
	С	Less: direct e	expenses from gaming and fundraising events		10	
		6h and subtra	r (loss) from gaming and fundraising events (add lines 6a and act line 6c)	9155	6d	
- 1	7 a	Gross sales o	of inventory, less returns and allowances		SYB	
	1.	I amount of	goods sold			
	c	Cross profit	or (loss) from sales of inventory (subtract line 7b from line 7a)		7 c	
- 1	8	Other revenu	e (describe in Schedule O)		0	01 001
	9		Add Sec. 1 2 2 4 50 6d 7c and 8		9	81,081.
-	10	Constant and a	imitar amounts paid (list in Schedule O)	re o	10	77,120.
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g	12	Colories oth	er compensation, and employee benefits		1.6	345.
Expenses	13	Professional	fees and other payments to independent contractors		15	345.
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û	15	Printing, pub	lications, postage, and shipping	1e 0	16	2,203.
- 1	16	Other expens	ses (describe in Schedule O)	7 T		79,668.
	17	Total evnens	ps. Add lines 10 through 16.			1,413.
	18	Excess or (d	eficit) for the year (subtract line 17 from line 9).			1/410.
Net Assets	19		fund balances at beginning of year (from line 27, column (A)) (must agree with don prior year's return).			97,201.
<b>₹</b>	20	Other change	es in net assets or fund balances (explain in Schedule 0)		20	
	21	Net assets of	r fund balances at end of year. Combine lines 18 through 20	+ + + + + + + + + + + + + + + + + + + +	> 21	98,614.
BAA	Fo	r Paperwork F	reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2020)

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22	Cash, savings, and investments			31,180	23	
23	Land and buildings				24	
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25	Total assets				26	301
26	Total liabilities (describe in Schedule O).			97,20		98,
27	Net assets or fund balances (line 27 of co	olumn (B) must agree with lir	le 21)	91,20	1. 21	Expenses
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Ch Dw Vi Sh Se Br Tr Jo Bo Ro Pa	ul Edwards airman ight Sayer ce Chairman eryl Brown cretary uce Miles easurer e Minichiello ard Member bert Kelly ard Member tricia Lipovsky	(b) Average hours per week devoted to position  10  10  10  10	(e) Reportable compensa (Forms W-201099-MIS) (If not paid, enter -D-	contributions to employed benefit plans, and compensation.	0. 0. 0. 0.	(a) Estimated am other compens
Ch Dw Vi Sh Se Br Tr Jo Bo Ro Pa	ul Edwards airman ight Sayer ce Chairman eryl Brown cretary uce Miles easurer e Minichiello ard Member bert Kelly ard Member tricia Lipovsky	(b) Average hours per week devoted to position  10  10  10	(e) Reportable compensa (Forms W-201099-MIS) (If not paid, enter -D-	contributions to emperation contributions to emperation of the compensation of the com	0. 0. 0.	(a) Estimated am other compens
Ch Dw Vi Sh Se Br Tr Jo Bo Ro Bo Pa Bo	ul Edwards airman ight Sayer ce Chairman eryl Brown cretary uce Miles easurer e Minichiello ard Member bert Kelly ard Member tricia Lipovsky ard Member	(b) Average hours per week devoted to position  10  10  10  10  10  10  10	(e) Reportable compensa (Forms W-2/1059-MIS) (If not pald, enter -D	contributions to employed by the contributions to employed by the compensation of the	0. 0. 0. 0.	(e) Estimated am other compens
Ch. Dw Vi Sh Se Br Tr Jo Bo Ro Bo Ro Ro	ul Edwards airman ight Sayer ce Chairman eryl Brown cretary uce Miles easurer e Minichiello ard Member bert Kelly ard Member tricia Lipovsky ard Member bert Doyle	(b) Average hours per week devoted to position  10  10  10  10	(e) Reportable compensa (Forms W-2/1059-MIS) (If not pald, enter -D	contributions to employed benefit plans, and compensation.	0. 0. 0. 0.	(e) Estimated am other compens
Ch. Dw Vi Sh Se Br Tr Jo Bo Ro Bo Ro Ro	ul Edwards airman ight Sayer ce Chairman eryl Brown cretary uce Miles easurer e Minichiello ard Member bert Kelly ard Member tricia Lipovsky ard Member	(b) Average hours per week devoted to position  10  10  10  10  10  10  10	(e) Reportable compensa (Forms W-2/1059-MIS) (If not pald, enter -D	contributions to employed by the contributions to employed by the compensation of the	0. 0. 0. 0.	(e) Estimated am other compensi
Ch. Dw Vi Sh Se Br Tr Jo Bo Ro Bo Ro Ro	ul Edwards airman ight Sayer ce Chairman eryl Brown cretary uce Miles easurer e Minichiello ard Member bert Kelly ard Member tricia Lipovsky ard Member bert Doyle	(b) Average hours per week devoted to position  10  10  10  10  10  10  10	(e) Reportable compensa (Forms W-2/1059-MIS) (If not pald, enter -D	contributions to employed by the contributions to employed by the compensation of the	0. 0. 0. 0.	(e) Estimated am other compensi
Ch. Dw Vi Sh Se Br Tr Jo Bo Ro Bo Ro Ro	ul Edwards airman ight Sayer ce Chairman eryl Brown cretary uce Miles easurer e Minichiello ard Member bert Kelly ard Member tricia Lipovsky ard Member bert Doyle	(b) Average hours per week devoted to position  10  10  10  10  10  10  10	(e) Reportable compensa (Forms W-2/1059-MIS) (If not pald, enter -D	contributions to employed by the contributions to employed by the compensation of the	0. 0. 0. 0.	(e) Estimated am other compens
Ch. Dw Vi Sh Se Br Tr Jo Bo Ro Bo Ro Ro	ul Edwards airman ight Sayer ce Chairman eryl Brown cretary uce Miles easurer e Minichiello ard Member bert Kelly ard Member tricia Lipovsky ard Member bert Doyle	(b) Average hours per week devoted to position  10  10  10  10  10  10  10	(e) Reportable compensa (Forms W-2/1059-MIS) (If not pald, enter -D	contributions to employed by the contributions to employed by the compensation of the	0. 0. 0. 0.	(e) Estimated am other compens
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Ch. Dw Vi Sh Se Br Tr Jo Bo Ro Bo Ro Ro	ul Edwards airman ight Sayer ce Chairman eryl Brown cretary uce Miles easurer e Minichiello ard Member bert Kelly ard Member tricia Lipovsky ard Member bert Doyle	(b) Average hours per week devoted to position  10  10  10  10  10  10  10	(e) Reportable compensa (Forms W-2/1059-MIS) (If not pald, enter -D	contributions to employed by the contributions to employed by the compensation of the	0. 0. 0. 0.	(e) Estimated am other compens
Ch. Dw Vi Sh Se Br Tr Jo Bo Ro Bo Ro Ro	ul Edwards airman ight Sayer ce Chairman eryl Brown cretary uce Miles easurer e Minichiello ard Member bert Kelly ard Member tricia Lipovsky ard Member bert Doyle	(b) Average hours per week devoted to position  10  10  10  10  10  10  10	(e) Reportable compensa (Forms W-2/1099-MIS) (If not pald, enter -D	contributions to employed by the contributions to employed by the compensation of the	0. 0. 0. 0.	(e) Estimated and other compens
Ch. Dw Vi Sh Se Br Tr Jo Bo Ro Bo Ro Ro	ul Edwards airman ight Sayer ce Chairman eryl Brown cretary uce Miles easurer e Minichiello ard Member bert Kelly ard Member tricia Lipovsky ard Member bert Doyle	(b) Average hours per week devoted to position  10  10  10  10  10  10  10	(e) Reportable compensa (Forms W-2/1099-MIS) (If not pald, enter -D	contributions to employed by the contributions to employed by the compensation of the	0. 0. 0. 0.	(e) Estimated an other compens
Ch. Dw Vi Sh Se Br Tr Jo Bo Ro Bo Ro Ro	ul Edwards airman ight Sayer ce Chairman eryl Brown cretary uce Miles easurer e Minichiello ard Member bert Kelly ard Member tricia Lipovsky ard Member bert Doyle	(b) Average hours per week devoted to position  10  10  10  10  10  10  10	(e) Reportable compensa (Forms W-2/1099-MIS) (If not pald, enter -D	contributions to employed by the contributions to employed by the compensation of the	0. 0. 0. 0.	(a) Estimated an other compens
Ch. Dw Vi Sh Se Br Tr Jo Bo Ro Bo Ro Ro	ul Edwards airman ight Sayer ce Chairman eryl Brown cretary uce Miles easurer e Minichiello ard Member bert Kelly ard Member tricia Lipovsky ard Member bert Doyle	(b) Average hours per week devoted to position  10  10  10  10  10  10  10	(e) Reportable compensa (Forms W-2/1099-MIS) (If not pald, enter -D	contributions to employed by the contributions to employed by the compensation of the	0. 0. 0. 0.	(a) Estimated an other compens
Ch. Dw Vi Sh Se Br Tr Jo Bo Ro Bo Ro Ro	ul Edwards airman ight Sayer ce Chairman eryl Brown cretary uce Miles easurer e Minichiello ard Member bert Kelly ard Member tricia Lipovsky ard Member bert Doyle	(b) Average hours per week devoted to position  10  10  10  10  10  10  10	(e) Reportable compensa (Forms W-2/1099-MIS) (If not pald, enter -D	contributions to employed by the contributions to employed by the compensation of the	0. 0. 0. 0.	(e) Estimated an other compens
Ch. Dw Vi Sh Se Br Tr Jo Bo Ro Bo Ro Ro	ul Edwards airman ight Sayer ce Chairman eryl Brown cretary uce Miles easurer e Minichiello ard Member bert Kelly ard Member tricia Lipovsky ard Member bert Doyle	(b) Average hours per week devoted to position  10  10  10  10  10  10  10	(e) Reportable compensa (Forms W-2/1099-MIS) (If not pald, enter -D	contributions to employed by the contributions to employed by the compensation of the	0. 0. 0. 0.	(e) Estimated am other compense

0	990-EZ (2020) Blind Services Foundation of Florida, Inc 55-088814	See S	ch	,
rat	TV Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.			
33	2011 at a case in the property of public part activity not previously reported to the IRS?	_	Ye	
		33		
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		
25.	a change to the organization's name. Otherwise, explain the change on schedule 0. See instructions.  Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
	(cuch as those reported on lines 2. 6a, and 7a, among others)?	35 a	_	
Ŀ	It was to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule Q	35 b	H	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.	35 c	L	
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions .   37a 0.	37b	15.5	
38 s	o Did the organization file Form 1120-POL for this year?			
	any such loans made in a prior year and still outstanding at the end of the tax year costs of a	38a	700	
-	amount involved	Yell.	ē	
39	Section 503 (c) (7) prognizations. Enter:	Till a		
a	a Initiation fees and capital contributions included on line 9	TEST		
ŀ	Gross receipts. Included oil line 3, for public use of clab facilities.			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	133	1	
	section 4911 • 0.; section 4912 • 0.; section 4955 • 0.		4	
	section 4911 b., section 4911 b., section 4911 b. section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	40 b		
		1197	3	
	managers or disqualified persons during the year under Sections 4312, 4330, and 4330	100	ij	
	d Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0.			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax			
-	B All Organizations. At any time during the tax your The tax	40e	1	
	shelter transaction? If 'Yes,' complete Form 8886-T.  List the states with which a copy of this return is filled  None	40 e	_	
41	List the states with which a copy of this return is filled None  Telephone on (850)		-0	
41	List the states with which a copy of this return is filled * None  Telephone no. * (850)	245		
41 42 :	a The organization's books are in care of Brandis Hall Located at \$\begin{array}{c} \text{SO} \text{W Gaines St Turlington Bldg #1114 Tallahassee FI.} & \text{ZIP + 4 } \text{ 32399} \text{32399}	245		
41 42 :	List the states with which a copy of this return is filled None  Telephone no. (850)  Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee FL ZIP+4 32399  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	245		
41 42 :	a The organization's books are in care of Brandis Hall Located at \$\begin{array}{c} \text{SO} \text{W Gaines St Turlington Bldg #1114 Tallahassee FI.} & \text{ZIP + 4 } \text{ 32399} \text{32399}	245		
41 42 :	List the states with which a copy of this return is filled None  Telephone no. (850)  Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee FL ZIP+4 32399  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	245		
41 42 :	List the states with which a copy of this return is filled None  Telephone no. (850)  Telephone no. (850)  Total the organization's books are in care of Marian and the organization are of Marian and the organization are of Marian and the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	245		
41 42:	List the states with which a copy of this return is filled None  Telephone no. (850)  Brandis Hall Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee FL ZIP+4 32399  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country   On the industrian for executions and filing requirements for FinCFN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	245		
41 42:	List the states with which a copy of this return is filled None  Telephone no. (850)  Telepho	245 42b		
41 42:	List the states with which a copy of this return is filled None  Telephone no. (850)  Brandis Hall Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee FL ZIP+4 32399  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country   On the industrian for executions and filing requirements for FinCFN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	245 42b		
41 42 4	List the states with which a copy of this return is filled None  Telephone no. (850)  Telephone no. (850)  Telephone no. (850)  Total the organization's books are in care of Maintenance of the Country of the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  Telephone no. (850)  ZIP + 4 32399  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  The organization's bank and financial accounts or other financial accounts (FBAR).  The organization's bank are interest in or a signature or other authority over a financial account in a foreign country bank are interest in or a signature or other authority over a financial account in a foreign account in a foreign account in a foreign account in a financial accoun	245 42b		
41 42 4	List the states with which a copy of this return is filled None  Telephone no. (850)  Telepho	245 42b		
41 42 4	List the states with which a copy of this return is filled None  Telephone no. (850)  Telepho	245 42b	Ye	
41 42:	List the states with which a copy of this return is filled None  Telephone no. (850)  Brandis Hall Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee FL 21P+4 32399  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a brinancial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year.  43	245 42b	Ye Ye	
41 42:	List the states with which a copy of this return is filled None  Telephone no. (850)  Brandis Hall Located the 325 W Gaines St Turlington Bldg #1114 Tallahassee FL ZIP+4 32399  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year.  43	245 42b 42c	Ye Ye	
41 42:	List the states with which a copy of this return is filled None  Telephone no. (850)  Telephone no. (850)  Total the states with which a copy of this return is filled None  Telephone no. (850)  Telephone no. (850)  Total the states with which a copy of this return is filled None  Telephone no. (850)  Total the states with which a copy of this return is filled None  Telephone no. (850)  Telephone no. (850)  Total the states with which a copy of this return is filled None  Telephone no. (850)  Telephone no. (8	245 42b 42c	Ye Ye	
41 42:	List the states with which a copy of this return is filled None  Telephone no. (850)  Telepho	245 42b 42c 44a 44a	Ye Ye	
41 42:	List the states with which a copy of this return is filled None  Telephone no. (850)  Brandis Hall Loated at 325 W Gaines St Turlington Bldg #1114 Tallahassee FI. (19 + 4 32399)  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here  and enter the amount of tax-exempt interest received or accrued during the tax year.  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year?	245 42b 42c 44a 44b	-0: Ye	
41 42:	List the states with which a copy of this return is filled None  Telephone no. (850)  Brandis Hall Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee FI. (1944 32399)  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year.  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  C Did the organization receive any payments for indoor tanning services during the year?  LESTON AND ADD TO THE ADD TO TH	245 42b 42c 44a 44a	Ye Ye	
41 42 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	List the states with which a copy of this return is filled None  Telephone no. (850)  None  Telephone no. (850)  Brandis Hall Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee FIL ZIP +4 32399  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here.  and enter the amount of tex-exempt interest received or accrued during the tax year.  A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  B Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  C Did the organization receive any payments for indoor tanning services during the year?  If 'Yes,' to line 44c, has the organization file 0 Form 720 to report these payments?	42b 42c 44a 44b 44c	Ye Ye	
41 42:	List the states with which a copy of this return is filled None  Telephone no. (850)  Brandis Hall Located at 325 W Gaines St Turlington Bldg #1114 Tallahassee FI. (1944 32399)  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year.  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  C Did the organization receive any payments for indoor tanning services during the year?  LESTON AND ADD TO THE ADD TO TH	42b 42c 44a 44a 44c 44d	Ye	

, Form 990-E	Z (2020) Blind Services Foun	dation of Flor	ida,Inc	55-08	
ac Did th	ne organization engage, directly or indirectly described at the contract of th	tly, in political campaid	in activities on behalf of	or in opposition to	Yes No 46 X
	Section 501(c)(3) Organizations All section 501(c)(3) organization for lines 50 and 51.	- Only			te the tables
	Check if the organization used	Schedule O to res	pond to any questi	on in this Part VI.	
comp	ne organization engage in lobbying activiti	es or have a section 5	01 (h) election in effect o	during the tax year? If "Y	'es,' 47 X
49 a Did th	organization a school as described in se- ne organization make any transfers to an s, was the related organization a section olete this table for the organization's five	exempt non-charitable 527 organization?	related organization?		48 X 49 a X 49 b
50 Comp emple	plete this table for the organization's five roughly oyees) who each received more than \$100	0,000 of compensation	from the organization. I	f there is none, enter 'N	lone.'
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deterred compensation	(e) Estimated amount of other compensation
None					
E4 0	number of other employees paid over \$1 olete this table for the organization's five lensation from the organization. If there is	hinhest compensated it	ndependent contractors	who each received more	e than \$100,000 of
	(a) Name and business address of each independent co		(b) Type	of service	(c) Compensation
None					
52 Did l	number of other independent contractors ne organization complete Schedule A? No leted Schedule A.	ote: All section 501(c)(	100,000 3) organizations must at	tach a	►XYes No
Under penalties true, correct, a	s of perjury. I declare that I have examined this return, in and complete. Declaration of preparer (other than officer	cluding accompanying schedule ) is based on all information o	es and statements, and to the be- of which preparer has any knowle	st of my knowledge and belief, il edge.	İS
	Signature of officer			Date	
Sign Here	Paul Edwards Type or print name and title			Chairman	
	Print/Type preparer's name	Preparer's signature	Date	Check L if	P00103309
Paid Preparer	Scot A, Shepard, CPA Firm's name > Rogers Wood Hil	1 Starman & Gu	stason, P.A.		
Use Only	Firm's address ► 606 Bald Eagle	<u>Drive Suite 40</u>	0	Phone no. 230	<u>59-1362099</u> 9-394-7502
	Marco Island, F	L 34145	etions	Frione no. 23	> X Yes No
	S discuss this return with the preparer sh	OWN Spoke, See Institu	otions Still		Form <b>990-EZ</b> (2020)
BAA					

## SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2020

Open to Public

Department of Internal 6	ent of the Treasury Revenue Service	F-(	Go to www.irs.gov/Fo	rm990for instructions	and the	latest ir		mspection.	
Name of	the organization						Employer identific		
Blin	d Services	Foundatio	n of Florida,	Inc			55-088814		
Doet	Reason fo	r Public Chari	tv Status. (All ord	anizations must co	mplete	this p	art.) See instruction	ons.	
The or	ganization is not	a private founda	ation because it is: (Fo	or lines 1 through 12, c	heck onl	y one bo	ox.)		
1	A church, cor	ention of churc	thes, or association of	churches described in	section	170(b)(	1)(A)(i).		
2	A school des	cribed in <b>sectio</b> r	170(b)(1)(A)(ii).(Atta	ch Schedule E (Form 9	90 or 99	0-EZ).)			
3	A hospital or	a cooperative ho	ospital service organiz	ation described in sect	ion 170(	b)(1)(A)	(iii).	- the beenitelle	
4	A medical re	search organizati	ion operated in conjur	nction with a hospital de	escribed	in secti	on 170(b)(1)(A)(iii) En	er the hospitals	
,	name, city, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A tederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8	Complete Part II \								
9	<b>–</b>		ination described in	caction 170/bY(1)(A)(ix)	operate	d in con	junction with a land-gra	ant college	
•	or university	or a non-land-gra	ant college of agricult	ure (see instructions). E	Enter the	name,	city, and state of the c	ollege or	
	university:								
10	from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from growth from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from growth from growth from the subject to certain exceptions; and (2) no more than 33-1/3% of its support from growth from growth from growth from the subject to certain exceptions; and (2) no more than 33-1/3% of its support from growth from growt								
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one an organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one organization organized and operated exclusively in control 509(a)(2). See section 509(a)(3). Check the box in								
12								the purposes of one	
	or more publ	icly supported or	ganizations described	III Section Sustantino	200000	lote line	c 12e 12f and 12n	•	
а	complete Pa	rt IV, Sections A	and D.	pporting organization a ised, or controlled by its ect a majority of the di				uine control or	
b	management	of the supporting	one A and C	ntrolled in connection v in the same persons the	101 007.11			_	
С	Type III func	tionally integrate	ed. A supporting organ	nization operated in con	nection i	with, an	I functionally integrate	d with its supported	
d	Type III non- functionally i	functionally intentegrated. The o	grated. A supporting or rganization generally	organization operated in must satisfy a distributi A and D, and Part V.	on requi	rement a	its supported organiza and an attentiveness re	etion(s) that is not equirement (see	
	1 1	16 11	tion received a writte	n determination from it	IE IRO II	at it is a	Type I, Type II, Type	III functionally	
е									
f	Enter the numbi	er of supported o	rganizations						
g	Provide the follo	wing information	about the supported	organization(s).			(v) Amount of monetary	(vi) Amount of other	
(I,	) Name of supported	go City Type of organization (fly) is the (V)		support (see instructions)	support (see instructions)				
					Yes	No			
-									
(0)									
(A)									
/D\									
(B)									
(C)									
(C)									
(D)									
(1)									
(E)									
1-/					FIEL.	1193			

Schedule A (Form 990 or 990-EZ) 2020 Blind Services Foundation of Florida, Inc 55-0888147 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (f) Total (e) 2020 **(b)** 2017 (c) 2018 (d) 2019 (a) 2016 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3.... The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)... Section B. Total Support (f) Total (e) 2020 (d) 2019 Calendar year (or fiscal year beginning in) ► (a) 2016 (b) 2017 (c) 20187 Amounts from line 4..... Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on..... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))..... % 16a 33-1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► [] b 33-1/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 

•

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (c) 2018 (f) Total (d) 2019 (e) 2020 (b) 2017 (a) 2016 354,096. 68,303 79,662 75,222 71,143 59,766 0. Gross receipts from activities that are not an unrelated trade or business under section 513. 0. or business under section 513.
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.
The value of services or facilities furnished by a governmental unit to the organization without charge. 0. 68,303. 354,096. 79,662. 71,143. 75,222. Total. Add lines 1 through 5... 59,766 Amounts included on lines 1, 2, and 3 received from disqualified persons...... 0 0 0. n 0 0 b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. 0 0. 0 n 0. c Add lines 7a and 7b..... 0 0. 354,096. Section B. Total Support (c) 2018 (d) 2019 (e) 2020 (f) Total (b) 2017 (a) 2016 Calendar year (or fiscal year beginning in) 354,096. 79,662. 68,303. 75,222 71,143 9 Amounts from line 6.... 59,766. 9 Amounts from line b.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.
b Unrelated business taxable incorne (less section 511 taxes) from businesses acquired after June 30, 1975. 1,419 5,543. 1,455 1,263 1,406 1,419. 1,455 1,406. 1,263. c Add lines 10a and 10b...... Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.

Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 0. 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 2 active 10). 359,639. > □ 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))..... 98.46 % 15 98.47 % Public support percentage from 2019 Schedule A, Part III, line 15...... 16 Section D. Computation of Investment Income Percentage 1.54 % 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))...... 17 1.53 % 18 Investment income percentage from 2019 Schedule A, Part III, line 17. 18 19a 33-1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support tests-2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.... 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.....

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

Part IV Supporting Organizations

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

Sec	tion A. All Supporting Organizations	_		No
		-	Yes	NO
	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		MAY.
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	Warner W	344
38	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b	3a		Shir.
	and 3c below.  Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
(	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3с	112	
	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		CES
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
(	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	Jai	17.5
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
1	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organization organization's organization's organization's organization's organization	5b	PS	EXT:
,	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	1000	The s
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7	1.	. 7
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L. (Form 990 or 990-EZ).	8		7 100.20
	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes' provide detail in Part VI.	9a	Ti.	
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		12.00
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide defail in Part VI.	90	1000	
	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below	1,0a		
	b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

	edule A (Form 990 or 990 EZ) 2020 <u>Blind Services Foundation of Florida, Inc</u> 55-088814  **TIV   Supporting Organizations (continued)	-	Yes	Т
	Has the organization accepted a gift or contribution from any of the following persons?	100	165	t
11	Has the organization accepted a gift of contribution from any of the islaming persons.  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,	11-		l
	the governing body of a supported organization?	11a	-	ł
b	A family member of a person described in line 11a above?	11b		ł
	A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c	_	1
Sec	tion B. Type I Supporting Organizations		Yes	T
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		ν	
		15235	Yes	1
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	1,54	
Sec	tion D. All Type III Supporting Organizations		Yes	_
1	the fifth appropriations, by the last day of the fifth month of the	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	His His	
	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	يار. <b>3</b>		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	_	_	
ı	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct a The organization satisfied the Activities Test. Complete line 2 below.  b The organization is the parent of each of its supported organizations. Complete line 3 below.  c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see			).
2	Activities Test. Answer lines 2a and 2b below.		Yes	
	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 supported organization(s) to which the organization was			
	organizations and explainnow these activities directly influence than better line that these activities constituted responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	_	
	b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If Yes, explain inPart VI the reasons for the granization's position that its supported organization(s) would have engaged in these activities	2b		
	but for the organization's involvement.			ĺ
	Parent of Supported Organizations. Answer lines 3a and 3b below.		Let.	
3	a Did the organization have the nower to requiarly appoint of elect a majority of the officers, effectively	2~		
	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.	3a 3b	N.	

1	Cheek hard if the proprietion satisfied the Integral Part Test as a qualifying trust	anizati on Nov.	20, 1970 (explain in I	Part VI). See
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organizations	must c	omplete Sections A th	rough E.
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_	Other gross income (see instructions)	3		
-	Add lines 1 through 3.	4		
_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7		7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	tion B Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail inPart VI):	11		
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		
	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
_	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
- 2		2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4		4	WATER WATER	
5	Income tax imposed in prior year	5	Er era Inditiza (ii	
-6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

BAA

e Excess from 2020.

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

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part 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.)

### SCHEDULE O (Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection ► Go to www.irs.gov/Form990for the latest information.

Department of the Treasury Internal Revenue Service

QMB No. 1545-0047

2020

Name of the organization	Employer identification number 55-0888147
Blind Services Foundation of Florida, Inc	33 0000147
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid In Excess of \$5,000	
Class of Activity: Donation Donee's Name: Grants & Donations Cash Amount Given:	\$ 77,120.
Form 990-EZ, Part I, Line 16 Other Expenses	
InsuranceLicenses & Permits	4 000
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
Blind Services Foundation of Florida is a direct-suppor	t organization to the
Division of Blind Services of the Florida Department of	Education under Chapter
617, Florida statute, which is organized to raise funds	, request and receive
grants for the benefit of blind persons in the state of	Florida.
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Ber	nefit Contracts
(a) Did the organization, during the year, receive any	funds, directly or
indirectly, to pay premiums on a personal benefit contr	act? No
(b) Did the organization, during the year, pay premium	ns, directly or
indirectly, on a personal benefit contract?	No

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

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

Name, Mailing Address, Telephone Number and Web Address	Statutory Authority	Mission	Strategic Plan	Code of Ethics/ IRS Form 990	Rationale for Continuation of Foundation	
Florida Endowment for Vocational Rehabilitation (dba The Able Trust)	Section 413.615, F.S.	The Able Trust's mission is to be a key leader in providing Floridians with disabilities opportunities for successful employment.	The board, in conjunction with staff, has recently completed a three-year strategic plan: Inclusive Florida Powered by The Able	See Attached	Remains true to its mission and is focused on a strategic plan that is closely aligned with the priorities of the FDOE Division of	
Tallahassee, FL 32308			Trust. Over the next three fiscal years, the		Vocational Renabilitation (VK); • Has maintained fiscal and operational	
850-224-4493 www.abletrust.org			fundraising and grant writing efforts to		processes that ensure sound fiscal management and transparency, reviewed	_
			secure additional private and public gifts, grants, and endowed funds in order to		annually by an outside independent auditor.	
			maintain and grow its grant-making efforts		<ul> <li>Is an effective vehicle for cultivating</li> </ul>	
			that support rehabilitation and employment		meaningful partnerships between the FDOE and VR and other stakeholders.	_
			opportunities benefitting riotidians with disabilities; Continue its focus on programs		Is actively engaged in developing and	
			directed at youth and young adults,		successfully executing innovative programs	_
			particularly the continuation and expansion		such as its statewide high scripol high recil	_
			of the High School High Tech; Enhance its		outreach and engagement programs,	_
			communications and research errorts in		And outcome focused statewide	
			order to better promote and encourage		employment activities conducted with a	_
			employment opportunities for Floridians		<ul> <li>variety of partnering organizations.</li> <li>Works with various public and private</li> </ul>	_
			around Disability Employment Awareness		partners including CareerSource Florida and	_
			Month and focused industry recognition		the Department of Economic Opportunity	-
			activities, encouragement of internship and		on issues connected to the employment of	_
			work experience opportunities, and		provides assistance to employers who	_
			information and resources to assist		include or plan to include people with	_
			they work together to build employment		disabilities in their workforce.	_
			opportunities: Strengthen relationships with		<ul> <li>Supported a number of community organizations in FY2022 with technical and</li> </ul>	
			business leaders through awareness		staff assistance as well as funding. The	
			campaigns, mentoring opportunities,			

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

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

organization provided 51,196,000 in grants and related support.	
industry showcases, and business resources; Strengthen awareness and relationships among the state legislature through advocacy and education activities; and realign grant making with the employment goals and outcomes of the federal WIOA legislation and those of the state Vocational Rehabilitation program.	The Able Trust will also continue to expand its support for Division of Vocational Rehabilitation training activities and events, as well as focus on the sustainability and reauthorization of the organization, currently due to be "sunset" by 1 October 2023 unless saved from repeal before that date. See the attached Strategic Plan Document.
y	



Powered by THE ABLE TRUST

STRATEGIC PLAN

FY 2023-2025



## WHO IS THE ABLE TRUST?

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

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

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

## **OUR PROMISE TO FLORIDA STAKEHOLDERS**

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







## **STRATEGIC PRIORITY #2:**

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

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

## THE ABLE NETWORK

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

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

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

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

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

**KEVIN CARR • CEO, FloridaMakes** 

To achieve this goal, The Able Trust will:

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

## **FY23 METRICS**

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



## ABLE TRUST PROGRAMS & INITIATIVES



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



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

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





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

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

The goals of Project Venture are to:

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

## INCLUSIVE FLORIDA Powered by THE ABLE TRUST



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

## POLICY STATEMENT

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

## **BOARD OF DIRECTORS**

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

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

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

## **AMBASSADORS**

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

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

Jan.

## PRESIDENT AND CEO

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

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

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

### **EMPLOYEES**

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

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

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

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

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

## FINANCIAL PRACTICES

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

### FUNDRAISING ACTIVITIES

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

#### TREATMENT OF INDIVIDUALS SERVED

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

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

#### **ACKNOWLEDGEMENT:**

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

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

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

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

Accepted:	Date:
Print Name:	

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information. and ending JUN 30, 2021 A For the 2020 calendar year, or tax year beginning JUL 1, 2020D Employer identification number C Name of organization Check if applicable: THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC. X Addres 59-3052307 THE ABLE TRUST Name change Doing business as Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number initial 850-224-4493 100 1709 HERMITAGE BLVD Final return/ 6,854,410. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ termin-ated TALLAHASSEE, FL 32308-7906 H(a) is this a group return F Name and address of principal officer: ALLISON CHASE Yes X No for subordinates? Applica Yes L pending H(b) Are all subordinates included? SAME AS C ABOVE If "No." attach a list. See instructions 4947(a)(1) or I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) J Website: WWW . ABLETRUST . ORG H(c) Group exemption number ▶ L Year of formation: 1991 M State of legal domicile; FL Association Other > K Form of organization: X Corporation Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 9 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year Prior Year** 604,260. 4,199,830. Contributions and grants (Part VIII, line 1h) 25,100. Revenue 30,810. Program service revenue (Part VIII, line 2g) 1,930,441. 2,458,453. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 61,779. 41 886 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,621,580. 730,979. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 1,400,650. 1,887,107. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 Benefits paid to or for members (Part IX, column (A), line 4) 567,390. 904,358. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, employee assistant (A), line 11e)

16a Professional fundraising fees (Part IX, column (A), line 11e)

0. 0. 0 b Total fundraising expenses (Part IX, column (D), line 25) 508,076. 685,918. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,299,541. 3,431,438. 2,653,958. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -32,378 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year Or 28,817,434. 25,045,138. Assets (Balanc Total assets (Part X, line 16) 873,148. 748,894. Total liabilities (Part X, line 26) 21 27,944,286. 24 296 244 三三 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer other than officer) is based on all information of which preparer has any knowledge. 2022 2 Clus Signature of officer Sign PRESIDENT AND CEO ALLISON CHASE, Here Type or print name and title Preparer's signature Print/Type preparer's name 5/12/2022 P01371120 Stacey T. Kolka STACEY T KOLKA Paid Firm's EIN ▶ 59-3186310 THOMAS HOWELL FERGUSON P.A. Preparer Firm's name 2615 CENTENNIAL BLVD., SUITE 200 Firm's address Use Only Phone no.850-668-8100 TALLAHASSEE, FL 32308

No

	FOR VOCATIONAL REHABILITATION, INC.	59-3052307	Page 2
Form	990 (2020)	33 3032307	rage =
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u> </u>
1	Briefly describe the organization's mission: TO BE A KEY LEADER IN PROVIDING FLORIDIANS WITH DISABILI'	ries .	
	OPPORTUNITIES FOR SUCCESSFUL EMPLOYMENT.		
	OPPORTUNITIES FOR SUCCESSION EMILIOTHEMI:		
2	Did the organization undertake any significant program services during the year which were not listed on the		X No
	prior Form 990 or 990-EZ?	Yes	LAL NO
	If "Yes," describe these new services on Schedule O.		(Tel
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	LXJ 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 n	reasured by expense	s.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses,	and
	revenue, if any, for each program service reported.		
		s 3,	838.)
4a	(Code:)(Expenses \$ 1,003,386 + including grants of \$ 454,650 · ) (Revenue THE ORGANIZATION ASSISTS FLORIDIANS WITH DISABILITIES IN		
	EMPLOYMENT AND PROVIDES GRANTS TO SUPPORT VOCATIONAL REH	ABTI.TTATTON	ī
	EMPLOYMENT AND PROVIDES GRANTS TO SUPPORT VOCATIONAL REID	DA CITTURNIC	
	PROGRAMS AND SERVICES LEADING TO THE EMPLOYMENT OF FLORI	DA CITIDING	,
	WITH DISABILITIES. IT ALSO FUNDS YOUTH PROGRAMS AND RETR	EATS THAT	
	ADDRESS COMMUNITY, ACADEMIC AND EMPLOYMENT LEADERSHIP.		
	600	. 1	050.)
4b	(Code: ) (Expenses \$ 682. including grants of \$ ) (Revenue DISABILITY EMPLOYMENT AWARENESS MONTH (DEAM) IS COMMEMORIAL COMMEMO		0001
	OCTOBER AND PAIRS STUDENTS WITH DISABILITIES WITH EMPLOY	ERS FOR A	770
	ONE-ON-ONE JOB SHADOWING EXPERIENCE. DEAM IS DESIGNED TO	EXPOSE YOU	ING
	ADULTS TO A VARIETY OF CAREER OPTIONS AND PROVIDE THEM W	ITH A BETTE	SR
	INDERSTANDING OF THE WORKPLACE ENVIRONMENT. PARTICIPANTS	ARE GIVEN	A
	CHANCE TO LEARN ABOUT A TYPICAL WORK DAY AS WELL AS THE	SKILLS AND	
	EDUCATION NEEDED FOR THE SPECIFIC CAREER. EMPLOYERS BENE	FIT FROM DE	MAS
	BY UNDERSTANDING WHAT PEOPLE WITH DISABILITIES HAVE TO O	FFER TO THE	2
	WORKPLACE.		
	0.60 404	. 21	025.)
4c	(Code: ) (Expenses \$ 950,434 · including grants of \$ 946,000 · ) (Revenue	ATT MVDEC	OF.
	THROUGH THE HIGH SCHOOL HIGH TECH PROGRAM, STUDENTS WITH	WITH TILES	OF
	DISABILITES ARE ENCOURAGED TO SET THEIR SIGHTS ON POST-S	ECONDARY	-
	EDUCATION AND A CAREER IN FIELDS WHICH ARE IN-DEMAND IN	THE STATE C	)F
	ELOPIDA MORE THAN 1 076 STUDENTS PARTICIPATE IN HIGH SC	HOOF HIGH I	ECH
	EACH VEAD WHERE THEY HAVE AN OPPORTINITY TO TOUR COLLEG.	E CAMPUSES	AND
	INDUSTRY OPERATIONS, AND MEET WITH FLORIDA BUSINESS LEAD	ERS. THEY A	RE
	OFFERED CAREER EXPERIENCES THROUGH JOB SHADOWING, INTERN	SHIPS, AND	
	VOLUNTEER POSITIONS DURING THEIR INVOLVEMENT IN THE PROGRESSIONS	RAM.	
	AOPONLEEK BOSTLIONS DOKING TUBIK INAOPABINENT IN THE EKOG		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ Including grants of \$ ) (Revanue \$	)	
4e	Total program service expenses 1,954,502.		

Form 990 (2020)

4e Total program service expenses ▶

59-3052307

			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	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		_
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	7		
	as applicable.  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			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	-A
þ	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
e f	Did the organization report an amount for other liabilities in Fact, line 23 to 755, complete			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			x
	If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	170		-
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		х
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,			v
	column (A) lines 6 and 11e? If "Yes." complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
ıJ	complete Schedule G. Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		x	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	(0000)

59-3052307

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
_,-	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<sub>v</sub>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	_	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_A
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	27		X
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		25
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-		15
	instructions, for applicable filing thresholds, conditions, and exceptions):		-	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
	"Yes," complete Schedule L, Part IV	28b		X
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	2.00		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If	28c		x
	"Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32		32		X
00	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	continue 301 7701-2 and 301 7701-32 If "Yes." complete Schedule R. Part I	33		X
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34	Part V, line 1	34	Х	
350	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b h	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3	4	/ - }	
b	Foter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(0000)
-		rorm	ママリ	(2020)

	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
, ui	C C C C C C C C C C C C C C C C C C C		Yes	No
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
28	filed for the calendar year ending with or within the year covered by this return			
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X_
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
ь	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
<b>4</b> a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	48		X
	If "Yes," enter the name of the foreign country			
b	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
Ъ	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
6a	any contributions that were not tax deductible as charitable contributions?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
b		6b		
_	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			
7	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
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
D	and the second of the second o			
С	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
e	Did the organization receive any funds, directly or indirectly, or a personal benefit contract?	7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
9	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			50
8	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		13	
10	Initiation fees and capital contributions included on Part VIII, line 12	100	- 35	15
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	1
11	Section 501(c)(12) organizations. Enter:	1.00		100
	Gross income from members or shareholders		1.00	AA.
a	Gross income from other sources (Do not net amounts due or paid to other sources against		100	-
Ь	amounts due or received from them.)			
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	$\perp$	_
iza h	12b	15		
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7.1		
	to the construction there and to incure qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	13		
l.	ment of the annual transfer in required to maintain by the states in which the		1	-
b	organization is licensed to issue qualified health plans	7.73	1	
_	I 13c			
14a	the tax vear?	14a		X
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	-		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	_	X
10	If "Yes," complete Form 4720, Schedule O.	7		
-	II 1991 WHILE THE THE THE THE THE THE THE THE THE TH	Forr	n <b>990</b>	(2020)

59-3052307 FOR VOCATIONAL REHABILITATION, INC. Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 9 1a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 9 b Enter the number of voting members included on line 1a, above, who are independent \_\_\_\_\_\_ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8h b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a a The organization's CEO, Executive Director, or top management official X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶FL

**	Dat the states with mineral copy	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-	A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that are	oply
	X Own website Another's website X Upon request	Other (explain on Schedule O)
		and the second s

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

20	State the name, address, and telephone number of the person who possesses the organization's books and records	P
	DET.TA ETNNERTY - 850-878-6189	

32308 TALLAHASSEE, 2075 CENTRE POINTE BLVD #200,

Form 990 (2020)

Page 7

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

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

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization n (A)	(B)	B) (C)						(D)	(E)	(F)
Name and title	Average			Reportable	Reportable	Estimated amount of				
	hours per week	box offic	, unie cer an	d a d	rson irecto	ls bot v/trus	h an tee)	compensation from	compensation from related	other
	(list any	ġ						the	organizations	compensation
	hours for	Individual trustee or director				題		organization	(W-2/1099-MISC)	from the
	related	agsn	truste		- -	Sie Sie		(W-2/1099-MISC)		organization and related
	organizations below	를	tional		흍	돌	_			organizations
	line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	E E			
(1) ANTONIO T. CARVAJAL	50.00	_	_				Ī		_	
PRESIDENT & CEO UNTIL 12/31				X				185,707.	0.	21,607.
(2) GUENEVERE CRUM	40.00									
SENIOR VICE PRESIDENT				X				114,826.	0.	14,456.
(3) ALLISON CHASE	50.00							444.000		14 405
INTERIM PRESIDENT & CEO(1/1-6/30/21)				X			_	114,200.	0.	14,425.
(4) JOSEPH D'SOUZA	40.00							76 025	0.	10,264.
VICE PRESIDENT	1 00	_	_	X	_	_	$\vdash$	76,825.	V .	10,204.
(5) JAMES BYERS	1.00			x				0.	0.	0.
SECRETARY	1.00	X	H	_	-	$\vdash$	-	· ·	0.	
(6) LAURIE SALLARULO	1.00	x		x				0.	0.	0.
CHAIR (7) MAVARA AGRAWAL	1.00	^			-	-				
(7) MAVARA AGRAWAL VICE-CHAIR	2.00	x		x				0.	0.	0.
(8) DOUG HILLIARD	1.00	-					$\vdash$			
TREASURER		x		x				0.	0.	0.
(9) LORI FAHEY	1.00					Г	Г			
DIRECTOR		X						0.	0.	0.
(10) ALEXIS DOYLE	1.00							_	_	
DIRECTOR		X					L	0.	0.	0.
(11) ALLISON PLANAGAN	1.00									_
DIRECTOR	4 00	X	_	_	_	_	_	0.	0.	0.
(12) TODD JENNINGS	1.00							0.	Ö.	0.
DIRECTOR	1 00	X	_			-	$\vdash$	0.	0.	
(13) ED FINDER	1.00							0.	0.	0.
DIRECTOR		X	$\vdash$	-	H	$\vdash$	$\vdash$	0.	0.	- 0.
		1								
		-	-	-	-	$\vdash$				
		1								
		1				1	ł	1		

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Form 990 (2020)

Form 990 (2020)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A) Name and title	(B) Average hours per	Position do not check more than one lox, unless person is both an					(D) Reportable compensation	<b>(E)</b> Reportable compensation		(F) timate nount (		
	week (list any hours for related organizations below line)	tee or director			irecto	Highest compensated ships	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fr org and	other pensa om the anizati d relati anizati	e ion ed
					_							
				L			L					
							<u> </u>	491,558.	0.	6	0,7	52.
1b Subtotal  c Total from continuation sheets to Part V	II, Section A						S	0. 491,558.	0.		0,7	0
d Total (add lines 1b and 1c)	not limited to ti	ose	liste	ed a	bov	e) wi	ho r		1970		0,,	-
compensation from the organization							_			-70	Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individual									3	Sec. and	х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	0.000? If "Yes	" cc	mpl	ete -	Sch	edul	e J i	for such individual		4	X	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe nplete Schedu	nsat le J	tion t for s	fron uch	per.	y uni son	relat	ted organization or indiv	idual for services	5		X
Section B. Independent Contractors  1 Complete this table for your five highest co	ompensated in	dep	ende	ent o	cont	racte	ors 1	that received more than	\$100,000 of compens	sation	irom	
the organization, Report compensation for (A)	the calendar	/ear	end	ing v	with	or w	/ithii	n the organization's tax (B)	year.	(0	>)	
Name and business	s address	N	ON	E				Description of s	services	Compe	risatio	"
		-	_	_			-					
					_		-				-	
				_								
			-									
2 Total number of independent contractors	(including but i	not I	imite	ed to	the	se li	ste	d above) who received r	nore than			
\$100,000 of compensation from the organ	ization >	_	_	_	-	0_				Form	990 (	2020

		/111	Olympia K Oalbardula O a	ente		or note to any line	in this Part VIII			
	_	_	Check if Schedule O c	Onta	ilis a response	Of flote to Larry line	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						1		tunction revenue	pusitiess revenue	sections 512 - 514
70.40	_	_			14-1					
			Federated campaigns							
£ 5 €			Membership dues							
₹,			Fundraising events			2,985.				
ᆵ			Related organizations			549,823.				
ξ.Έ			Government grants (contri			343,023.				
등 등			All other contributions, gifts, g			51,452.				
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included			51,452.				
		_	Noncash contributions included in				604,260.			
<u>8 0</u>		h	Total. Add lines 1a-1f				004,200.			
		2 a HSHT PROGRAM				Business Code	23 025	21,025.		
શ						900099	21,025.			
ا و ڲ		~	YOUTH LEADERSHIP TRA	INI	NG	900099	3,025.			
Program Service Revenue		C	DEAM/DMD INCOME			900099	1,050.	1,050.		
eve		d								
Par		e								
۱ ۵		f	All other program service i	ever	nue					
		g	Total. Add lines 2a-2f				25,100.			
	3		Investment income (Includ	ling c	dividends, inter	est, and				746 051
			other similar amounts)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶	746,051.			746,051.
1	4		Income from investment o	f tax	exempt bond	proceeds 🕨				
	5		Royalties							
					(i) Real	(ii) Personal			S1	
	6	а	Gross rents	6a						
			Less: rental expenses	6b				1 17	100	
			Rental income or (loss)	6c					A 13 13 28	HT211 Ha
			Net rental income or (loss)							
	7		Gross amount from sales of		(i) Securities	(ii) Other			Section 1	
- 1			assets other than inventory	7a	5,417,220			21 51 1434 16194		
- 1			Less: cost or other basis						19.00	
<u>o</u>				7b	4,232,830					
Revenue		_	Gain or (loss)	70						No. of the last
ě		<u>ن</u>	Net gain or (loss)	العنا			1,184,390.			1,184,390.
ᇂ	_		Gross income from fundralsing			1		To The State of		THE PROPERTY OF
ŧ l	8		including \$			1 1		STATE OF		
٥								The state of the s		
			contributions reported on							
			Part IV, line 18							
- 1			Less: direct expenses		,	<b></b>		DELICATE OF THE PARTY OF THE PA		
			Net income or (loss) from				LAST I		I STALLFIRM	
	9	а	Gross income from gamin					That of which	5 T. 1882	0.00
			Part IV, line 19					- 5.00		
			Less: direct expenses							
- 1			Net income or (loss) from					TO THE STATE OF TH	71/2011/25-17/25	
	10	a	Gross sales of inventory, I			1		A STATE OF	KI I YOUR THE	
- 1			and allowances					1 2 2 7	- 911 - 121	Control of
			Less: cost of goods sold							
		С	Net income or (loss) from	sales	of inventory.					
ဖွ						Business Code	ED DEC			60,966.
9 e	11	а	ADMINISTRATIVE FEES			900099	60,966.	813	-	00,500
and		ь	OTHER			900099	813.	013	-	
e el		С								
Miscellaneous Revenue			All other revenue							
	1	e	Total. Add lines 11a-11d	,			61,779.			
	_		Total revenue. See instruction			- S 5	2,621,580.	25,913	. 0.	1,991,407.

Form 990 (2020) FOR VOCATIONAL Part IX | Statement of Functional Expenses

Section	501(c)(3) and 501(c)(4) organizations must comp	piete ali columnis. Ali otni	thic Part IY	impieto columni (ri).	
	Check if Schedule O contains a respon	(A)	(B)	(6)	(D)
7b, 8b,	tinclude amounts reported on lines 6b, , 9b, and 10b of Part Vill.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
-	rants and other assistance to domestic organizations	1,400,650.	1,400,650.		
	nd domestic governments. See Part IV, line 21	1,400,000.	1,400,0001		
	irants and other assistance to domestic				
	dividuals. See Part IV, line 22				
	irants and other assistance to foreign				
	rganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	compensation of current officers, directors,	463,553.	197,010.	266,543.	
	ustees, and key employees	400,0000	25770201	200/010	
	ompensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	68,762.	56,000.	12,762.	
	other salaries and wages	00,702.	30,000	201/001	
_	ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)				
	other employee benefits	35,075.	14,384.	20,691.	
	ayroll taxes	35,075.	14,004,	20,0511	
11 F	ees for services (nonemployees):				
	fanagement				
b L	egal	70 726		78,736.	
c A	ccounting	78,736. 123.		123.	
d L	obbying	123.		123.	
e P	rofessional fundraising services. See Part IV, line 17	100 000		182,022.	
	vestment management fees	182,022.		102,022.	
	other. (If line 11g amount exceeds 10% of line 25,	202		203.	
	olumn (A) amount, list line 11g expenses on Sch O.)	203.	113,721.	12,238.	
12 A	dvertising and promotion	125,959.	4,789.	7,413.	
13 0	Office expenses	12,202.		13,584.	
14 In	nformation technology	23,538.	9,954.	13,304.	
15 R	loyalties	100 000	CE 101	GE 101	
16 O	Decupancy	130,202.	65,101.	65,101.	
	ravel				
18 P	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials		25 000	2 /21	
19 C	Conferences, conventions, and meetings	38,281.	35,860.	2,421.	
20 Ir	nterest				
	ayments to affiliates	2 200		2 000	
22 D	epreciation, depletion, and amortization	3,888.		3,888.	
	nsurance	12,780.		12,780.	
эл О	ther expenses. Itemize expenses not covered	1.78			
al	bove (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A)		1 2 3		
aı	mount, list line 24e expenses on Schedule 0.)		00.065	F.C1	
aG	RANTS ADMINISTRATION [	29,526.	28,965.	561.	
	YOUNG PROFESSIONALS PRO	24,979.	19,979.	5,000.	
	OUES & SUBSCRIPTIONS	11,450.	4 45 1	11,450.	
dΗ	HIGH SCHOOL/HIGH TECH	4,434.	4,434.	2 242	
-	Il other expenses	7,595.	3,655.	3,940.	
	otal functional expenses. Add lines 1 through 24e	2,653,958.	1,954,502.	699,456.	0
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	heck here II if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (202

Form 990 (2020)

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

- -	990 (2020) FOR VOCATIONAL REHABILITATION, INC.	59-30	52307	Pag	e 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
					0 0
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,623		
2	Total expenses (must equal Part IX, column (A), line 25)	2		2.3	
3	Pevenue less expenses. Subtract line 2 from line 1	3	24,296		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,680		
5	Net unrealized gains (losses) on investments	5	3,000	J , 4.	20.
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8			0.
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,		27,94	A 2	96
	column (B))	10	21,34	±, Δ	00.
Pai	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		T	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	0	-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	2a		х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		20	7	_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	100		
	separate basis, consolidated basis, or both:		- 200		
	Separate basis Consolidated basis Both consolidated and separate basis		2b	х	
b	Were the organization's financial statements audited by an independent accountant?	n basis		80	-
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e pasis,	- 13		
	consolidated basis, or both:		- 12.73	7	
	X Separate basis Consolidated basis Both consolidated and separate basis	o oudit			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	20		x
	review, or compilation of its financial statements and selection of an independent accountant?	hadula O			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	IIGIO MUUIL	3a		x
	Act and OMP Circular A-1337				
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	meu auult	3b		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Eorm	990	(2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

THE FLORIDA ENDOWMENT FOUNDATION

OMB No. 1545-0047

2020

Open to Public Inspection

**Employer identification number** 

59-3052307 FOR VOCATIONAL REHABILITATION, Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 1 f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (vi) Amount of other (v) Amount of monetary (iii) Type of organization (ii) EIN (i) Name of supported our gove (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions)) FL. DEPT OF EDUC. 1,957,099 X 6 59-3474751 DIV. OF VOCATIONAL 0. 1,957,099. Total LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 Schedule A (Form 990 or 990 EZ) 2020 FOR VOCATIONAL REHABILITATION, INC.

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

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

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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						
	Total. Add lines 1 through 3 The portion of total contributions						
	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,						
			A CONTRACTOR	2016	Latin Back		
-	Public support, Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4						
8							
	dividends, payments received on						
	securities loans, rents, royalties,				İ		
	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				1		
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities.	etc. (see instruct	tions)		***************************************	12	
13	First 5 years. If the Form 990 is for the	e organization's f	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	No.
	organization, check this box and stop	here					PL
Se	ction C. Computation of Publi	c Support Pe	ercentage			Lat	
14	Public support percentage for 2020 (li	ne 6, column (f),	divided by line 11	, column (f))		14	9
15	Public support percentage from 2019	Schedule A, Par	t II, line 14		441.00 2.004	15	9 - u and
16	33 1/3% support test - 2020. If the o	rganization did n	ot check the box	on line 13, and line	2 14 IS 33 1/3% OF	more, cneck this bo	ox and
	stop here. The organization qualifies a	is a publicly sup	ported organization	n		والمعطم المساسين	hio hov
ŀ	33 1/3% support test - 2019. If the o	rganization did n	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/37	6 or more, check ii	lis box
	and stop here. The organization qualit	ies as a publicly	supported organi	zation	- 40 460 or 16b	and line 14 is 10%	or more
178	and stop here. The organization quality 10% -facts-and-circumstances test	- 2020. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b,	M how the organiz	vation
	and if the organization meets the facts	-and-circumstan	ices test, check th	is box and stop no	ere. Explain in Part	VI HOW LITE DIGATILE	,auon
	meets the facts-and-circumstances te	st. The organizat	tion qualifies as a j	oublicly supported	organization	17a and line 15 is	
t	10% -facts-and-circumstances test	- 2019. If the or	ganization did not	crieck a Dox on III	ton here Evolcia	in Part VI how the	,0,0 0,
	more, and if the organization meets th	e tacts and circu	imstances test, ch	HECK THIS DOX AND S	oroh uerer exhigili	nization	
	organization meets the facts-and-circu	mstances test.	The organization q	Dannes as a public So 16h 17a ar 17	The check this how	and see instruction	s D
18	Private foundation. If the organization	ala not check a	A DOX ON INE 13, 1	ua, lub, lia, ui li	CAH	edule A (Form 990	or 990-EZ) 202
					3011	America to fir account ope	

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

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

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

C-	qualify under the tests listed b	elow, please com	plete Falt II.)				
		/=\ 001E	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	endar year (or fiscal year beginning in)	(a) 2016	(0)2017	(0)2010	(a) Es is	(0/2020	)./
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
74	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support					5.8	
Cale	endar year (or fiscal year beginning in) 📂	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975			-		<del>                                     </del>	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total SUDDORT, (Add lines 9, 10c, 11, and 12.)			formate or first	Lungu on a desette -	E01(a)(2) avecasing	lon
14	First 5 years. If the Form 990 is for the	ie organization's fi	irst, second, third,	tourth, or titth tax	year as a section	ou i (c)(o) organizat	loii,
_	check this box and stop here	is Compart Do	roontogo	•••••			
Se	ction C. Computation of Publ	ic Support Pe	rcentage			15	%
15	Public support percentage for 2020 (	ine 8, column (f), o	divided by line 13,	column (t))		16	<del>%</del>
16	Public support percentage from 2019	Schedule A, Part	: III, line 15			10	70
	ction D. Computation of Inve					17	%
17	17 Investinent income percentage for 2020 (into 100, column ti), and out 2) into 10, column ti), and out 2)						<del></del>
18	Investment income percentage from:	2019 Schedule A,	Part III, kne 17		o 16 in mare them		
19:	a 33 1/3% support tests - 2020. If the	organization did r	TOT CHECK THE DOX	on line 14, and line	e io is more trian	oo 1707a, and mie i ation	I IS IIO
	more than 33 1/3%, check this box a	ndstop here. The	organization qual	mes as a publicly s	supported organiz	ore than 22 1/20/	and
ł	33 1/3% support tests - 2019. If the	organization did r	not check a box of	n line 14 or line 19	a, and the tots m	orted argenization	a.io
	line 18 is not more than 33 1/3%, che	ck this box and st	op nere. The orga	anization qualifies	as a publicly supp	etructione	
	Private foundation. If the organization	n ala not check a	DOX ON line 14, 15	oa, or 190, check t	Cal	edule A (Form 990	or 990-FZ1 2020
0320	23 01-25-21				301	Canc v (Louin 33)	. J. JUJ-LLJ EVEU

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

Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

	Yes	No
1	х	
2		X
За		х
3b		
3c		
4a		х
4b		
4c		
5743 4743		
5a		х
5b 5c	112	
		EV.
6	SE IS	Х
7		х
8		х
9a		x
9b		х
9c		х
10a		х
10b		

Sche	dule A (Form 990 or 990-EZ) 2020 FOR VOCATIONAL REHABILITATION, INC. 59-30	15430	/ Pa	age 5
Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
''	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
a	11c below, the governing body of a supported organization?	11a		X
	A family member of a person described in line 11a above?	11b		X
D	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
C		11c		X
Cara	detail in Part VI. tion B. Type I Supporting Organizations			
Sec	tion B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	x	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			x
	supervised, or controlled the supporting organization.	2	<u></u>	
Sec	tion C. Type II Supporting Organizations		_	_
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	_	
Sec	tion D. All Type III Supporting Organizations		Т.	T
			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		
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1.5		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	the organization maintained a close and continuous working relationship with the expenization's supported organizations have a	100		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a	1.000		
	significant voice in the organization's investment policies and in directing the use of the organization's	130	1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		1
	supported organizations played in this regard.	1 3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	3).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The experiencies to the parent of each of its supported organizations, Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ons).	T
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	DEL		
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	12		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	10.01		
	how the organization was responsive to those supported organizations, and how the organization determined	15 15 15		
	now the organization was responsible to those experiences	2a		
	that these activities constituted substantially all of its activities.  Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	The		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization of the property of the pr	100		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	200		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
	these activities but for the organization's involvement.			1
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-	1	
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	-	+
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	4.	1	1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u></u>	n 000
	Schedule A (Form	GUIT OF C	44K Juli 7	1.202

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

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain In Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (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. 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or 6 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year (optional) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 18 a Average monthly value of securities 1b b Average monthly cash balances 1c c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 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) Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 4 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to 6 6 emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

7

instructions)

59-3052307 Page 7

Schedule A (Form 990 or 990-EZ) 2020 FOR VOCATIONAL REHABILITATION, INC. Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2020 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 (iii) (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2020 Pre-2020 Distributable amount for 2020 from Section C, line 6 1 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 a From 2015 b From 2016 c From 2017 d From 2018 e From 2019 Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2016 b Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020

## THE FLORIDA ENDOWMENT FOUNDATION

Sabadula A	(Form 990 or 990-	FZ) 2020	FOR	VOCATI	ONAL	REHABI:	LITATION	I, INC.	59-305230/ Page 8
Part VI									r 17b; Part III, line 12; I and 2; Part IV, Section C, / Section B, line 1e; Part V.
		ction D, li , 6, and 8						o; Part V, line 1; Part v is part for any additio	
	Gee Histractions	1							
-									
20									
Y									

## Schedule B

(Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

Name of the organization

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

59-3052307

Organization type (check one):								
Filers of	•	Section:						
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-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 Note: O	nly a section 501(c)	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
X	For an organization property) from any	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	For an organization described in section 501(c)(7), (8), or (10) filling 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) filling Form 990 or 990-EZ that received from any one contributor, du year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
but it m	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to sertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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

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

Name of organization

THE FLORIDA ENDOWMENT FOUNDATION

FOR VOCATIONAL REHABILITATION, INC.

Employer identification number

59-3052307

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

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

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

59-3052307

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

art II	Noncash Property (see instructions). Use duplicate copies of factor	additional of the state of the	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		- - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 _ _	990, 990-EZ, or 990-PF) (

Name of organization

Employer identification number

THE FLORIDA ENDOWMENT FOUNDATION

FOR VOCATIONAL REHABILITATION, INC.

59-3052307

art III Exc	clusively religious, charitable, etc., contribu m any one contributor. Complete columns (a politica Part III enter the total of exclusively religious.	tions to organizations described in a high property of the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the stry. For organizations less for the year. (Enter this info. once.) \$				
Us	e duplicate copies of Part III if additional	space is needed.					
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
- =							
		(e) Transfer of git	ft				
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
No.							
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gi					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
=							
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
- =							
	(e) Transfer of gift						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
			Calcadala D. (Farrer 000, 000 E7, or 000, DE)				

### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

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

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

2020

Open to Public

Department of the Treasury Internal Revenue Service

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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

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

Nan	ne of organization THE FLO	RIDA ENDOWMENT E	OUNDATION		Emplo	yer identification number
	FOR VOC	ATIONAL REHABILI	TATION, INC.			59-3052307
Ps	art I-A Complete if the org	anization is exempt und	der section 501(c)	or is a section 5	527 or	ganization.
1 2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ation's direct and indirect polition	cal campalgn activities i	n Part IV.	<b>&gt;</b> \$_	
Pa	art I-B Complete if the org	janization is exempt und	der section 501(c)(	3).		
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955		🏲 💲 _	
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	*******	🏲 💲	
3 4a	If the organization incurred a section was a correction made?	n 4955 tax, did it file Form 4720	for this year?		• • • • • • • • • • • • • • • • • • • •	Yes No
Pa	art I-C Complete if the org	anization is exempt und	der section 501(c),	except section	501(c	)(3).
_	Enter the amount directly expended	by the filing organization for se	ection 527 exempt funct	ion activities	▶\$	
2	Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for se	ection 527	0.0	
-	exempt function activities		***************************************		▶ \$_	
	Total exempt function expenditures line 17b	. Add lines 1 and 2. Enter here	and on Form 1120-POL,		<b>&gt;</b> \$_	
5	Did the filing organization file Form Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	IN) of all section 527 po id from the filing organiz a separate political orga	litical organizations t ation's funds. Also e anization, such as a s	o which inter the	the filing organization amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

## THE FLORIDA ENDOWMENT FOUNDATION

	יחם זוחר	ATIONAL REHABII	ITATION, INC	59-	3052307 Page 2
Part II-A   Complete if the orga	anization	s exempt under section	on 501(c)(3) and file	d Form 5768 (e	election under
section 501(h)).					
Check if the filing organizati	ion belongs	an affiliated group (and list	in Part IV each affiliated o	group member's nai	ne, address, EIN,
expenses, and share	e of excess le	bbying expenditures).			
Check Filing organizati	ion checked	oox A and "limited control" pr	rovisions apply.		
Limits	s on Lobbyi	g Expenditures s amounts paid or incurred		(a) Filing organization's totals	(b) Affiliated group totals
150	-uu-lin	nining (graceroots lobbying)			
1a Total lobbying expenditures to influe b Total lobbying expenditures to influe	ence public	tive body (direct lobbying)			
b Total lobbying expenditures to influ	ence a legisi	(NAE DOGA (Glisect joppaling) .			
c Total lobbying expenditures (add lin					
d Other exempt purpose expenditure	S		,		
e Total exempt purpose expenditures	s (add lines 1	and 10)	th columns		
f Lobbying nontaxable amount. Enter		from the following table in bo	om columns.		
If the amount on line 1e, column (a) or	r (b) is:	The lobbying nontaxable an			
Not over \$500,000		20% of the amount on line 1			
Over \$500,000 but not over \$1,000		\$100,000 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50		\$175,000 plus 10% of the ex	cess over \$1,000,000		
Over \$1,500,000 but not over \$17,0	000,000	\$225,000 plus 5% of the exc	ess over \$1,500,000.		-0
Over \$17,000,000		\$1,000,000.			l <sub>t</sub>
g Grassroots nontaxable amount (ent	lor 2504 of liv			181	
h Subtract line 1g from line 1a. If zero	cel 2070 OF N	v -D-			
i Subtract line 1g from line 1a. If zero	less, ent				
i Subtract line 11 from line 1c. if zero	or less, erite	a th or line til did the organi	zation file Form 4720		
j If there is an amount other than zer	o on either ii	le 111 of little 11, and the organi	Zadon no rom mes		Yes N
reporting section 4911 tax for this y	year?	ear Averaging Period Unde	r Section 501(h)		
(Some organizations th	at made a s	ear Averaging Period Onde ection 501(h) election do no e separate instructions for l	t have to complete all o	f the five columns	below.
	Lobbyi	g Expenditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20°	7 <b>(b)</b> 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))	0.00			A VIA FIRE	
c Total lobbying expenditures		_			
d Grassroots nontaxable amount					
e Grassroots ceiling amount			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(150% of line 2d, column (e))			4	N-3X-	
f Grassroots lobbying expenditures					m 990 or 990-E7\ 20

Schedule C (Form 990 or 990-EZ) 2020

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

Fore	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detalled description	(8	a) ]	(t	)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		x		
а	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?	X			123.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	- 22	х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
-	Other activities?		- ^-		123.
j	Total. Add lines 1c through 1i		х		1231
<b>2</b> a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		A		
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n E01/a	(E) or so	ction	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	311 <b>3</b> 0 1(c)	(o), or se		
_				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	,	2		
2	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B   Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	e prior yea	r? 3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	eal			
а	Current year		2a		
	Carryover from last year				
c					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the control of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and process the exceeds the excee	ess			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:	list); Part I	I-A, lines 1 a	ind 2 (See	
DI	RECT CONTACT WITH LEGISLATORS AND GOVERNMENT OFFICI	ALS TO	INOM C	ror	
LE	GISLATION THAT AFFECTS VOCATIONAL REHABILITATION.				
_					

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

THE FLORIDA ENDOWMENT FOUNDATION

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FOR VOCATIONAL REHABILITATION, INC.

Employer identification number 59-3052307

1 Total number at end of year	Pai			Accounts. Complete if the
2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year.  3 Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Number of conservation easements on a certified historic structure included in (a) 7 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Notes the property subject to conservation easement is located Notes and enforcement of the conservation easements included in (a) acquired after 7726/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Notes and enforcement of the conservation easements is located Notes and enforcement of the conservation easements in holds?  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Notes and enforcement of the conservation ease		organization answered "Yes" on Form 990, Part IV, line	e 6.	(b) Funds and other accounts
2 Aggregate value of prants from (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposes conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization enswered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization or education) Preservation of a historically important land area Preservation of partural habitat Preservation of partural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on their day of the tax year.  3 Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Number of conservation easements included in (e) acquired after 7726/06, and not on a historic structure listed in the National Register  Number of states where property subject to conservation easement is located  10 Number of states where property subject to conservation easements is located  2 Number of states where property subject to conservation, inspecting, handling of violations, and enforcing conservation easements during the year  2 Number of states where property subject to conservation, handling of violations, and enforcing conservation easements during the year  3 Number of conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(s) 3 no preservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(s) 3 no Part III (1) Organiza			(a) Dollor advised failes	(5) 1 21122 212 02101 2000
Aggregate value of grants from (during year)  Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all drants and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Proservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat  Protection of natural habitat  Protection of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements to day of the tax year.  Total number of conservation easements  Total acreage restricted by conservation easements  Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of conservation have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year widely and section 170(h)(4)(B)(R)?  Poss seach conservation easement reported on line 2(d	1		50 000	
Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)  Preservation of and for public use (for example, recreation or education)  Preservation of a centified historic structure  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the lad of the tax year.  Total number of conservation easements  Total acreage restricted by conservation easements  Conservation easements included in (e) acquired after 7/25/08, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year    Uniform the National Register  Number of states where property subject to conservation easement is located    Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in the season of the periodic monitoring conservation easements during the year    P \$  Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    P \$  Namount of expenses incurred in monitoring, inspecting, handling of violations, and enfor	2			
A Aggregate value at third vyes  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisor in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purposes(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the iday of the tax year.  Total number of conservation easements  Total acreage restricted by conservation easements  Number of conservation easements included in (c) acquired after 77,25006, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year    Number of states where property subject to conservation easements is located    Number of states where property subject to conservation easements is located    Number of states where property subject to conservation easements is located    Number of states where property subject to conservation easements is located    Number of states where property subject to conservation easements in specifing, handling of violations, and enforcing conservation easements during the year    Number of states where property subject to conservation easements in the form of a conservation easements during the year    Number of states where property subject to conservation easements in the form of the conservation easements of specific monitoring, inspection, handling of violations, and enforcing conservation easements	3			
are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)   Preservation of a certified historic structure   Preservation of logen space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the day of the tax year.  Total number of conservation easements   2a   Please of conservation easements   2b   Please of conservation easements   2b   Please of conservation easements   2b   Please of conservation easements   2c   Please of conservation   2c	4	Aggregate value at end of year		ınde
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balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  In the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of		and section 170(h)(4)(B)(ii)?		***************************************
organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  In the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of	9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense sta	tement and
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of		balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements	that describes the
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of		organization's accounting for conservation easements.	And Historical Traceures or Othe	r Similar Assets
If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of	Pa	rt III Organizations Maintaining Collections of	OOO Ded IV fine 9	Olimai Addato
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of		Complete if the organization answered "Yes" on Form	1990, Part IV, line 6.	oolongo shoot works
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of	1a	If the organization elected, as permitted under FASB ASC 95	B, not to report in its revenue statement and i	rance of public
b. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of		of art, historical treasures, or other similar assets held for pur	DIC exhibition, education, of research in future	latice of babilo
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works or art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,		service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	nce sheet works of
art historical treasures, or other similar assets held for public exhibition, education, or research in further ance of public service,	b	If the organization elected, as permitted under FASB ASC 95	68, To report in its revenue statement and bala	nce of public service
ary more rounding of the control of		art, historical treasures, or other similar assets held for public	exhibition, education, or research in future a	ice of public service,
provide the following amounts relating to these items:		provide the following amounts relating to these items:		<b>▶</b> \$
(i) Revenue included on Form 990, Part VIII, line 1		(i) Revenue included on Form 990, Part VIII, line 1		<b>b</b> \$
(ii) Accets included in Form 990, Part A		(ii) Assets included in Form 990, Part X	course or other cimiler assets for financial dai	****
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	2	If the organization received or held works of art, historical tre	asures, or other similar assets for initiality and	ii biasaa
the following amounts required to be reported under FASB ASC 958 relating to these items:		the following amounts required to be reported under FASB A	100 900 leighing to triese items.	<b>▶</b> \$
a Revenue included on Form 990, Fait vin, line 1	a	Revenue included on Form 990, Part VIII, line 1		****
h Assets included in Form 990, Part X	_ <u>b</u>	ASSETS INCluded In Form SSU, Part X	s for Form 990.	Schedule D (Form 990) 20

032051 12-01-20

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tro	easures, or O	ther Sin	nilar Asse	ts(contin	nued)	
	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that mal	ke significa	ant use of its	;		
3	collection items (check all that apply):	VIII 4.14		-					
_	Public exhibition	d	Loan or exct	nange program					
а	Scholarly research	e							
b	Preservation for future generations	· ·							
С	Provide a description of the organization's co	lections and explain	how they further th	ne organization's	exempt pu	rpose in Pai	t XIII.		
4	During the year, did the organization solicit or	receive depations	of art historical treas	sures or other sin	nilar asset	s			
5	to be sold to raise funds rather than to be ma	intoined as part of t	he organization's co	llection?			Yes		No
Day		rements Comple	te if the organization	n answered "Yes"	on Form	990. Part IV.	line 9, or		
Par	reported an amount on Form 990, Par	t X. line 21.	to il tilo organization						
	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets	not includ	ed			
18	on Form 990, Part X?						] Yes		No
	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:	*************************					
þ	If "Yes," explain the arrangement in Fart Aire	and complete are re	101111.9 122101				Amoun	t	
	± , , , , , ,				10				
C	Beginning balance				10	1			
	Additions during the year								
е	Distributions during the year		**********************						
f	Ending balance			intedial account li			Yes		No
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	stocial account it	VIII		-0		1
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	opianation has been	provided on Part	701				
Par	t V Endowment Funds. Complete it			(c) Two years bac	k (d) Thri	ee vears hack	(e) Fou	vears	hack
		(a) Current year	(b) Prior year			,929,298.		,179,	
1a	Beginning of year balance	23,334,524.	21,234,168.	11 11		87,124.	+		747.
	Contributions	51,344.	362,827.			,558,158,	+	857	
c	Net investment earnings, gains, and losses	5,543,172.	4,162,270.	-1,807,90	0.	154,000.	_		000.
d	Grants or scholarships					154,000	-	242,	000,
е	Other expenditures for facilities					110 000		050	000
	and programs	2,254,627.	2,424,741.	2,306,89	7.	1,110,000.	-	350,	000.
f	Administrative expenses						- 04	000	200
g	End of year balance	26,674,413.			8. 2:	310,580	24	,929,	23.0.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	100.0000	_%						
	Permanent endowment	%							
		%							
Ŭ	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
32	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	nd administered f	or the org	anization			
Ja	by:	•						Yes	
	(i) Unrelated organizations				,		3a(i)		X
	(ii) Related organizations								X
<b>L</b>	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Schedule R?				3b		
	Describe in Part XIII the intended uses of the	organization's ende	owment funds.						
4 D21	t VI Land, Buildings, and Equipm	ent.							
Га	Complete if the organization answere	d "Yes" on Form 990	). Part IV. line 11a. S	See Form 990, Par	t X, line 10	).			
-		(a) Cost or o		or other (c	) Accumu	lated	(d) Boo	k value	е
	Description of property	basis (investr		(other)	depreciat				
-	tand			28					
	Land								
	Buildings		16	4,921.	50,	430.	11	4,4	91.
	Leasehold improvements			3,438.		188.		4,2	50.
	Equipment			2,880.		360.		1,5	20.
e	Other	Form 000 Port				<b>D</b>	12	0,2	
Tota	. Add lines 1a through 1e. (Column (d) must e	quai romm 990, Part	A, COIDTHI (D), IIIIC	· · · · · · · · · · · · · · · · · · ·					

Complete if the organization answered "Yes" of a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	-Y
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-ot-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			7, 20, 11, 11, 11, 11, 11, 11, 11, 11, 11, 1
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) I	Description		(D) DOOK VAILE
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
1.700			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	······	
otal. (Column (b) must equal Form 990, Part X, col. (B) line			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"			. (h) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability			(b) Book value
Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability			(b) Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability			(b) Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes			(b) Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2)			(b) Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) (3)			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) (3) (4)			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)			. <b>(b)</b> Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)			. (b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	(b) Book Value

17450511 136042 62658

5	9 –	31	05	23	07	Page 4
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Pa	t XI Reconciliation of Revenue per			fil ueveline bei u	etuiii	•
	Complete if the organization answered "Y				1	6,302,000
1	Total revenue, gains, and other support per aud			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	0,302,000
2	Amounts included on line 1 but not on Form 990		1.1	3,680,420.		
а	Net unrealized gains (losses) on investments			3,000,420.		
b	Donated services and use of facilities		_		- 1	
¢	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)				2e	3,680,420
е	Add lines 2a through 2d				3	2,621,580
3	Subtract line 2e from line 1				3	2,021,000
4	Amounts included on Form 990, Part VIII, line 12	2, but not on line 1:	ÎL Î			
а	Investment expenses not included on Form 990	, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)					0
C	Add lines 4a and 4b				4c 5	2,621,580
5	Total revenue. Add lines 3 and 4c. (This must eq	ual Form 990, Part I, line 12.)	onte M	ith Evnences per		
Pa	t XII Reconciliation of Expenses per	Audited Financial Statem	Cilla II	Itti Expenses per	riotai	• • • • • • • • • • • • • • • • • • • •
_	Complete if the organization answered "\				1	2,653,958
1	Total expenses and losses per audited financial		• • • • • • • • • • • • • • • • • • • •			
2	Amounts included on line 1 but not on Form 990	), Part IX, line 25:	1 00 1			
a	Donated services and use of facilities	***************************************	2b		1	
b	Prior year adjustments				1	
C	Other losses					
d	Other (Describe in Part XIII.)		20		2e	0
е					3	2,653,958
3	Subtract line 2e from line 1				H	
4	Amounts included on Form 990, Part IX, line 25,	but not on line 1:	1 40 1		199	
а	Investment expenses not included on Form 990	, Part VIII, line 75	4b			
b	Other (Describe in Part XIII.)		-		4c	0
С	Add lines 4a and 4b	Total Form 000 Port I line 181			$\rightarrow$	2,653,958
5	Total expenses. Add lines 3 and 4c. (This must ent XIII Supplemental Information.	equal FORTI 990, Fart I, line 16.7				
Prov lines	ide the descriptions required for Part II, lines 3, 5, 2d and 4b; and Part XII, lines 2d and 4b. Also co	mplete this part to provide any add	litional in	iormation.		
	RT V, LINE 4:					
PE	RMANENT ENDOWMENTS RECEIV	ED FROM DONORS AR	E INV	ESTED IN PE	RPET	HTIW YTIU
DI	STRIBUTIONS DESIGNATED MO	STLY FOR THE ABLE	TRUS	ST'S GENERAL	PUF	RPOSES,
WI	TH A FEW OF THE PERMANENT	ENDOWMENT FUNDS	DESI	SNATED FOR H	IGH	
SC	HOOL/HIGH TECH PROGRAMS C	R RELATED PROGRAM	s. T	HE BOARD DES	IGNA	ATED
EN	DOWMENTS REPRESENT RESOUR	CES CONTRIBUTED B	Y THI	E FOUNDATION	TO	INCREASE
IN	VESTMENT PRINCIPAL.					
PA	RT X, LINE 2:					
TH	E FOUNDATION HAS FILED AL	L REQUIRED TAX RE	TURNS	S IN ALL JUR	IDIC	CTIONS IN
WH	ICH IT OPERATES. TAX YEAR	S AFTER 2017 REMA	IN S	JBJECT TO EX	AMI	NATION BY
тн	E APPLICABLE TAXING AUTHO	RITIES.			Cabad	ule D (Form 990) 202
0320	4 12-01-20	31			ocned	ພາະ <b>ມ (</b> Form ສອບ) 202
450	511 136042 62658	2020.05094 THE FI	CORID	A ENDOWMENT	FOU	ND 626582

Schedule D (Form 990) 2020  Part XIII Supplemental In		FLORIDA ENDOWMENT FOUNDAY	ATION ON, INC.	59-3052307 Page 5
Part XIII   Supplemental In	formation	(continued)		
				ALL I BIF ARALASA
7.				Schedule D (Form 990) 2020

SCHEDULE (Form 990) Department of the Treasury

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

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

► Attach to Form 990.

Open to Public Inspection

OMB No, 1545-0047

Employer identification number ► Go to www.irs.gov/Form990 for the latest information. FOR VOCATIONAL REHABILITATION, INC. THE FLORIDA ENDOWMENT FOUNDATION Name of the organization Internal Revenue Service

² | 59-3052307 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection General Information on Grants and Assistance criteria used to award the grants or assistance? Parti

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and	Domestic Organi	zations and Domestic	Governments. Co	omplete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (f applicable) cash grant (f applicable)	(b) EIN	(f) IRC section (if applicable)	onal space is need (d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABILITIES, INC. OF FL DBA SERVICE SOURCE - 2735 WHITNEY ROAD - CLEARWATER, FL 33760-1610	59-0874493	501(C)(3)	.000,89	0.		÷	VOCATIONAL PROGRAMS
ABILITY 1ST 1823 BUFORD COURT TALLAHASSEE, FL 32308	59-2091522	501(C)(3)	.000,29	.0			VOCATIONAL PROGRAMS
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE, ROOM 900 ARLINGTON, VA 22202	13-1623888	501(C)(3)	5,000.	0.			VOCATIONAL PROGRAMS
AMERICA'S SECOND HARVEST OF THE BIG BEND - 110 FOUR POINTS WAY - TALLAHASSEE, FL 32305	59-2610345	501(C)(3)	5,000.	0.			VOCATIONAL PROGRAMS
ARC JACKSONVILLE 1050 NORTH DAVIS ST. JACKSONVILLE, FL 32209	59-6209603	501(C)(3)	.000,99	0.			VOCATIONAL PROGRAMS
BEST BUDDIES INTERNATIONAL, INC. 105 E, ROBINSON ST., #540 ORLANDO, FL 32801	52-1614576	501(C)(3)	105,000.	0.			VOCATIONAL PROGRAMS

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

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

Schedule I (Form 990) 2020

59-3052307

Page 1

Schedule | (Form 990) FOR VOCATIONAL REHABILITATION, INC.

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

Part II   Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 99U), Part II.)	ssistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Par	t III.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance.	(h) Purpose of grant or assistance
BREVARD SCHOOLS FOUNDATION 2700 JUDGE FRAN JAMIESON WAY VIERA, FL 32940-6699	59-2895155	501(C)(3)	22,000.	*0			VOCATIONAL PROGRAMS
BROOKS HEALTH FOUNDATION 3599 UNIVERSITY BLVD. S. JACKSONVILLE, FL 32216	59-2249340	501(C)(3)	5,000.	0.			VOCATIONAL PROGRAMS
CAREER SOURCE FLORIDA CROWN 1389 US HIGHWAY 90 W, SUITE 170B LAKE CITY, FL 32055	59-3531927	501(C)(3)	.000,88	0.			VOCATIONAL PROGRAMS
CENTER FOR IND LIV OF BROWARD 4800 N. STATE ROAD 7 BLDG. F, SUITE 102 - FT. LAUDERDALE, FL 33319	65-0292125	501(C)(3)	44,000.	.0			VOCATIONAL PROGRAMS
CHAUTAUQUA CHARTER SCHOOL 1118 MAGNOLIA AVE. PANAMA CITY, FL 32401	86-1145087	501 ( C ) 3	22,000.	0.			VOCATIONAL PROGRAMS
CENTER FOR IND, LIVING JACKSONVILLE - 2709 ART MUSEUM DR. - JACKSONVILLE, FL 32207	59-1842440	501(C)(3)	.002,88	0.			VOCATIONAL PROGRAMS
CENTER FOR IND, LIVING N. CENTRAL FL - 222 SW 36TH TERRACE - GAINESVILLE, FL 32607	59-2177488	501(C)(3)	132,000.	0.			VOCATIONAL PROGRAMS
COLLIER COUNTY PUBLIC SCHOOLS 5775 OSCEOLA TR. NAPLES, FL 34109	59-6000557	TVOS	22,000.	°e			VOCATIONAL PROGRAMS
DYSLEXIA RESEARCH INSTITUTE 1934 STATE ROAD 30A PORT ST. JOE, FL 32456	59-1820902	501(C)(3)	22,000.	ů			VOCATIONAL PROGRAMS
							Schedule I (Form 990)

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THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.

Schedule I (Form 990)

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

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Schedule | (Form 990) FOR VOCATIONAL REHABILITATION, INC.

| Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule | (Form 990), Part III.)

Fart III Continuation of Grants and Other Assistance to Dolliestic Organizations and Dolliestic Governments (Surfacine 1), Fart III.	o application	means organizations			due (t our coo), i a	(m)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MACDONALD TRAINING CENTER 5420 W. CYPRESS ST. TAMPA, FL 33607	59-077827	501(0)(3)	88,500	0.			VOCATIONAL PROGRAMS
MADISON COUNTY SCHOOL BOARD 210 NE DUVAL AVE. MADISON, FL 32340	59-6000721	SOVT	22,000.	0.			VOCATIONAL PROGRAMS
MIAMI DADE COLLEGE 11011 SW 104TH STREET BUILDING 9, R MIAMI, PL 33176	59-1210485	501(c)(3)	82,000.	0.			VOCATIONAL PROGRAMS
MIAMI LIGHTHOUSE FOR THE BLIND 601 SW 8TH AVENUE MIAMI, FL 33130	59-0637847	501(C)(3)	44,000.	0.			VOCATIONAL PROGRAMS
NASSAU COUNTY SCHOOL DISTRICT 1201 ATLANTIC AVE. FERNANDINA BEACH, FL 32034	59-6000756	GOVT	22,000.	0,			VOCATIONAL PROGRAMS
POLK COUNTY PUBLIC SCHOOLS 1915 SOUTH FLORAL AVE, BARTOW, FL 33830	59-6000807	TAOS	22,000.	0.			VOCATIONAL PROGRAMS
SCHOOL DISTRICT OF DESOTO COUNTY 494 N. MANATEE AVE. ARCADIA, FL 34266	59-6000580	GOVT	22,000.	0.			VOCATIONAL PROGRAMS
THE HAVEN 4405 DESOTO ROAD SARASOTA, FL 34235	59-1305522	501(C)(3)	49,000.	.0			VOCATIONAL PROGRAMS
VOLUSIA COUNTY SCHOOL DISTRICT 1250 REED CANAL RD. PORT ORANGE, FL 32129	59-600,884	GOVT	22,000.	0			VOCATIONAL PROGRAMS
							Schedule I (Form 990)

THE FLORIDA ENDOWMENT FOUNDATION

FOR VOCATIONAL REHABILITATION, INC.

Schedule I (Form 990) 2020

Page 2

59-3052307

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplementa	quired in Part I, li	ne 2; Part III, columi	(b); and any other a	dditional Information.	
ALL GRANTS ARE MADE VIA CONTRACTS	THAT	REQUIRE REGULAR	AR REPORTING	ING - 2 OR 3	
TIMES PER YEAR, DEPENDING ON THE 1	TERMS OF	THE CONTRACT.	THE	FOUNDATION'S	
STAFF REVIEWS PERIODIC REPORTS FRO	FROM GRANTEES	ES TO DETERMINE	[E4 	CONTRACT	
DELIVERABLES ARE BEING MET. SITE	SITE VISITS AF	ARE ALSO CONDUCTED	NDUCTED TO	ASSESS HOW	
GRANTEES ARE MEETING DELIVERABLES.					

Schedule I (Form 990) 2020

## SCHEDULE J (Form 990)

Department of the Treasury

## **Compensation Information**

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

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

Attach to Form 990.

Open to Public Inspection

Schedule J (Form 990) 2020

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

FOR VOCATIONAL REHABILITATION, INC.

Employer identification number 59-3052307

		_	Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
, ICO	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use		- 9.0	
	Travel for companions Payments for business use of personal residence	1 4 4	18.3	
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	100		
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			1
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		37.0	
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract	0.5		
	Independent compensation consultant  X Compensation survey or study	-3.3	2040	1
	Form 990 of other organizations  X Approval by the board or compensation committee	185	3.5	Este
		-	1000	est.
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		168-10	1
•	organization or a related organization:	59		19.76
а	Receive a severance payment or change-of-control payment?	4a		X
ь	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	235	3	200
		TES	37	133H
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	5	50-11	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			eti-
	contingent on the revenues of:	1	100	v
а	The organization?	5a		X
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.	- 1	123	30-
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		200	Dis.
	contingent on the net earnings of:			x
a	The organization?	6a		X
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.	-125	-133	27
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nontixed payments	-	1705	x
	not described on lines 5 and 6? If "Yes." describe in Part III	7	MES	A
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		1000	x
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		A
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

032111 12-07-20

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

## THE FLORIDA ENDOWMENT FOUNDATION

FOR VOCATIONAL REHABILITATION, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2020

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.

59-3052307

Page 2

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

(B) Breakdown of W-2 and/or 1099-MISC compensation
(ii) Base (ii) Bonus & compensation compensation
184,739.
0.
(ii)

39

032112 12-07-20

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.

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.

Page 3

59-3052307

Schedule J (Form 990) 2020 ]
Part III | Supplemental Information

2000 (1900 marzi)   Jizarm 990) 2020	

## **SCHEDULE 0**

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

QMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization

THE FLORIDA ENDOWMENT FOUNDATION

Employer identification number 59-3052307

FOR VOCATIONAL REHABILITATION, INC. 39 303200.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO BE A KEY LEADER IN PROVIDING FLORIDIANS WITH DISABILITIES
OPPORTUNITIES FOR SUCCESSFUL EMPLOYMENT.
FORM 990, PART VI, SECTION A, LINE 4:
POLICIES WERE CREATED FOR PROCUREMENT OF CAPITAL ASSETS.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 AND ACCOMPANYING SCHEDULES ARE PREPARED BY AN INDEPENDENT
ACCOUNTING FIRM. THE ORGANIZATION'S MANAGEMENT REVIEWS THE FORM 990 AND
ACCOMPANYING SCHEDULES. ALL QUESTIONS AND ISSUES ARE RESOLVED WITH THE
INDEPENDENT ACCOUNTING FIRM PRIOR TO FILING WITH THE INTERNAL REVENUE
SERVICE CENTER. FORM 990 WILL BE REVIEWED BY THE FINANCE COMMITTEE AND THEN
SENT TO THE FULL BOARD FOR REVIEW AND VOTE.
FORM 990, PART VI, SECTION B, LINE 12C:
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MONITORS THE POLICY
ANNUALLY AND PERIODICALLY AS IS APPROPRIATE.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE BASE SALARY
AND ANNUAL INCENTIVE OPPORTUNITIES OF THE PRESIDENT. THE PRESIDENT DID NOT
RECEIVE A RAISE DURING THE FISCAL YEAR ENDING JUNE 30, 2021. THERE WILL BE
AN EXECUTIVE COMMITTEE IN PLACE FOR FISCAL YEAR ENDING JUNE 30, 2022.

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.	Employer identification number 59-3052307
ALL GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC. SOME	DOCUMENTS ARE
AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THE REMAINDER	ARE AVAILABLE
UPON REQUEST.	
REGULATION SECTION 1.263(A)-1(F) - DE MINIMIS SAFE HARBOR	ELECTION
TAXPAYER NAME: THE FLORIDA ENDOWMENT FOUNDATION FOR VOCAT	IONAL
REHABILITATION, INC.	
TAXPAYER ADDRESS: 3320 THOMASVILE RD., STE 200, TALLAHASS	EE, FL 32308
TAXPAYER ID NUMBER: 59-3052307	
YEAR-END: 06/30/2021	
UNDER IRC REGULATION SECTION 1.263(A)-1(F), THE TAXPAYER	HEREBY ELECTS
TO APPLY THE DE MINIMIS SAFE HARBOR ELECTION.	

SCHEDULER (Form 990) Name of the organization

Part I

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2020 Open to Public Inspection

OMB No. 1545-0047

THE FLORIDA ENDOWMENT FOUNDATION

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

FOR VOCATIONAL REHABILITATION, INC.

Employer identification number 59-3052307

(f) Direct controlling entity			mpt
			e related tax-exe
(e) End-of-year assets			ise it had one or mor
(d) Total Income			art IV, line 34, becau
(c) Legal domicile (state or foreign country)			iswered "Yes" on Form 990, P.
(b) Primary activity			tions. Complete if the organization an
(a) Name, address, and EIN (if applicable) of disregarded entity			Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.
			Part II

Part II organizations during the tax year.							
(8)	(q)	(0)	(p)	(e)	<b>(4)</b>	Saction (g)	NV13)
Name, address, and EIN	Primary activity	Legal domicile (state or	<u>a</u>	Public charity	Direct controlling	controlled	) O
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	₽ P
THE ABLE CHARITABLE FOUNDATION, INC							
82-1822879, 8177 BLUE QUILL TRAIL,							
TALLAHASSEE, FL 32312	CHARITABLE	FLORIDA	501(C)(3) LINE 7		N/A	_	×

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

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Schedule R (Form 990) 2020

THE FLORIDA ENDOWMENT FOUNDATION

Schedule R (Form 990) 2020 FOR VOCATIONAL REHABILITATION, INC.

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. Part III

Page 2

59-3052307

Schedule R (Form 990) 2020 ercentage Yes No 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. Section 512(b)(13) controlled entity? managing ownership Œ Code V-UBI general of Perandul in box perher? 20 of Schedule K-1 (Form 1065) res No Percentage ownership Ξ Share of end-of-year assets <u>6</u> Yes No Disproportionate allocations? Ξ Share of total income Share of end-of-year assets 6 Type of entity (C corp., S corp, or trust) Share of total income Ξ Direct controlling Predominant income (related, unrelated, excluded from tax under sections 512-514) e Legal domicile (state or foreign country) ٥ Direct controlling entity Ð Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Œ 032162 10-28-20 Part IV

Page 3

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

Schedule R (Form 990) 2020

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

Schedule R (Form 990) 2020 × × × × Yes Method of determining amount involved 표 f 4 £ ¥ 2 0 O ÷ 우 40 무 þ **\***= D 8 r Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) 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. Loans or loan guarantees to or for related organization(s) 2,985.FMV/ACTUAL 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? Amount involved Transaction type (a-s) 45 9 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) ט Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Reimbursement paid to related organization(s) for expenses Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) (1) THE ABLE CHARITABLE FOUNDATION, INC. Gift, grant, or capital contribution from related organization(s) Gift, grant, or capital contribution to related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s). Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) 032163 10-28-20 3 4 5 回 8

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

Schedule R (Form 990) 2020 FOR VOCATIONAL

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.

Name, address, and EIN	Primary activity	(c) Legal domicile	(a) Predominant incom (related, unrelated.	Are all Sorticitists	Share of	(9) Share of	Dispropor- lionale	(I) Code V-UBI amount in box 20	(J) General or managing	(k) Percentage
1		(state or foreign country)	excluded from tax un sections 512-514)	Yes No	rotal income	assets	afforations?	allocations? of Schedule K-1 partner? owntersing Yes No (Form 1065) Yes No	Yes No	ownersing
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## THE FLORIDA ENDOWMENT FOUNDATION 59-3052307 Page 5 FOR VOCATIONAL REHABILITATION, INC. Schedule R (Form 990) 2020 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

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

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

Rationale for Continuation of Foundation	The Florida College System is the primary access point to undergraduate education for Floridians, including recent high school graduates and returning adult students. The Florida College System (FCS) responds quickly and efficiently to meet the demand of employers by aligning certificate and degree programs with regional workforce needs. With an array of programs and services, The Florida College System's 28 institutions serve individuals, communities, and the state with low cost, high quality education opportunities. The FCS Foundation has been providing student scholarships to help these students succeed and enter the workforce since 1999.  The Foundation has provided over \$10 Million in scholarships to students enrolled in Florida's 28 colleges since its inception. The FCS Foundation awarded \$1,198,361 in scholarships for the 2020-21 academic year. The Foundation also acts as the fiscal agent for many private grants aimed at
Code of Ethics/ IRS Form 990	attached
Strategic Plan	Goal 1: Increase Student Support (Scholarships, Books, Technology and other Support Programs)  Goal 2: Increase System Support (Grants, Programs, Marketing and support for Division, Chancellor, Institutions and Faculty)  Goal 3: Organizational Growth to Reflect System Growth (Board Development and Growth; Staff Expansion)
Mission	The Florida College System Foundation is organized and shall be operated exclusively for charitable, cultural, scientific and educational purposes, and for the realization and attainment thereof for the following purposes:  • To support the development of economic services to business and industry.  • To promote public involvement and awareness of state educational policy issues.  • To provide scholarships and other kinds of support services to students in furtherance of their postsecondary education.  • To publicize and promote activities in support of the Florida College System.  • To support the development of innovative programs.  • To support the advancement of sound educational policies and programs.  • To support the advancement of sound educational policies and programs.  • To support the advancement of sound educational policies and programs.  • To support the mission of the Florida College System as they relate to the mission of the Florida College System.
Statutory Authority	Section 1004.71, F.S.
Name, Mailing Address, Telephone Number and Web Address	Florida College System Foundation P.O. Box 10503 Tallahassee, FL 32302 850-245-9494 www.fldoe.org/fcs/foundation

## 7

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

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

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

## 60

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

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

Rationale for Continuation of Foundation	protecting the autonomy and local support of Florida's 28 colleges. Our strategic plan includes goals to increase statewide partnerships for student scholarships, and continue to expand system wide support with our local colleges with federal and private grants to promote student success and increase graduation rates. The 20 member Board of Directors will continue to cultivate public private partnerships for scholarships and programs.	
Code of Ethics/ IRS Form 990		
Strategic Plan		
Mission		
Statutory Authority		
Name, Mailing Address, Telephone Number and Web Address		9



## THE FLORIDA COLLEGE SYSTEM FOUNDATION

DSO Report 2022

325 West Gaines Street Suite 1244J Tallahasee, FL 32399

850-245-9494 www.floridacollegesystemfoundation.org

## Florida College System – Strategic Plan 2018-2023

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

## Goal 1 INCREASE STUDENT SUPPORT

Scholarships, Books, Technology, and other support programs

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

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

## Goal 2 INCREASE SYSTEM SUPPORT

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

Double system support through increased grants and programs

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

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

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

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

## CODE OF ETHICS POLICY - FOUNDATION BOARD

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

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

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

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

Signature	Printed Name	
Title	Date	

## CONFLICT OF INTEREST POLICY

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

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

In light of this, the following Policy is established:

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

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

## **PUBLIC INSPECTION COPY**

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

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

990 2020 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public Do not enter social security numbers on this form as it may be made public Inspection Go to www irs gov/Form990 for instructions and the latest information For the 2020 calendar year, or tax year beginning 07/01/20 , and ending 06/30/21D\_Employer Identification number THE FLORIDA COLLEGE SYSTEM C Name of organization Check if applicable 1 1 FOUNDATION /=INC Address chánge 65-0530384 O box if mail is not delivered to street Doing business as | | Name change 850-245-9494 BOX 10503 Indial return City or town state or province country and ZIP or foreign postal code Final return/ 7,970,485 FL 32302-0503 G Gross receipts\$ TALLAHASSEE Amended return Name and address of principal officer H(a) is this a group return for subordinates Yes X No Application pending JUDY GREEN H(b) Are all subordinates included? P.O. BOX 10503 If No attach a list. See instructions TALLAHASSEE FL 32302-0503 **X** 501(c)(3) 501(c) 4947(a)(1) or (insert no) Tax-exempt status FLORIDACOLLEGESYSTEMFOUNDATION ORG H(c) Group exemption number Website > M State of legal domicile FL Year of formation 1994 X Corporation Trust Association Other Form of organization Summary Part I 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 18 3 3 Number of voting members of the governing body (Part VI, line 1a) ංජ 18 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 21 6 6 Total number of volunteers (estimate if necessary) 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7b b Net unrelated business taxable income from Form 990-T, Part I line 11 Prior Year Current Year 96,500 1,055,000 8 Contributions and grants (Part VIII, line 1h) 5,702 1,110,253 0 9 Program service revenue (Part VIII, line 2g) , 622 518 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 37 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,212,455 2,677,555 12 Total revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12) 1,055,237 2,021,488 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 442,524 551,592 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,464,012 1,606,829 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -394,374 213,543 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 30,948,234 24,488,451 20 Total assets (Part X, line 16) 2,749 1,293 21 Total liabilities (Part X, line 26) 485,702 30,946,941 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Date Signature of officer Sign PRESIDENT JUDY GREEN Here Type or print name and title Date Print/Type preparer's name rer's signature Check atulocu P01256711 04/29/22 self-employed Paid KATHLEEN E BROTHERS 59-3038528 Firms EIN CARROLL AND COMPANY, Preparer **Use Only** 2640-A MITCHAM DRIVE 850-877-1099 TALLAHASSEE, FL Phone no X Yes No May the IRS discuss this return with the preparer shown above? See instructions

For Paperwork Reduction Act Notice, see the separate instructions

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Form 990 (2020)

Form 990 (2020)	THE FLORIDA	COLLEGE SYSTEM	65-0530384		Page 2
Part III S	Statement of Program	n Service Accomplishmei	nts		X
		ontains a response or note	to any line in this Part III		
-	cribe the organization's mil	ssion	- m		
SEE SEE		Inspe	ection	Cop	
pnor Form	990 or 990-EZ?	gnificant program services during t	the year which were not listed o	on the	Yes X No
If "Yes," de	scribe these new services	on Schedule O			
services?		, or make significant changes in t	now it conducts, any program		Yes X No
4 Describe the expenses	Section 501(c)(3) and 501	recrice of the complishments for each c)(4) organizations are required to by, for each program service reports.	report the amount of grants ar	vices, as measured by nd allocations to other	<i>l</i> 5,
	MADE TO THE	2,231,088 including grain FLORIDA COLLEGES PORTING THE FLOR	nts of\$ 2,021,488 TO FUND SCHOLAR: IDA COLLEGE SYS	SHIPS FOR S	TUDENTS AND
4b (Code N/A	) (Expenses \$	ıncluding grai	nts of\$	) (Revenue \$	)
4c (Code N/A	) (Expenses \$	including grad	nts of\$	) (Revenue \$	)
	am services (Describe on		) (Revenue \$		3
(Expenses	\$ am service expenses ▶	including grants of\$ 2,231,088	/ (Revenue \$		
49 lotal progra	ani service expenses	2 / 2 3 1 / V 0 0			Form <b>990</b> (2020)

Earm	990 (2020) THE FLORIDA COLLEGE SYSTEM 65-0530384		P	age 3
	irt IV Checklist of Required Schedules			
Га	III 19 Oneckist of Regular Concurso		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
1		1	X	
	complete-Schedule A complete-Schedule of Continuors (see instructions)?	72	7 <b>X</b>	
2	Did the organization lengage in direct or indirect political campaign activities on behalf of or in opposition to	$\square$		
3	candidates for public office? If "Yes," complete Schedule C, Part 1	3/		X
	candidates for public office / if 76s, confined schedule C, Flat i	-		
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h)	4		X
	election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		x
	assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III	Ť		-
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	6		x
	"Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		-	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		x
	complete Schedule D, Part III		_	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			-
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_	_	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			1
	VII, VIII, IX, or X as applicable			'
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	_
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	_	X
d	The state of the s			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	125		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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?			
. 5	If "Yes," complete Schedule G, Part III	19		X
20.0	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
LU2	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX column (A) line 1? If "Yes," complete Schedule I Parts I and II	21	X	
DAA	Anticone Meachinitett out that the condition had meed to it and conditione conditions to the conditions.	Fom		(2020)
UMM				

Form	990 (2020) THE FLORIDA COLLEGE SYSTEM 65-0550584		- 1 6	age e
_	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			_
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all-required federal employment tax-returns?	, '2b	7	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,		
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a/		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
40	the state of the second the second to the se			
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	If "Yes," enter the name of the foreign country			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	See instructions for ming requirements for Findery Form 114, Report of recent and mindred instructions to the description of the property of t	- 5a		$\tilde{\mathbf{x}}$
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		x
	organization solicit any contributions that were not tax deductible as charitable contributions?	04		A
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	c L		
	gifts were not tax deductible?	6b		_
7	Organizations that may receive deductible contributions under section 170(c)			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			X
	and services provided to the payor?	7a	-	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		7.
	required to file Form 8282?	7c		X
d			1	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	- 1	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ļ -
	sponsoning organization have excess business holdings at any time during the year?	8	_	
9	Sponsoring organizations maintaining donor advised funds			
а	Did the sponsoning organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1 1		
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them )		_	
l2a	Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers			
	to the state of th	13a		
-	Note See the instructions for additional information the organization must report on Schedule O			
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
C	Little tille	14a		x
l4a	the second of th	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15		15		x
	excess parachute payment(s) during the year?			
	If "Yes," see instructions and file Form 4720, Schedule N	16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			
	If "Yes," complete Form 4720, Schedule O		990	(0000)

Form	990 (2020) THE FLORIDA COLLEGE SYSTEM 65-0530384			age 6
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through /b below, a	and fo	ora "l	Vo"
1	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See	ınstr	uctions
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A-Governing Body, and Management	_		-
1a	Enter the number of voting members of the governing body at the end of the tax, year if there are material differences in voting rights among members of the governing body, or	. 77	7Yes	No
	if the governing body delegated broad authority to an executive committee or similar			1
	committee, explain on Schedule O  Fater the sumbers of vetral members included on line 1a above, who are independent  1b 18			
b	Effet the humber of voting members included on line 18, above, who are marketing			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Ŕ
	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		X
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	-	X
6	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
	one or more members of the governing body?	7.0		-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
	stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	8a	X	
a	The governing body?	8b	X	
ь	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes" provide the names and addresses on Schedule O	9		X
Con	tion B Policies (This Section B requests information about policies not required by the Internal Revent	ıe C	ode)	
<u> 5ec</u>	HOLL B POLICIES [This Section B requests information about pomoto net required by the internal		Yes	No
40-	Did the organization have local chapters, branches, or affiliates?	10a		X
10a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
_	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
b	The second secon	12a	X	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
С	describe in Schedule O how this was done	12c	X	
42	Did the organization have a written whistleblower policy?	13	X	
13	Did the organization have a written document retention and destruction policy?	14	х	
14	Did the process for determining compensation of the following persons include a review and approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
D	if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			l
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
.00	with a taxable entity during the year?	16a		<u>X</u>
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ FL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request   Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶			
	DY GREEN PO DRAWER 10503			400
	ALLAHASSEE FL 32302 850			
DAA		For	1 <b>990</b>	(2020)

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

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

X

Section A \_\_\_Officers, Directors; Trustees, Key Employees, and Highest Compensated Employees

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

(A) Name and tile	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W 2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(VV Z) LUSSE-MISC/)		related organizations	
(1) JUDY GREEN	40.00									40.770	
PRESIDENT	0.00			X		$\vdash$		0	92,230	40,779	
(2) DR. JEFFREY ALI	BRITTEN										
	1 00					1		o	0	0	
DIRECTOR	0.00	X	_	_	-	$\vdash$		U			
(3) TERESA BORCHECK						1 1					
	1.00	x		x				o	o	0	
CHAIR (4) WILLIAM CRAMER	0.00	A	_	^	-			0			
(4) WILLIAM CRANER	1.00										
DIRECTOR	0.00	x						o	o	0	
(5) TAMI CULLENS	0.00	-									
(0) ITELL COLLETTE	1.00										
DIRECTOR	0 00	x						0	0	- 0	
(6) CLAUDIA DAVANT											
(0, 022002	1.00										
DIRECTOR	0.00	X						0	0	0	
(7) HUNT DAWKINS											
	1.00								_		
DIRECTOR	0.00	X						0	0	0	
(8) DR. JOHN GYLLIN											
	1.00					1			0	0	
DIRECTOR	0 00	X	_		_	$\vdash$	_	0			
(9) SHEROD HALLIBUR						1 1					
	1 00							o	o	0	
DIRECTOR	0 00	X			-	-	-	0			
(10) MICHAEL HIGHTOW	1 00										
DIRECTOR	0 00	x						0	o	0	
(11) GEORGE I. PLATT		4									
(II) GEORGE I. PIMI	1.00										
DIRECTOR	0 00	x						0	0	0	

X employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual X for services rendered to the organization? If "Yes ' complete Schedule J for such person

Section B Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (C) Compensation (B) Description of services Name and business address

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

Form 990 (2020)

Form **990** (2020)

Pa	n 990 rt V	III Statome	nt o	of Revenue			1. (	4bin Dad VIII		[7]
-		Check if	Sch	edule O con	tains a	response or	note to any line ir	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
			_		_		(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under sections 512-514
5		$\square$						@ M	1 DOM	7 77
완원	1a	Federated cam	paigns		1a	112011	)			
55	b	Membership du	es es		1b <sup>U</sup> U					
AT.		Fundraising eve			1c	<u>.</u>				
즱		Related organiz		5	1d					
S,E		Government grants (c			1e					
S	f	All other contributions,	, glifts, g	rants				,		
the state		and similar amounts r	ot Includ	ied above	1f	1,055,00	0			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions	Included	t in lines 1a-1f	1g \$					
8 8	h	Total Add lines	1a-1	f			1,055,000			
						Business Co	de			
9	2a									
9 9	b								-	
Suna	C						1			
5	d									
Program Service Revenue	е					-				
- LA-	f	All other progra					-			L
	g	Total Add lines								
	3			ncluding dividen	ds, intere	est, and	700 741			709,741
		other similar an					709,741		+	70577.12
	4		vestm	ent of tax-exem	ot bond p				+	
	5	Royalties				11.5				
				(I) Real		(ii) Personal	_			
	6a	Gross rents	6a				_			
	b	Less rental expenses					_			
		Rental Inc or (loss)	6c							
	_d	Net rental incom	ne or			<b>•</b>				
	1 a	sales of assets		(f) Securities		(ii) Other	-			
•		other than inventory	7a	6,205,	707		-			
ž	b	Less cost or other		F 000	020					
e e		basis and sales exps	7b	5,292,			-			
Other Revenue		Gain or (loss)	7c	912,	///	•	912,777			912,777
ē		Net gain or (los	•				312,111			
ō	8a	Gross income from	n tundi	aising events						
		(not including \$		1 4-1			N .			
	1	of contributions re		on line ic)	0					
	١.	See Part IV, line 1		_	8a		-			
		Less direct exp			8b					
		Net income or i			CACHER					
	ya	Gross income from		ing activities	9a					1
		See Part IV, line 1			9b					
		Less direct exp Net income or (				-				
		Gross sales of			II VIII CO					
	ıva	returns and allo		-	10a		1			
	h	Less cost of go			10b					
		Net income or								
	Ť	THE INCOME OF	.000/	calco or ill	3	Business Co	de			
Miscellaneous Revenue	11a	MISCELLANE	OUS	INCOME		90009				37
ane	b								1	
¥eï ¥eï	C									
25.5		All other revenu	ie							
2		Total Add lines		-11d						
		Total revenue					2,677,555		0	1,622,555

Form 990 (2020)

30,948,234 Form 990 (2020)

30,946,941

29

30

31

32

24,485,702

24,488,451

5

Assets

Net

29

32

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

30 Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2020	THE	FLORIDA	COLLEGE	SYSTEM	65-0530384				Pag	ge 12
			ciliation of No								_
		Check if	Schedule O co	ntains a respo	nse or note to	any line in this Part XI					
1			st equal Part VIII,					1		77,5	
2			ust equal-Part IX,			4 0		2		64,0	
3	Revenue	ess expe	nses Subtract lin	ie 2 from linë/15			11 4	/3=\	19 12		
4	Net assets	or fund	balances at begi	nning of year (m	ust equal Part X	(line 32, column (A))	1/_/	4	24,4		
5	Net unrea	lized gair	balances at begins (losses) on in	estments				5	6,2	47,6	596
6			and use of facilities		_		1	6			
7	Investmen	t expens	es				1	7			
8	Pnor pend	d adjusti	ments				1	8			_
9	Other cha	nges in n	et assets or fund	l balances (expla	un on Schedule (	0)	1	9			
10	Net assets	or fund	balances at end	of year Combine	e lines 3 through	9 (must equal Part X, line	1				
	32, colum.							10	30,9	46,	141
Pa	rt XII	Financi	al Statement	s and Repor	rtıng						
		Check If	Schedule O co	ontains a respo	nse or note to	any line in this Part XII		-		1	
										Yes	No
1	Accounting	g method	used to prepare	the Form 990		Accrual Other					;
	if the orga	nızatıon	changed its meth	od of accounting	from a prior yea	ar or checked "Other," explain in					
	Schedule									-	X
2a	Were the	organızat	tion's financial sta	atements compile	ed or reviewed b	y an independent accountant?			2a	+	_
						nts for the year were compiled or			-	1	1
	reviewed i	on a sepa	arate basis, cons								
		ate basis		ated basis		ated and separate basis				X	'
b	Were the	organizat	tion's financial sta	atements audited	by an independ	lent accountant?			2b	A	-
					inancial statemei	nts for the year were audited on a					1
	separate l	oasis, cor	nsolidated basis,	or both	-						
	X Separ	ate basis		ated basis		ated and separate basis				-	
C	If "Yes" to	line 2a c	or 2b, does the o	rganization have	a committee tha	t assumes responsibility for oversight	OT			x	
	the audit,	review, o	r compilation of	ts financial state	ments and selec	tion of an independent accountant?	_		2c		
			changed either its	s oversight proce	ess or selection p	process during the tax year, explain o	ח				
	Schedule					the second to the factor of	lh a				
3a					required to unde	rgo an audit or audits as set forth in t	u i e		За		x
			id OMB Circular		14	the engineering did not underso the			Sa	+	-
b	If "Yes," d	id the org	ganization underg	o the required a	udit or audits? If	the organization did not undergo the	1.7		3b		
_	required a	udit or au	udits, explain why	on Schedule O	and describe an	y steps taken to undergo such audits				m 990	) (2020)
									70		, (2020)

SCHEDULE A (Form 990 or 990-EZ)

## Public Charity Status and Public Support

Complete if the organization is a section 601(c)(3) organization or a section 4947(a)(1) nonexempt charable trust.

OMB No 1545-0047

Open to Public ➤ Attach to Form 990 or Form 990-EZ Department of the Treasury Internal Revenue Service FLORIDA COLLEGE SYSTEM (570530384) Inspection COLLEGE SYSTEM THE FLORIDA organization Name of the FOUNDATION, Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) 1 A school described in section 170(b)(1)(A)(ii) (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv) (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3) Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B b Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E d Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V Check this box if the organization received a written defermination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations

g Provide the formal (ii) Name of supported organization	(II) EIN	the supported organization(s) (iii) Type of organization (described on lines 1–10 above (see instructions))	(Iv) is the listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
(A)						
(8)						
(C)						
(D)						
(E)						
Total						(Form 990 or 990-EZ)

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

Sche	dule A (Form 990 or 990-EZ) 2020 THE	FLORIDA	COLLEGE	SYSTEM		-0530384	Page 2	
Pa	art II Support Schedule for C	Organizations	Described in	Sections 17	0(b)(1)(A)(iv)	and 170(b)(1)(	(A)(∨ı)	
(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 organizatio	n fails to quali	fy under the te	ests listed belo	w, please con	nplete Part III)		
Sec	tion A_Rublic Support n	П		ип.				
Caler	ndar year (or fiscal year beginning in)	(a);2016 (=	1 P(b)-2017	(ċ)=201,8>	ry(d) 2019 //	(e)=2020	, 7\ (f)' Total	
		7			11 11	ノスしかし	) \\/j	
1	membership fees received (Do not	_ n r n <i>⊘</i>			ט נ		2)	
	include any "unusual grants")	160,900	1,238,250	369,702	96,500	1,055,000	2,920,352	
	Tax revenues levied for the							
2	organization's benefit and either paid				i			
	to or expended on its behalf							
3	The value of services or facilities							
3	furnished by a governmental unit to the							
	organization without charge	132,863	141,042	179,448	231,231	223,314	907,898	
4	Total Add lines 1 through 3	293,763	1,379,292	549,150	327,731	1,278,314	3,828,250	
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)						3,828,250	
6	Public support Subtract line 5 from line 4 ton B Total Support		lr				8,020,230	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	293,763	1,379,292	549,150	327,731	1,278,314	3,828,250	
8	Gross income from interest, dividends,	2337703	-75.17,200					
•	payments received on securities loans,							
	rents, royalties, and income from similar sources	536,115	546,143	600,959	728,096	709,741	3,121,054	
9	Net income from unrelated business activities, whether or not the business							
	is regularly carned on			663			663	
10	Other income Do not include gain or							
10	loss from the sale of capital assets							
	(Explain in Part VI)	73,665	50,558	17,807	5,702	37	147,769	
11	Total support. Add lines 7 through 10			1			7,097,736	
12	Gross receipts from related activities, etc.	(see instruction:	s)				119,428	
13	First 5 years If the Form 990 is for the		t, second, third, fo	urth, <b>or</b> fifth tax ye	ear as a section 5	01(c)(3)	▶ □	
5	organization check this box and stop he tion C Computation of Public S	Punnert Perce	ntago					
7	Public support percentage for 2020 (line			lumn (fl)		14	53 94 %	
14 15	Public support percentage from 2019 Sch	o, column (i) divid	line 14	J		15	47 76 %	
16a	33 1/3% support test—2020 If the orga	nization did not c	heck the box on li	ne 13. and line 14	l is 33 1/3% or m	ore, check this		
roa	hox and stop here. The organization qui	alifies as a public	ly supported organ	nization			<b>▶</b> X	
b	box and stop here. The organization qualifies as a publicly supported organization. 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check							
	this box and <b>stop here</b> The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test-26	020 If the organiz	If the organization did not check a box on line 13, 16a, or 16b, and line 14 is					
	10% or more, and if the organization me	ets the "facts-and	-carcumstances" te	est, check this box	k and stop here	Explain in		
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported							
	organization							
b	10%-facts-and-circumstances test—2019 If the organization did not check a box on line 13, 16a, 16b, or 17a, and line							
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain							
	in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported							
10	organization  Private foundation if the organization d	lid not check a ho	x on line 13, 162	16b. 17a. or 17b	check this box a	nd see	- 🗀	
18	instructions	nd flot official a bu	J. I. II. 10, 10a,	,, 01 110,	,	····	▶ 🗌	
	HIND WATERIO							

Scher	dule A (Form 990 or 990-EZ) 2020 THE	FLORIDA	COLLEGE	SYSTEM	65-	-0530384	Page 3
	ert III Support Schedule for C	Organizations	Described in	Section 509	(a)(2)		
	(Complete only if you che	ecked the box	on line 10 of	Part I or if the	organization fa	alled to qualify	/ under Part II
	If the organization fails to	qualify under	the tests liste	d below, plea	se complete Pa	art II)	
Sec	tion A_Rublic Support n	n n		и п	(1	11	T - 10.7 1.1
Calen	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a):2016	Γ/(b)-2017	(c)=2018≈		<sup>12</sup> (e)-2020√	(f) Total
1	Grits, grants, contributions, and membership (tees received (Do not include any "unusual graints")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						<u> </u>
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						<del> </del>
	Public support (Subtract line 7c from line 6)						
	tion B Total Support		41.0047	7-1 0040	(4) 2010	(e) 2020	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(6) 2020	(i) iotai
9	Amounts from line 6	-					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on					1	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First 5 years If the Form 990 is for the organization, check this box and stop he		second, third, fo	ourth, or fifth tax y	ear as a section 5	01(c)(3)	▶□
Sec	tion C Computation of Public S	Support Perce					
15	Public support percentage for 2020 (line	8, column (f), divi	ded by line 13, c	olumn (f))		15	%
16	Public support percentage from 2019 Sch	nedule A, Part III,	line 15			16	%
<u>Sec</u>	tion D Computation of Investm	ent Income F	'ercentage	- 42		17	%
17							%
	b investment intome percentage from 200 concentration, into the heaven line 14 and line 15 is more than 33 1/3% and line						
19a	33 1/3% support tests—2020 if the org	hox and stee her	e The organizati	on qualifies as a	publicly supported	organization	▶ 🗌
b	33 1/3% support tests—2019 If the ord	7 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  3 1/3% support tests—2019 If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and					
-	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	Private foundation if the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions  Schedule A (Form 990 or 990-EZ) 2020						

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked box 12a, Part I, complete Sections A and B If you checked box 12b, Part I, complete Sections A and C If you checked box 12c, Part I, complete Sections<sub>7</sub>A, D<sub>7</sub> and E If you-checked box 12d, Part I, complete Sections A and D<sub>7</sub> and complete Part V)

01	Sections A. Draid E. II you cheeked box 12d, 1 at 1, estimated coefficient and 5		3 77	
Sect.	on A All Supporting Organizations To The State of the organization's supported organization's listed by name in the organization's governing		Yes	No
1	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated if designated by			1
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
~	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			Uh
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			. 9
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			1
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4c		d
	purposes	46		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			1
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
	Type I or Type II only Was any added or substituted supported organization part of a class already			
b	designated in the organization's organizing document?	5b		
	Substitutions only Was the substitution the result of an event beyond the organization's control?	5c		
С 6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
٠	anyone other than (i) its supported organizations, (ii) individuals that are part of the chantable class benefited			)
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			3
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			l
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			i
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If 'Yes," provide detail in Part VI	9a	_	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Qh.		— —
	the supporting organization had an interest? If "Yes," provide detail in Part VI	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9c		
40	from, assets in which the supporting organization also had an interest? If "Yes " provide detail in <b>Part VI</b>	30		(()
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below	10a		
L	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
b	determine whether the amanization had excess husiness holdings)	10b		
	Schedule A (For		or 990-1	EZ) 2020

Sched	ule A (Form 990 or 990-EZ) 2020 THE FLORIDA COLLEGE SYSTEM 65-053038	4		Page 8
	t IV: Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, reither alone or together with persons described in lines 11b and	711a	//	
h	11¢ belovy, the governing body of a, supported organization?  A family member of a person described in line 11a above?	11b	\\/;'	
C D	A 35% controlled entity of a person described in line 11a on 11b above? If Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI	11c		
Sect	ion B Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	,		
	effectively operated supervised, or controlled the organization's activities if the organization had more than one supporte organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	ĺ		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit camed out the purposes of the supported organization(s) that operated,			
	supervised or controlled the supporting organization	2		
Sect	ion C Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1	- ~ -	
Sect	the supported organization(s) ION D All Type III Supporting Organizations	•		
OCCL	Wil D All Type in outporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s)	-		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard .	3		
Sect	ion E Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a governmental entity (see	instruc		No
2	Activities Test Answer lines 2a and 2b below		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part Vi identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		<u> </u>	
	these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer lines 3a and 3b below			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
la.	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
b	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2020 THE FLORIDA COLLEGE SYSTEM	1	65-0530	)384 Page 6		
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C		nizations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See					
instructions All other Type III non-functionally integrated supporting organizations	must (	complete Sections A thro	ugh E		
		(A) Pnor Year	(B) Current Year		
Section A—Adjusted Net Income		(A) Phor Year	(optional)		
1 Net Short-term capital gain	1	11 11 11	111( )/ \//		
2 Recovenes of pnor-year distributions	2		1 1 )/		
3 Other gross income (see instructions)	3		<u> </u>		
4 Add lines 1 through 3	4				
5 Depreciation and depletion	6				
6 Portion of operating expenses paid or incurred for production or collection of					
gross income or for management, conservation, or maintenance of property					
held for production of income (see instructions)	6		,		
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)		
Aggregate fair market value of all non-exempt-use assets (see					
instructions for short tax year or assets held for part of year)					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
с Fair market value of other пол-exempt-use assets	1c				
d Total (add lines 1a 1b, and 1c)	1d				
e Discount claimed for blockage or other factors					
(explain in detail in Part VI)					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d	3				
4 Cash deemed held for exempt use Enter 0 015 of line 3 (for greater amount,					
see instructions)	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by 0 035	6				
7 Recoveres of pnor-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8 column A)	1				
2 Enter 0 85 of line 1	2				
3 Minimum asset amount for pnor year (from Section B, line 8, column A)	3				
4 Enter greater of line 2 or line 3	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions)	6				
7 Check here if the current year is the organization's first as a non-functionally integra	ited Ty	pe III supporting organiza	ation		
(see instructions)					
		Schedule A	(Form 990 or 990-EZ) 2020		

	le A (Form 990 or 990-EZ) 2020		65-0530	
Par	t V : Type III Non-Functionally Integrated 509	(a)(3) Supporting Organ	izations (continued	)
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	pt purposes 🗸 🗆		
2	Amounts baid to perform activity that directly furthers exempt organizations, in excess of income from activity	purposes of supported		
3	Administrative expenses paid to accomplish exempt purposes	of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required-pro	vide details in Part VI)		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	organization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2020 from Section C line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(॥) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2020			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
1	Carryover from 2015 not applied (see instructions)			
1	Remainder Subtract lines 3g, 3h, and 3i from line 3f			
4	Distributions for 2020 from		547	
	Section D, line 7 \$			
	Applied to underdistributions of pnor years			
	Applied to 2020 distributable amount			
C	Remainder Subtract lines 4a and 4b from line 4			
5	Remaining underdistributions for years prior to 2020, if		10	
2	any Subtract lines 3g and 4a from line 2 For result		- A	
-	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2020 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
_	Part VI See instructions			
7	Excess distributions carryover to 2021 Add lines 3j and 4c			
8	Breakdown of line 7			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			(Form 990 or 990-EZ) 202

Schedule A (Form 990 or 990-EZ) 2020 THE FLORIDA	A COLLEGE SY	STEM	65-0530384	Page B
Part VI' Supplemental Information Provide	the explanations re	guired by Part II,	line 10, Part II, line 1	7a or 17b, Part
III, line 12, Part IV, Section A, lines 1,	2, 3b, 3c, 4b, 4c,	ia, 6, 9a, 9b, 9c,	11a, 11b, and 11c, P	art IV, Section
B, lines 1 and 2, Part IV, Section C, li	ine 1, Part IV, Secti	on D, lines 2 and	:3, Part IV, Section E	i, lines 1c, 2a, 2b,
3a, and 3b, Part₁V, line 1, Part V, Sec	ction B, line 1e, Par	t,V,∟Section D, lir	nes 5, <del>6, </del> and 8, and F	Part V, Section E,
lines 21 5 and 61 Also complete this	partr for any addition	al information. (S	See (ństructions) r🕿	$\Pi$ $\Pi$
PART II, LINE 10 OTHER INCO	ME DETAIL			)
OTHER INCOME	\$	28,341		
SEMINAR REGISTRATION	\$	84,428		
ADMINISTRATIVE FEES	ş	35,000		

### Schedule B

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

### Schedule of Contributors

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

OMB No 1545-0047

2020

Department of the Treasury	Internal Revenue Service							
Name of the organization THE FLORIDA	COLLEGE SYSTEM 65-0530384							
Organization type (check one)								
Filers of	Section							
Form 990 or 990-EZ	▼ 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
4947(a)(1) nonexempt chantable trust treated as a private foundation								
501(c)(3) taxable private foundation								
Check if your organization  Note Only a section 501(constructions	is covered by the <b>General Rule</b> or a <b>Special Rule</b> c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See							
General Rule								
For an organization or more (in money contributor's total of	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions							
Special Rules								
regulations under s	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts 1 and II							
contributor, during the literary, or education	described in section $501(c)(7)$ , (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific, and purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III							
contributor, during contributions totaled during the year for General Rule appl	in described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, contributions exclusively for religious, charitable, etc., purposes, but no such did more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the lies to this organization because it received nonexclusively religious, charitable, etc., contributions in one 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, 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							

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

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule E	3 (Form 990 990-EZ or 990-PF) (2020)		E 1 OF 1 Page 2
	organization FLORIDA COLLEGE SYSTEM		ployer Identification number -0530384
Part I	Contributors (see instructions) Use duplicate copies of	f Part I if additional space	s needed
(a) No	Name, address, and ZIR + 4	Total contributions	Type of contribution
1	L!	\$ 1,025,000	Person X Payroli Noncash (Complete Part II for noncash contributions)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No	Name, audress, and ZIP + 4	\$	Person Payroil Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO	Maine, address, and an 7-4	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d) Type of contribution
_No	Name, address, and ZIP + 4	S	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	TORRING MARKET, WILL BIT 1-7	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

# SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990

OMB No 1545-0047 2020 Open to Public

	ment of the Treasury  I Revenue Service	Go to www.in	s gov/Form990 f	or instructions an	d the latest inform	ation	Inspection
-	of the organization			4 []			trication number
		COLLEGE SYSTEM	300		010		
F	OUNDATION	INC			(( );	<u>\\65-053</u>	
Pa	ırt I Örğanlıza	tions Maintaining Dor if the organization ans	or Advised F	unds or Other	Similar Funds	or Accour	
	Complete	if the organization ans	wered "Yes" o				
				(a) Donor a	advised funds	(b) Fur	ds and other accounts
1	Total number at end	of year					
2	Aggregate value of co	ontnbutions to (during year)					
3	Aggregate value of gi	rants from (dunng year)					
4	Aggregate value at er						
5		nform all donors and donor a					п п
	funds are the organiz	ation's property, subject to the	ne organization's o	exclusive legal conf	trol?	_	∐ Yes ∐ No
6	Did the organization i	nform all grantees, donors, a	nd donor advisors	in writing that grai	nt funds can be used	j	
		poses and not for the benefi	of the donor or o	lonor advisor, or fo	r any other purpose		П. П.
	conferring impermissi						Yes No
Pa	rt II Conserva	ation Easements		- Farm 000 De	net IV line 7		
		if the organization ans			art iv, mie /		
1	Purpose(s) of consen	vation easements held by the	e organization (che	eck all that apply)		h	nd area
	_	ind for public use (for examp	le, recreation or e	_	vation of a historical		
	Protection of natu			Preser	vation of a certified	nistoric structi	iie
	Preservation of o				han in the form of a	connoniation	
2		ough 2d if the organization h	ield a qualined co	nservation contribu	tion in the form of a	Hald	at the End of the Tax Year
	easement on the last					2a	at the Life of the Tax Total
_	Total number of cons					2b	
		ed by conservation easemer				2c	
С	Number of conservati	on easements on a certified	nistone structure	included in (a)	_	20	
d		on easements included in (c)	acquired after 77	25/06, and not on a	a	2d	
	historic structure liste	d in the National Register	-tdld	automounted of to	reminated by the ora	-	ng the
3		on easements modified, tran	sierreu, releaseu,	extinguished, or te	sittiniated by the org	BINZUUON GUN	ig the
	tax year ►			in Innated N			
4	Number of states who	ere property subject to conse	rvalion easement	is incated account	on bandling of		
5		have a written policy regard			on, nanding of		Yes No
	violations, and enforce	ement of the conservation ea ours devoted to monitoring, i	asements it notus	n of wolstone and	l enforcing conserva	tion easement	
6	Statt and volunteer no	outs devoted to monitoring, i	rispecting, nandin	ig or violadoris, and	2 Cillorolling Conscise		,
7	Amount of expenses	incurred in monitoring, inspe	eting handling of	violations, and enfo	orcing conservation (	easements du	nng the year
7	> \$	monited at monitoning, mape	burig, naridining or	VIOLENDING, CARE CARE	3		
۰		ion easement reported on lin	e 2(d) above sati	sfy the requirement	ts of section 170(h)(4	4)(B)(i)	
8	and section 170(h)(4)		C 2(a) aboro can	or, are requirement		~ ~ ~ ~	Yes No
9	in Dart YIII describe	how the organization reports	conservation eas	ements in its reven	ue and expense sta	tement and	
9	halance sheet and in	clude, if applicable, the text	of the footnote to	the organization's	financial statements	that describes	the
	omanization's accoun	iting for conservation easem	ents				
Pa	rt III Organiza	tions Maintaining Col	lections of Ai	rt, Historical Ti	reasures, or Ot	her Sımılar	Assets
L	Complete	if the organization ans	wered "Yes" o	n Form 990, Pa	art IV, line 8		
1a	If the organization ele	cted, as permitted under FAS	SB ASC 958, not	to report in its reve	nue statement and t	alance sheet	works
	of art, historical treasi	ures, or other similar assets	neld for public ext	nibition, education,	or research in furthe	rance of publi	C
	service, provide in Pa	int XIII the text of the footnote	to its financial st	atements that desc	nbes these items		
b	If the organization ele	cted, as permitted under FAS	SB ASC 958, to re	eport in its revenue	statement and balar	nce sheet wor	ks of
	art, historical treasure	s, or other similar assets hel	d for public exhibit	ition, education, or	research in furtherar	nce of public s	service,
		amounts relating to these ite				<b>.</b> .	
		l on Form 990, Part VIII, line	1			<b>&gt;</b> \$	
	(II) Assets included in	n Form 990, Part X				<b>▶</b> \$	
2	If the organization red	ceived or held works of art, h	istorical treasures	, or other similar as	ssets for financial gai	n, provide the	
		uired to be reported under F	ASB ASC 958 re	lating to these item	S	<b>.</b> .	
а	Revenue included on	Form 990, Part VIII, line 1				<b>&gt;</b> \$	
b_	Assets included in Fo	rm 990, Part X		200		<b>▶</b> \$	hedule D (Form 990) 2020
For !	Paperwork Reduction	Act Notice, see the Instru	ctions for Form S	990		50	meddie D (i Gilli 930) 2020

Sche	dule D (Form 990) 2020 THE FLC	RIDA COLLEG	e system		65-053038			Page 2
	rt III Organizations Maintair	ning Collections o	of Art, Historical	Treasures	, or Other Si	milar Ass	ets (cont	tinued)
3	Using the organization's acquisition, accollection items (check all that apply)	cession, and other reco	rds, check any of the	following that	make significant	use of its		
а	Rublic exhibition	_ d □ i	Loan or exchange pr	ogram				
b	Scholarly [research]	ra (e-Tr	Other 65	71 77	2 (( )		110	
c	Preservation for future generations			11(( ))1			<i>))</i> \ <i>\[</i> //	
4	Provide a description of the organization	n's collections and expl	ain how they further	the organization	on's exempt purpo	se in Part		
	XIII	5					_	
5	During the year, did the organization so	olicit or receive donation	s of art, historical tre	asures, or oth	er sımılar			П.,
	assets to be sold to raise funds rather t		s part of the organiza	ation's collection	on?		Yes	No
Pa	Text IV Escrow and Custodial Complete if the organization	Arrangements	all an Earm 000	Port IV June	o 0 or reporte	d an amo	unt on E	orm
		ation answered Te	S On Follil 990,	rait iv, iii	e a, or reporte	u an ame	Julie Oli I V	51111
-	990, Part X, line 21 Is the organization an agent, trustee, cu	intedian or other interm	ediany for contribution	ns or other as	sets not			
та	is the organization an agent, trustee, or included on Form 990, Part X?	istodian or other interm	ediary for contribution	na or onici us	50.0 1.01		Yes	No
h	If "Yes," explain the arrangement in Par	t XIII and complete the	following table					
	ii res, explain the analysement in rai		•				Amount	
С	Beginning balance					1c		
	Additions during the year				-	1d		
Θ	Distributions during the year				_	10		
f	Ending balance					1f	Yes	No
<b>2</b> a	Did the organization include an amount	on Form 990, Part X, I	ine 21, for escrow or	custodial acci	ount Hability?		ies	HIO
	if "Yes," explain the arrangement in Par	XIII Check here if the	explanation has bee	il piovided on	T dit Aiii			
L Pa	<u>Irt V</u> Endowment Funds Complete if the organiza	ation answered "Ye	s" on Form 990.	Part IV. lin	e 10			
	Complete il tile organiza	(a) Current year	(b) Pnor year	(c) Two years		years back	(e) Four yea	rs back
1a	Beginning of year balance	16,002,230	16,002,230	16,002	,230 16,0	002,230	16,002	,230
	Coninbutions							
	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses	16,002,230	16,002,230	16,002	230 16.0	002,230	16,002	.230
g	End of year balance Provide the estimated percentage of the				7220	, , , , , ,	,	
2	Board designated or quasi-endowment		noe (mie 19, ooiaim)	(u)) Held de				
	Permanent endowment ▶100.00							
	Term endowment ▶ %							
·	The percentages on lines 2a, 2b, and 2	c should equal 100%						
3a	Are there endowment funds not in the p	possession of the organ	zation that are held	and administe	red for the		F	T
	organization by						97.65	s No
	(i) Unrelated organizations						3a(ı)	X X
	(li) Related organizations		d on Cabadula D	12			3a(n) 3b	
_	If "Yes" on line 3a(ii), are the related org						OD	-1
4 Bo	Describe in Part XIII the intended uses ift VI Land, Buildings, and I		idowinent idiids					
E _g	Complete if the organiza	ation answered "Ye	s" on Form 990.	Part IV. line	e 11a See Fo	rm 990, F	art X, line	e 10
_	Description of property	(a) Cost or other b		other basis	(c) Accumulated		(d) Book value	9
	· · · · ·	(investment)	(othe	er)	depreciation			
1a	Land							
b	Buildings							
	Leasehold improvements			10 EGE	7 '	243	11	322
	Equipment		-	18,565	1,4	-13		<u> </u>
Tetal	Other  Add lines 1a through 1e (Column (d) r.	nust paual Form 000 E	Part X column (R) lin	e 10c)		•	11	322
TOTAL	Aud lines la unough le (Column (d). I.	nuai equar i Unii 330, F	ar z, ooranni (b), mi	,		Cabadul	e D /Form 99	

DAA

65-0530384

Page 3

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 THE FLORIDA COLLEGE SYSTEM		65-053038	4	Page 4
	rt XI Reconciliation of Revenue per Audited Financial State	ment	s With Revenue per	Re	turn
Liur	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	8,951,821
2	Amounts-included on line 1/but not on Form 990, Part VIII, line 12	1. 0			
а	Net unrealized gains (losses) on investments	[2a/	T 67247 /696		
b	Donated services and use of facilities	26			八八八
С	Recovenes of prior year grants	- 2c			
	Other (Describe in Part XIII )	2d			
	Add lines 2a through 2d			2e	6,471,010
3	Subtract line 2e from line 1			3	2,480,811
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	196,744		
	Other (Describe in Part XIII )	4b			
	Add lines 4a and 4b			4c	196,744
5	Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)			5	2,677,555
Pa	rt XII Reconciliation of Expenses per Audited Financial State	emen	ts With Expenses p	er F	Return
	Complete if the organization answered "Yes" on Form 990	, Part	IV, line 12a		0 400 500
1	Total expenses and losses per audited financial statements			1	2,490,582
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	000 014		
а	Donated services and use of facilities	2a	223,314		
b	Pnor year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII )	2d			222 214
е	Add lines 2a through 2d			2e	223,314
3	Subtract line 2e from line 1	î :	1	3	2,267,268
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		106 744		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	196,744		
	Other (Describe in Part XIII )	4b			196,744
	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)			9	2,464,012

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

### PART X - FIN 48 FOOTNOTE

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

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

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

FOR FISCALIZEARS ENDING PRIORS TO TUNE 30 LEON COPY

1	Grants a Governme	ind Oth ints, an	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22	to Organiza In the United Form 990, Part IV	itions, I States I line 21 or 22		2020
Department of the Tressury)	C CO	to www ir	**Attach to Form 990  **P Go to www ins gov/Form990/for the latest information [ **  **ETEM**	990 he latest information		ь <b>6</b>	Open to Public Inspection Employer Identification number 65-0530384
ct	Assistance						
<ol> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States</li> </ol>	he amount of the nce? nitoning the use	e grants or of grant fur	assistance, the grante	ees' eligibility for the es	grants or assistan	c, and	₹ Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	mestic Organic	unization e than \$	s and Domestic 5,000 Part II can	Governments be duplicated if	Complete if the additional space	organization	Complete if the organization answered "Yes" on Form 990, additional space is needed
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section of applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book FMV appraisal other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AS BLVD FL 33301	23-7181959	м	171,443				VARIOUS AWARDS
(2) CHIPOLA COLLEGE 3094 INDIAN CIRCLE MARPIANNA	50-2074070	r	ACA AC				VARIOUS AWARDS
E OF CENTRAL FLORIDA OX 1388 FT. 34478	59-6139037	) 67	37.790				VARIOUS AWARDS
OF THE FLORIDA KEYS LLEGE ROAD FL 33040	59-6173174	ന	20,360				VARIOUS AWARDS
(5) DAYTONA STATE COLLEGE P O BOX 2811 DAYTONA BEACH FL 32120	59-1581805	m	63,269				VARIOUS AWARDS
COLLEGE DG 2,RM 22 32922	5 59-1747177	n	60,617				VARIOUS AWARDS
	59-1627997	ო	33,080				VARIOUS AWARDS
SOUTHWESTERN STATE COLLECT 60210 FT 33906	E 59-6173638	ო	91,642				VARIOUS AWARDS
(9) FLORIDA STATE COLLEGE AT JACKSONVIL 501 WEST STATE ST JACKSONVILLE 73202 23-7	IL . 23-7168438	ო	97,732				VARIOUS AWARDS
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>	t organizations li ne 1 table	sted in the	line 1 table				<b>№</b> 28
For Paperwork Reduction Act Notice, see the Instructions for DAA	s for Form 990						Schedule I (Form 990) (2020)

SCHEDULE I Form 990)	Grants &	and Otl	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organiza in the United	itions, 1 States		OMB No 1545-0047
ritemal Revenue Service Service (P. 17)	Complete if the c	rganizatio	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22    Attach to Form 990   Attach to Form 900   Pecoto www.ns.gov/Form990 for the latest information	n Form 990, Part IV 990 he latest informatio	ine 21 or 22		Open to Public Inspection
	MELSKS GE	5)				<b>6</b> Em	Employer Identification number
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection orders used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	the amount of the stance?	e grants or of grant fu	assistance, the grantends in the United State	ees' eligibility for the	grants or assistan	ce, and	Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part III can be duplicated if additional space is needed	Domestic Organia received mo	anizatior	is and Domestic	Governments be dublicated if	Complete if the	organization	Complete if the organization answered "Yes" on Form 990, additional space is needed
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1) GULF COAST STATE COLLEGE 5230 W HIGHWAY 98							VARTOUS AWARDS
PANAMA CITY FL 32401	59-1682455	3	33,544				
2) HILLSBOROUGH COMMUNITY COLLEGE P O ROX 31127							SUGAWA STATE
	59-1810717	m	131,923				
(3) INDIAN RIVER STATE COLLEGE 3209 VIRIGINA AVE							VARTOIIS AWARDS
FORT PIERCE FL 34981	59-1105591	ო	64,486				
SOL US HIGHWAI 441 IEESBURG FL 34788	59-1990323	m	40.730				VARIOUS AWARDS
NADE COLLEGE							
NE SECOND AVE #4102							VARIOUS AWARDS
	59-6169745	m	203,994				
(6) NORTH FLORIDA COLLEGE							פרסמזיג פווסדסמז
MADISON FT 32340	59-6179948	m	27,364				
(7) NORTHWEST FLORIDA STATE COLLEGE							
NICEVILLE PLAN FL 32578	59~2865698	(r)	36.518				VARIOUS AWARUS
ACH STATE COLLEG		_					1
4200 CONGRESS AVE LAKE WORTH	59-1818556	m	106.343				VARIOUS AWARDS
RIVANDO STATE CC		-					
10230 RIDGE ROAD NEW PORT RICHEY FT. 34654	59-1731676	ď	62 524				VARIOUS AWARDS
f section 501(c)(	ent organizations le	sted in the	line 1 fable				
	line 1 table						
For Paperwork Reduction Act Notice, see the Instructions for DAA	ons for Form 990						Schedule I (Form 990) (2020)

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(Form 990)  (Form 990)  (Form 990)	Grants a Governme Complete if the o	nd Oth	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization and Individuals in Form 990, Part IV, line 21 or 22  Attach to Form 990  Attach to Form 990  Attach to Form 990  Attach to Form 990	to Organization the United In the United In 1990, Part IN 1990	ations, d States , line 21 or 22		2020 Open to Public Inspection
		5)		9		E E	Employer Identification number
12	d Assistance						
	the amount of the lance?	grants or	assistance, the grante	ses' eligibility for the	grants or assistan	ice, and	No La No
inge	onitoring the use	of grant fur	ids in the United State	Se			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	<b>Somestic Orga</b> It received mor	inization e than \$	s and Domestic 5,000 Part II can	Governments be duplicated if	Complete if the additional spare	e organization ce is needed	Complete if the organization answered "Yes" on Form 990 additional space is needed
Name and address of organization     or government	(p) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book FMV appraisal	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PENSACOLA STATE COLLEGE 1000 COLLEGE BLVD							VARIOUS AWARDS
PENSACOLA FL 32504	59-6173057	e	55,414				
COLLEGE							VARIOUS AWARDS
WINTER HAVEN FT 33881	59-1819213	2	70,257				
(3) SANTA FE COLLEGE 3000 NORTHWEST 83RD ST CAINEWITTE	2000	ŗ	V 0 11 12 12 12 12 12 12 12 12 12 12 12 12				VARIOUS AWARDS
STATE COLLEGE	5		#DT 10#				
ON BLVD							VARIOUS AWARDS
SANFORD FT. 32773	23-7033822	3	64,545				1000
(5) SOUTH FLORIDA STATE COLLEGE 13 EAST MAIN ST							VARIOUS AWARDS
AVON PARK FT 33825	59-3050497	n	31,094				
(6) ST JOHNS RIVER STATE COLLEGE 5001 ST JOHNS AVE PALATKA	7336585	r	54 091				VARIOUS AWARDS
PETERSBURG COLLEGE							
BOX 13489							VARIOUS AWARDS
FT. 337	59-1954362	ю	109,784				
(8) STATE COLLEGE OF FLORIDA, MANATER-S P O BOX 1849	S I						VARIOUS AWARDS
BRADENTON FL 34206	59-1843274	m	60,044				
(9) TALLAHASSEE COMMUNITY COLLEGE 444 APPLEYARD DRIVE							VARIOUS AWARDS
TALLAHASSEE FI 32304	59-2091480	en	48,103				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table	nt organizations lis	sted in the	line 1 table				<b>A</b> 4
	ממטיר ב						<b>.</b>

SCHEDULE I (Form 990)  Department of the Treasury)	Grants a Governme Complete if the o	ind Oth nts, an rganization	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 Attach to Form 990	e to Organiza in the Unite on Form 990, Part IN 990 the latest Informatii	ations, d States /, line 21 or 22		2020 Open to Public inspection
Name of the organization THE FICHORIDA COLLIEGE FOUNDATION, INC.	GE SYSTEM						Employer identification number
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection characteristic to award the grants or assistance?  2 Describe in Part IV the grants or the grants of a significant the significant the grants or assistance.	and Assistance stee the amount of the sistance?	grants or	assistance, the grant	ees' eligibility for the	grants or assistan	ce, and	Yes No
	Domestic Organia	inization e than \$	s and Domestic 5.000 Part II car	Governments be duplicated if	Complete if the	organization	Complete if the organization answered "Yes" on Form 990, additional space is needed
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VALENCIA COLLEGE P O BOX 3028 ORLANDO FL 32802	23-7442785	ю	170,689				VARIOUS AWARDS
(2)							
(3)							
(4)							
(9)	1 3						
(9)							
(2)							
(8)							
(6)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	ment organizations lis	ted in the	ine 1 table				<b>A</b> A
For Paperwork Reduction Act Notice, see the instructions for DAA	tions for Form 990						Schedule I (Form 990) (2020)

SUBMIT A LISTING OF ALL SCHOLARSHIP RECIPIENTS AND AMOUNTS OF AWARDS TO THE STUDENTS ENROLLED IN THEIR COLLEGES BASED ON PREDETERMINED CRITERIA AND FLORIDA COLLEGE SYSTEM. THE COLLEGES DISTRIBUTE THE SCHOLARSHIPS TO PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS THE FOUNDATION MAKES SCHOLARSHIP AWARDS TO ALL COLLEGES IN THE FOUNDATION. Schedule I (Form 990) (2020)

OMB No 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O Complete to provide information for responses to specific questions on 2020 (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information Open to Public ▶ Attach to Form 990 or 990-EZ Department of the-Treasury Internal Revenue Service Go to www irs gov/Form990 for the latest information Inspection Name of the organization THE FTORIDA COLLEGE SYSTEM Employer identification 65-0530384 FOUNDATION. INC

FORM 990 - ORGANIZATION'S MISSION

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

FORM 990, PART I, LINE 6

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

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

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

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

DURING THE ANNUAL NOMINATING COMMITTEE, THE CONFLICT OF INTEREST STATEMENT

AND REQUIRED DISCLOSURES ARE INCLUDED IN THE BOARD PACKET FOR EACH BOARD

MEMBER TO REVIEW AND UPDATE AS NEEDED.

		9
ra	ae	- 4

Schedule O (Form 990 or 990-EZ) 2020	Page
Name of the organization	Employer identification number
THE ELOPINA COLLEGE SYSTEM	65-0530384

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AND FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE.

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

Form **4562** 

# Depreciation and Amortization (Including Information on Listed Property) Attach to your tax return

OMB No 1545-0172

	Iment of the Treasury at Revenue Service (99)	► Go to www irs g		instructions and	the latest info	rmation		Attachment Sequence No	179
	e(s) shown on return THE FEL			eM			fying n		
	FOUNDA		0,10,0			(65 <sup>2</sup>	0530	71 /7 8880	
	ness or activity to which this form rela	tes ,				W.	, U		
-	rt! Election To Expe		nerty Under	Section 179				<u>"</u>	
1. 1. 6	Note If you have	any listed prope	rty, complete I	Part V before v	ou complete	Part I			
1	Maximum amount (see instruction						1	1,040	000
2	Total cost of section 179 proper	•	(see instructions)				2		
3	Threshold cost of section 179 p			ee instructions)			3	2,590	000
4	Reduction in limitation Subtract						4		
5	Dollar limitation for tax year Subtract				tely, see instruction	s	5		
6	(a) Description			(b) Cost (business use		Elected cost			
-									
7	Listed property Enter the amount	nt from line 29			7				
8	Total elected cost of section 179		ints in column (c),	lines 6 and 7			8		
9	Tentative deduction Enter the s	mailer of line 5 or lin	ne 8				9		
10	Carryover of disallowed deduction	on from line 13 of you	ur 2019 Form 456	2			10		
11	Business income limitation Ente	r the smaller of busing	ness income (not	less than zero) or	line 5 See instri	uctions	11		
12	Section 179 expense deduction	Add lines 9 and 10,	but don't enter m	ore than line 11			12		
13	Carryover of disallowed deduction	n to 2021 Add lines	9 and 10 less lin	ne 12	13				
Note	Don't use Part II or Part III belo	w for listed property	Instead, use Part	V					
Pa	art II Special Deprecia	tion Allowance	and Other Do	epreciation (Do	on't include li	sted pro	perty	See instruct	ions)
14	Special depreciation allowance f	or qualified property	(other than listed	property) placed in	service				
	during the tax year. See instruct	ions					14		
15	Property subject to section 168(	f)(1) election					15		
16	Other depreciation (including AC	CRS)					16	3	592
Pa	rt III MACRS Deprecia	ition (Don't inclu			uctions)				
				on A					
17	MACRS deductions for assets p						17		0
18	If you are electing to group any assets place	ed in service duning the tax	year into one or more	eneral asset accounts c	heck here		O A .		
	Section B—As	sets Placed in Serv			ne General Dep	reciation	Syste	111	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investmer only-see instructi	it use	(e) Convention	(f) Meth	bol	(g) Depreciation de	duction
19a	3-year property						_		
b	5-year property						$\rightarrow$		
	7-year property						$\rightarrow$		
d	10-year property						$\rightarrow$		
е	15-year property						_		
f	20-year property						-		
g	25-year property			25 yrs	100	S/L	$\rightarrow$		
h	Residential rental			27 5 yrs	MM	S/L	-		
	property			27 5 yrs	MM	S/L	$\rightarrow$		
ı	Nonresidential real property			39 yrs	MM	S/L	$\dashv$		
		ets Placed in Service	e Durina 2020 T	ax Year Using the		preciatio	n Syst	em	
20a	Class life					S/L			
	12-year	1 1		12 yrs		S/L			
	30-year			30 yrs	MM	S/L			
$\overline{}$	40-year			40 yrs	MM	S/L			
	rt IV Summary (See in	structions)							
21	Listed property Enter amount fro						21		
22	Total Add amounts from line 12 here and on the appropriate line	lines 14 through 17	, lines 19 and 20 tnerships and S o	in column (g), and corporations—see ii	line 21 Enter		22	3	592
23	For assets shown above and pla	iced in service during	the current year,	enter the					
	portion of the basis attributable to	o section 263A costs			23				

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

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

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

### c

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

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

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

# The Florida Education Foundation DSO Report – 2022

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

www.floridaeducationfoundation.org



### Statutory Authority - Education is Our Business

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

### Mission

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

### Vision

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

### Values

Education and highest student achievement is key to success.

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

Excellence in teaching, training and all educational outcomes.

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

### Goals

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

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



### Summary Strategic Plan

Adopted by the FEF Board of Directors in 2015

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

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

### **OUR BELIEFS**

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

### WHERE WE WILL WORK

Standards and Accountability

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

Closing the Achievement Gap

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

Foundations for Achievement: Early Grades Reading

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



### THREE STRATIGIC INITIATIVES

### For Standards and Accountability

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

### For Closing the Achievement Gap

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

### **For Early Grades Reading**

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



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

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

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

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



### Code of Ethics Agreement

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

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

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

Signature	Date



## TAX RETURN FILING INSTRUCTIONS

FORM 990

### FOR THE YEAR ENDING

June 30, 2021

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

# Form **990**

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A	For the	2020 calendar year, or tax year beginning JUL I, ZUZU and	enung c	JON 30, 2021	
В	Check if applicable	C Name of organization		D Employer identifi	ication number
	Addres	FLORIDA EDUCATION FOUNDATION, INC.		F0 07105	.00
	Name change	Doing business as		59-27185	
F	lnitia! return Final	Number and street (or P.O. box if mail is not delivered to street address) 325 W. GAINES ST.	Room/suite 1524	E Telephone number 850-245-	9671
	return/ termin			G Gross receipts \$	3,946,880.
	ated Amend return	ed TALLAHASSEE, FL 32399		H(a) Is this a group r	
	Application	F Name and address of principal officer:KRISTIN PICCOLO		for subordinate:	
-	pendir	SAME AS C ABOVE		H(b) Are all subordinates i	included? Yes No
$\overline{\mathbf{L}}$	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1)	or 52	<b>→</b>	a list. See instructions
J	Websit	e: WWW.FLORIDAEDUCATIONFOUNDATION.ORG		H(c) Group exemption	on number 🕨
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1985	<b>M</b> State of legal domicile: $\mathbf{FL}$
	art I	Summary			
	14	Briefly describe the organization's mission or most significant activities: RECE	IVE, 1	HOLD, INVEST	AND
Activities & Governance	.	ADMINISTER PROPERTY AND TO MAKE EXPENDIT	URES !	TO OR FOR TH	E BENEFIT
rna	2	Check this box   if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net a	ssets.
Ve		Number of voting members of the governing body (Part VI, line 1a)			12
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	12
80		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
iţie		Total number of volunteers (estimate if necessary)		6	14
Ę.		Total unrelated business revenue from Part VIII, column (C), line 12		7a	
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		1,066,586.	
Ž	9	Program service revenue (Part VIII, line 2g)		585,673.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		122,351.	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,702.	
		Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,777,312.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,293,781.	345,910.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	
Ø		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	Ь	Total fundraising expenses (Part IX, column (D), line 25)			4.45.460
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,274,566.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,568,347.	
	19	Revenue less expenses. Subtract line 18 from line 12		-791,035.	
Net Assets or Find Balances	3		В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		6,410,036.	
ABS	21	Total liabilities (Part X, line 26)		1,138,366.	
3.5	22	Net assets or fund balances. Subtract line 21 from line 20		5,271,670.	6,661,718.
P	art II	Signature Block			
Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	es and stater	nents, and to the best of m	ny knowledge and beliet, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.	
				Date	
Sig	ın	Signature of officer		Date	
He	re	KRISTIN PICCOLO, EXECUTIVE DIRECTOR Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	STACEY T KOLKA		if self-emplo	yed P01371120
	parer	Firm's name THOMAS HOWELL FERGUSON P.A.		Firm's EIN ▶	59-3186310
	Only	Firm's address 2615 CENTENNIAL BLVD., SUITE 20	0		
	•	TALLAHASSEE, FL 32308		Phone no.85	0-668-8100
Ma	v tho IE	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form	FLORIDA EDUCATION FOUNDATION, INC. 59-2718509	Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:  AS A VALUED PARTNER IN PUBLIC EDUCATION AND A DIRECT SUPPORT	
	ORGANIZATION FOR THE FLORIDA DEPARTMENT OF EDUCATION, THE FLORIDA	
	EDUCATION FOUNDATION INVESTS IN HIGH ACHIEVEMENT FOR EVERY STUDENT	TO
	CONTRIBUTE TO FLORIDA'S GLOBALLY COMPETITIVE WORKFORCE. THE FOUNDAT	rion_
2	Did the organization undertake any significant program services during the year which were not listed on the	<b>v</b>
	prior Form 990 or 990-EZ?	x X No
	If "Yes," describe these new services on Schedule O.	x X No
3	Did the organization cease conducting, or make significant changes in new it conducts, any program control of the conducting of make significant changes in new it conducts, any program control of the conducting	, Laz 140
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	es.
4	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
	the second secon	
4a	(Code:) (Expenses \$ 541,987 • including grants of \$	<u>, 375.</u> )
	CIVIC INITIATIVE	7 7
	THE FLORIDA CIVICS AND DEBATE INITIATIVE (FCDI) IS MADE POSSIBLE BY	r A
	\$5 MILLION GRANT FROM THE BERNIE MARCUS FOUNDATION. THE GOAL OF THE FCDI IS TO IMPROVE CIVIC LITERACY SKILLS IN MIDDLE AND HIGH SCHOOL	<u> </u>
	GRADE STUDENTS AND PREPARE THEM VIA PROGRAMS LIKE SPEECH AND DEBATE	₹.
	THE INITIATIVE IS THREE-YEAR, MULTI PHASE PLAN TO ULTIMATELY	
	INCORPORATE CIVICS PROGRAMS IN EVERY FLORIDA SCHOOL DISTRICT.	
	INCORPORATE CIVICS INCORRES IN EVENT I BONIES BOSTON	
4b	(Code: ) (Expenses \$ 192,900 · including grants of \$ 100,000 · ) (Revenue \$ 159	<b>,400.</b> )
	EMERGENCY RELIEF FUND	TOOT O
	THE EMERGENCY RELIEF FUND WAS ORIGINALLY ESTABLISHED TO SUPPORT SCH	TANEC
	AFFECTED BY HURRICANES. DURING 2004, FLORIDA WAS HIT BY FOUR HURRICANES.	CAMES
	(CHARLEY, FRANCES, IVAN AND JEANNE) AFFECTING MANY SCHOOLS IN THE STATE. THE FLORIDA EDUCATION FOUNDATION SERVED AS A CONDUIT FOR	
	SUPPLIES AND INFORMATION. REQUESTS TO DONATE WERE FORWARDED FROM	
	VOLUNTEER FLORIDA AND THROUGHOUT OTHER AREAS OF FDOE. DISTRICT	
	SUPERINTENDENTS WERE ASKED TO REPORT THEIR NEEDS SO THAT PRIORITY OF	COULD
	BE GIVEN TO THOSE SCHOOLS MOST IN NEED. IN 2020, THE CORONAVIRUS	
	(COVID-19) PANDEMIC HIT, AND FLORIDA SCHOOLS WERE FORCED TO CLOSE T	THEIR
	BRICK AND MORTAR AND OPERATE SOLELY THROUGH DISTANCE LEARNING.	
4c	(Code:) (Expenses \$138,278. including grants of \$49,576. ) (Revenue \$157.	,559.
	SUNSHINE STATE SCHOLARS	
	SUNSHINE STATE SCHOLARS INCLUDES RESOURCES FROM PUBLIC AND PRIVATE	יםר
	DONATIONS TO RECOGNIZE EACH DISTRICT'S TOP 11TH GRADE STEAM (SCIENCE OF THE PROPERTY OF THE PR	ro
	TECHNOLOGY, ENGINEERING, ARTS AND MATH) STUDENTS AND RECRUIT THEM TO PURSUE THEIR POSTSECONDARY EDUCATION IN A FLORIDA COLLEGE OR	
	UNIVERSITY. THE SCHOLARS, THEIR PARENTS AND A TEACHER OF THEIR CHOL	CE
	ARE BROUGHT TOGETHER FOR A TWO-DAY RECOGNITION PROGRAM AND	
	COLLEGE/UNIVERSITY RECRUITMENT FAIR. THIS INCLUDES WORKSHOPS FOR	
	COLLEGE APPLICATIONS, COLLEGE FUNDING AND TEACHER PROFESSIONAL	
	DEVELOPMENT.	
	D 1 M 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 384,899 • including grants of \$ 126,334 • ) (Revenue \$ )	
_4e	Total program service expenses 1,258,064.	
	Form	990 (2020)

032002 12-23-20

Form **990** (2020)

1 4	CHOCKING OF HOUSE OF HOUSE		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			- v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
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?			X
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a		x
	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
þ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1.2		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
4	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ایدا		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	15		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	-10	_	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
40	column (A), lines 6 and 11e? If "Yes," complete Scriedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ı.		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19	complete Schedule G, Part III	19		x
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
-		Form	990	(2020)

Form	990 (2020) FLORIDA EDUCATION FOUNDATION, INC. 59-2718	509	Р	age 4
Pai	t IV Checklist of Required Schedules (continued)			NI.
0			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	-22	- 25	
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	23		Х
•	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24a	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
0	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		
Ч	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			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
	"Yes," complete Schedule L, Part IV	28b		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	28c		х
	"Yes," complete Schedule L, Part IV	29	Х	
29	Did the organization receive untributions of art, historical treasures, or other similar assets, or qualified conservation			
30	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 inquidate, terminate, or disserve and searce specialism.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
ŞZ	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			х
	If "Yes," complete Schedule R, Part V, line 2	36	-	Α
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Da	Note: All Form 990 filers are required to complete Schedule O	JO		
Pai	Check if Schedule O contains a response or note to any line in this Part V			
_	Check is Scriedule O contains a response of note to any line in this rate v		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
_	(2000) (1000) (1000) (1000) (1000)	Form	990	(2020)

			Yes	No						
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
20	filed for the calendar year ending with or within the year covered by this return									
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	and the state of t									
h	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
42	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
-10	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	b If "Yes." enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	the state of the s									
b	and the second section at the second section and the second section and the second section and the section and the second section and the section and the second section and the section and									
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			177						
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year			v						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	_							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8								
	sponsoring organization have excess business holdings at any time during the year?	-	_							
9	Sponsoring organizations maintaining donor advised funds.	9a								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9b								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30								
10	Section 501(c)(7) organizations. Enter:									
a	Initiation rees and capital contributions includes en extension and exte									
b	Cross receipts, included on to the coop, the trin, into 12, 10, person and the coop, the cross receipts and the coop, the coop of the coop, the coop of the coop, the coop of the coop, the coop of the coop, the coop of the coop, the coop of the coop, the coop of the coop of the coop, the coop of the coop o									
11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against									
b	amounts due or received from them.)									
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
u	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
-	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
_	excess parachute payment(s) during the year?	15		X						
	If "Yes," see 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.		005	(0.5.5.5						
		Form	990	t2020						

Form 990 (2020) FLORIDA EDUCATION FOUNDATION, INC. 59-2718509 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and through 7b below, and through 7b below 7b to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	,					X
Sec	tion A. Governing Body and Management						_
		ř.	i	1.0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12			
	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.			1 2			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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 t	he dire	ct supervision				7.7
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	}	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or				٠,
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or	- 1			.,
	nersons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:	- 1		.,	
а	The governing body?				8a	X	_
b	Each committee with authority to act on behalf of the governing body?				8b	Х	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the				.,
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenu	e Code.)				
				r		Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?				10a		^
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapte	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х	-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	re filing the for	m?	11a		_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	THCIS?		12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				40-	X	
	in Schedule O how this was done				12c	Λ	х
13	Did the organization have a written whistleblower policy?				13	Х	A
14	Did the organization have a written document retention and destruction policy?				14		_
15	Did the process for determining compensation of the following persons include a review and appro-	/al by II	naepenaent	- 1			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	7		- 1	45-		x
а	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization				15b		-
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		uith a				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				16a		x
	taxable entity during the year?				IQa		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization		ns		16b		
	exempt status with respect to such arrangements?				100		
Sec	tion C. Disclosure	_					
17	List the states with which a copy of this Form 990 is required to be filed FL	- nd 00	T (Section 50	11(0)(3)	e only	Λ avai	lahla
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	anu 99	J-1 (360000130	11(0)(3)	o orny	, avai	aDIC
	for public inspection. Indicate how you made these available. Check all that apply.	n on C	hadula Ol				
	Own website Another's website X Upon request Other (explain			DV 05	d fina	acial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	JOHINGE	or interest boil	υy, aπι	2 515 Id	icial	
	statements available to the public during the tax year.	aaka c	ad rooprda				
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks al	ia records 📂				
	KRISTIN PICCOLO - 850-245-9671 325 W. GAINES ST., NO. 1524, TALLAHASSEE, FL 323	9 9					
_	323 N. GILLIAD BLU, NOV,				Form	990	(202)
กรรกก	3 12-23-20				. 0111		1-05

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

X

Page 7

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Name and title	Check this box if neither the organization n	or any related	orga	aniza	ation	COI	npe	nsa			
Consider and time	(A)	(B)	(C)						(D)	(E)	(F)
Compensation   Comp	Name and title	Average	ído	(do not check more than one							
Companies   Comp			box, unless person is both an					h an	·	'	
Total Bethany Swonson			-	Lei aii	T I I I					1	
Comparison   Com		'	irecto				L				'
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DETHANY SWONSON   20.00   X			dual1	ig i		eg m	sst co	<sub>15</sub>			organizations
DETHANY SWONSON   20.00   X		line)	Indivi	Instit	Office	Key e	E E E	ᇤ			
(2) KRISTIN FICCOLO	(1) BETHANY SWONSON									110 101	0 115
SECULIVE DIRECTOR (BEGINNING 11/1)   30.00	EXECUTIVE DIRECTOR (UNTIL 10/31)				X		_		0.	119,491.	9,115.
(3) CHARLES HOKANSON	(2) KRISTIN PICCOLO									70 100	0
CHAIRMAN	EXECUTIVE DIRECTOR (BEGINNING 11/1)				X		_		0.	72,190.	0.
(4) VEIMA MONTEIRO-TRIBBLE	(3) CHARLES HOKANSON	1.50								_	_
VICE CHAIRMAN/INTERIM TREASURER		4 00	X		X	_	⊢	_	0.	0.	0.
1.00   1.00	• • •	1.00	Į.,		Į.,				0	0.	٥.
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SECRETARY   X		1 00	X	_	A	_	-	-	U .	0.	0.
Compact   Comp		1.00	١		١,,					٨	۸
DIRECTOR   X			X	_	X	_	⊢		0.	0.	0.
STARTOR	, , ,	0.50							_	٨	<u> </u>
Director   X		0.50	X	-	_	_	⊢	-	0.	0.	0.
DIRECTOR	1-,	0.50	- T						0	0.	n.
DIRECTOR   X		0.50	A	_	_	_	⊢	$\vdash$	0.	0.	0.
(10) DANIEL DAVIS DIRECTOR (11) CHRIS DORWORTH DIRECTOR (12) JOHN MERLINO DIRECTOR (13) MAUREEN WILT DIRECTOR (14) RICHARD CORCORAN COMISSIONER (15) MARY CHANCE EX-OFFICIO MEMBER (16) KRISTA STANLEY EX-OFFICIO MEMBER (17) TARA TEDROW  O. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	, ,	0.50	₩.						0	0.	٥.
DIRECTOR  (11) CHRIS DORWORTH  DIRECTOR  (12) JOHN MERLINO  DIRECTOR  (13) MAUREEN WILT  DIRECTOR  (14) RICHARD CORCORAN  COMISSIONER  (15) MARY CHANCE  EX-OFFICIO MEMBER  (16) KRISTA STANLEY  EX-OFFICIO MEMBER  (17) TARA TEDROW  O. O. O. O.  O. O. O.  O. O.  O. O.  O. O.  O. O.  O. O.  O. O.  O. O.  O. O.  O. O.  O.		0 50	A	-	-	_	$\vdash$	$\vdash$	0.	0.	<u> </u>
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DIRECTOR		0 50	_	-	-	_	$\vdash$	$\vdash$	0.		
12   JOHN MERLINO		0.50	v						0.	0.	0.
DIRECTOR   X		0.50	^	$\vdash$	_	-	-				
Comparison   Com		0.50	v						0.	0.	0.
DIRECTOR		0.50	-				$\vdash$	$\vdash$			
(14) RICHARD CORCORAN       2.00       X       0.       0.       0.       0.         COMISSIONER       X       0.       0.       0.       0.         (15) MARY CHANCE       0.20       X       0.       0.       0.         EX-OFFICIO MEMBER       X       0.       0.       0.       0.         (16) KRISTA STANLEY       0.       0.       0.       0.       0.       0.         EX-OFFICIO MEMBER       X       0.       0.       0.       0.       0.       0.         (17) TARA TEDROW       0.50       0.       0.       0.       0.       0.       0.		0.30	x						0.	0.	0.
COMISSIONER		2,00	-								
(15) MARY CHANCE EX-OFFICIO MEMBER (16) KRISTA STANLEY EX-OFFICIO MEMBER (17) TARA TEDROW  0.20  X  0.0.  0.0.  0.0.	•		x						0.	0.	0.
EX-OFFICIO MEMBER (16) KRISTA STANLEY EX-OFFICIO MEMBER (17) TARA TEDROW    Column		0.20	Ħ				$\vdash$	Г			
(16) KRISTA STANLEY EX-OFFICIO MEMBER  (17) TARA TEDROW  0.20  X  0.0.  0.0.	•		х						0.	0.	0.
EX-OFFICIO MEMBER  (17) TARA TEDROW  0.50  0.00		0.20	П								
(17) TARA TEDROW 0.50			x						0.	0.	0.
		0.50	Г								
DIRECTOR	DIRECTOR		X						0.	0.	0 . Form <b>990</b> (2020)

032007 12-23-20

Form 990 (2020)

(A)  Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	()	compensation from the organization and related organizations	
						П						
		Н			_							
		H	_								-	
			-			H						
		$\vdash$										
		Н										
							<b>_</b>	0.	191,68	1.	9,	115.
1b Subtotal  c Total from continuation sheets to Part V	II, Section A						<b>•</b>	0.		0.		0. 115.
d Total (add lines 1b and 1c)	ot limited to th	ose	liste	d at	oove	e) wł	10 re			- •	,	0
compensation from the organization		_			_		_				Ye	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	director, trust	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	oloyee on	з		х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	ım of reportab	le co	mpe	ensa	tion	and	d oth	her compensation from		4		x
Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsati	ion f	rom	any	unr	elat	ed organization or indiv		5		x
Section B. Independent Contractors									\$100,000 of comp	onactic	n fron	
Complete this table for your five highest co the organization. Report compensation for	mpensated inc the calendar y	ear e	ende endi	nt c	ontr /ith	or w	ithir	the organization's tax	year.	erisatio		
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Com	(C) pensa	tion
							7					
							7					
Total number of independent contractors (		ot lir	nite	d to			sted	above) who received m	nore than			
\$100,000 of compensation from the organi	zation 🕨				(	)	_			For	m <b>99</b> (	<b>)</b> (2020)

FLORIDA EDUCATION FOUNDATION, INC. 59-2718509 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... c Fundraising events ..... 1c 1d d Related organizations ..... 1e e Government grants (contributions) f All other contributions, gifts, grants, and 1,436,172 1f similar amounts not included above ... 112,498 g Noncash contributions included in lines 1a-1f 1,436,172 h Total. Add lines 1a-1f **Business Code** 900099 74,867 74,867. 2 a ADMINISTRATIVE FEES Program Service Revenue 8,665 900099 8,665 REGISTRATION FEES d f All other program service revenue ..... 83,532. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 125,394 125,394 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... 5 (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less; rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 2,301,133 assets other than inventory b Less; cost or other basis and sales expenses 2,177,161 Other Revenue 7b 7c c Gain or (loss) 123,972. 123,972. d Net gain or (loss) 8 a Gross income from fundraising events (not contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses ..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances ..... b Less: cost of goods sold 10b Net income or (loss) from sales of inventory **Business Code Miscellaneous** 900099 649 649 11 a MISCELLANEOUS

12 032009 12-23-20 249,366.

649

1,769,719.

84,181.

d All other revenue .....

Total revenue. See instructions

e Total. Add lines 11a-11d

Pai	TIX Statement of Functional Expense on 501(c)(3) and 501(c)(4) organizations must comp	late all columns All oth	er organizations must co	mplete column (A).	
ecti	on 501(c)(3) and 501(c)(4) organizations must comp	e or note to any line in	this Part IX	Implete column (i y.	
Do r	Check if Schedule O contains a response to include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	265,440.	265,440.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	80,470.	80,470.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal			F2 061	
С	Accounting	53,861.		53,861.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			E1 010	
f	Investment management fees	51,812.		51,812.	
g	Other. (If line 11g amount exceeds 10% of line 25,	445 511	06 634	20 077	
	column (A) amount, list line 11g expenses on Sch O.)	115,511.	86,634.	28,877.	
12	Advertising and promotion	10 107	9,103.	3,034.	
13	Office expenses	12,137.	48,925.	16,308.	
14	Information technology	65,233.	40,943.	10,300.	
15	Royalties				
16	Occupancy	40 767	36,575.	12,192.	
17	Travel	48,767.	30,373.	12,152.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	436,347.	370,895.	65,452.	
19	Conferences, conventions, and meetings	430,347.	370,033.	03/1021	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,741.		1,741.	
23	Insurance	1//11			
!4	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.)  COMMUNITY ENGAGEMENT	94,698.	94,698.		
a	FACE MASKS	89,400.	89,400.		
b	EDUCATION ENHANCEMENTS	77,846.	77,846.		
C	ADMIN FEES	74,867.	74,867.		
d	All other expenses	23,249.	23,211.	38.	
е 25	Total functional expenses. Add lines 1 through 24e	1,491,379.	1,258,064.	233,315.	(
26	Joint costs. Complete this line only if the organization				
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

032010 12-23-20

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1,412,672. 1,768,497. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 25,722. 293. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) ...... 7 Notes and loans receivable, net 8 Inventories for sale or use 16,316. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ...... 10c Less: accumulated depreciation 10b 11 11 Investments - publicly traded securities 4,997,071. 6,295,655. 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 8,106,190. 6,410,036. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 279,867. 345,724. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 792,642. 1,164,605. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 1,138,366. 1,444,472. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🍃 🗓 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 635,280. 997,662. Net assets without donor restrictions 4,636,390. 5,664,056. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 5,271,670. 6,661,718. 32 Total net assets or fund balances 6,410,036. 33 8,106,190. Total liabilities and net assets/fund balances Form 990 (2020) Check if Schedule O contains a response or note to any line in this Part XI

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,

Accounting method used to prepare the Form 990: Cash X Accrual Other

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

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

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

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

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

Consolidated basis

Consolidated basis

column (B))

Part XII Financial Statements and Reporting

separate basis, consolidated basis, or both:

consolidated basis, or both:

X Separate basis

2

3b		
Form	990	(2020)

X

X

2c

3a

Both consolidated and separate basis

Both consolidated and separate basis

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 2710500

		FLOR	IDA EDUCAT	ION FOUNDAT	ON, I	NC.			9-2/18509
Pa	rt I	Reason for Public					See instruction	S.	
		ization is not a private found							
	Olyan	A church, convention of ch	urches or associatio	on of churches describe	d in section	n 170(b)(	D(A)(i).		
1		A school described in secti					-70-70-7		
2	$\vdash$						ii)		
3	님	A hospital or a cooperative	nospital service orga	anization described in s	ecuon in	in anatio	II). 470/63/43/83	(iii) Entor	the hospital's name
4		A medical research organiz	ation operated in co	njunction with a nospita	ii describe	a in Secuc	ni 170(b)(1)(A)	(III). Eritei	the nospitars name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental u	nit descrit	oea in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local government	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	)(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support	from a gov	ernmenta	l unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe		(1)(A)(vi). (Complete Pa	rt II.)				
9	一	An agricultural research org	anization described	in section 170(b)(1)(A)	(ix) operate	ed in coniu	unction with a	and-grant	college
Ð		or university or a non-land-g	ganzation deconsor	ulture (see instructions)	Enter the	name, cit	v. and state of	the collec	e or
			grant conege or agric			,	,,,		
40		university: An organization that norma	Illy receives (1) more	than 33 1/3% of its sur	port from	contributio	ons membersh	nio fees, a	nd gross receipts from
10		activities related to its exen		t to cortain exceptions	and (2) no	more that	n 33 1/3% of it	s support	from gross investment
		income and unrelated busin	npi iunctions, subjec	(less section 511 toy) f	rom busine	ecoe acai	rived by the or	ranization	after June 30, 1975.
				(less section 511 tax) i	TOTTI DUSTITE	sses acqu	aned by the org	garnzanon	untor our lo do, rere.
		See section 509(a)(2). (Con					00(-)(4)		
11		An organization organized	and operated exclus	ively to test for public s	atety. See	Section 5	09(a)(4).		of one or
12		An organization organized	and operated exclus	ively for the benefit of, t	o perform	the function	ons or, or to ca	rry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	or section	509(a)(2).	See section 5	09(a)(3). (	neck the box in
		lines 12a through 12d that	describes the type o	of supporting organization	on and con	nplete line	s 12e, 12f, and	112g.	
а	L	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), t	ypically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connec	ction with it	ts support	ed organizatio	n(s), by ha	aving
		control or management o	f the supporting orga	anization vested in the	same perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus							
С		Type III functionally inte	grated. A supporting	g organization operated	l in connec	tion with,	and functional	ly integrat	ed with,
•		its supported organizatio							
.4		Type III non-functionally	vintegrated A SUDD	orting organization ope	rated in co	nnection v	with its suppor	ted organi	ization(s)
d		that is not functionally int	egrated. The organiz	ration generally must sa	tisfy a dist	ribution re	auirement and	an attent	iveness
		requirement (see instruct							
		Check this box if the orga	nors). Tou must con	written determination fr	om the IRS	that it is a	Type I Type	II. Type III	
е	L						, p = ., . , p =	, . , , ,	
	_	functionally integrated, or							
f		er the number of supported of							
9		ride the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	inization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
	(	organization	(11) = 114	(described on lines 1-10	Yes	No No	support (see in:	-	support (see instructions)
_		organization		above (see instructions))	163	140			
					1				
_					-				
					-				
Tota	nl								

Schedule A (Form 990 or 990-EZ) 2020 FLORIDA EDUCATION FOUNDATION, INC. 59-2718509 Page 2
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,568,774.	1,755,420.	770,351.	1,066,586.	1,436,172.	7,597,303.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					444 400	008 100
	the organization without charge	174,250.		140,713.			837,132.
4	Total. Add lines 1 through 3	2,743,024.	1,892,339.	911,064.	1,307,707.	1,580,301.	8,434,435.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,501,285
6	Public support. Subtract line 5 from line 4.						6,933,150.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2,743,024.	1,892,339.	911,064.	1,307,707.	1,580,301.	8,434,435.
8	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	81,489.	82,768.	115,973.	140,293.	125,394.	545,917.
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8,980,352.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section (	501(c)(3)	
	organization, check this box and stor						▶∟_
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (	line 6, column (f), c	livided by line 11,	column (f))		14	77.20 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	78.92 %
16a	33 1/3% support test - 2020. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	.,			
b	33 1/3% support test - 2019. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anizatīon did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop her	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		
h	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
~	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and <b>st</b>	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Tl	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	s
					Sche	dule A (Form 990	or 990-EZ) 2020

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				<del> </del>		
	Total. Add lines 1 through 5				<b>†</b>		
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				-		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	- 1973	1 2 2	770010	1 1 1 1 1 1 1	/-\ 0000	(f) Total
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(i) Iolai
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)				J		
14	First 5 years. If the Form 990 is for th						ion,
	check this box and stop here						
Se	ction C. Computation of Publi	<u>c Support Pe</u>	rcentage			I I	
	Public support percentage for 2020 (li			column (f))		15	<u>%</u>
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						0/
	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from 2	:019 Schedule A,	Part III, line 17			18	<u>%</u>
19a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than :	33 1/3%, and line	I / IS not
	more than 33 1/3%, check this box ar	id <b>stop here.</b> The	organization qual	fies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2019. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	nization qualifies	as a publicly supp	orted organization	<b>&gt;</b>
20	Private foundation. If the organization	<u>ı did not check a</u>	box on line 14, 19	a, or 19b, check t	this box and see in	structions	<u> </u>
J320	23 01-25-21				Sch	edule A (Form 996	or 990-EZ) 2020

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
1	-		
	4c		
l			
Ì	5a		-
	5b		
	5c		
	6		
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	00		
	9a		
	9b		
	9c		
	30		
	10a		—
	10b		
19	90 or 99	90-EZ	2020

	The state of the s		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in line 11a above?	11b		
D	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
C	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	-		
500	don b. Type i cupper and cigamizations		Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's oπicers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_				
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,	2		
	supervised, or controlled the supporting organization.			
Sec	tion C. Type II Supporting Organizations		Yes	No
	the state of the s		162	INO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).	1 1		
Sec	tion D. All Type III Supporting Organizations		T.,	L.
			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	١.,		
	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 in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yealsee instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	The state of the second of the second of the state of the			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	and the state of t			
ь	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
_	Parent of Supported Organizations. Answer lines 3a and 3b below.			
3	The state of the state of the officers directors or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
	and activities of each			
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
00000	Schedule A /Form		90-EZ	) 202

Schedule A (Form 990 or 990-EZ) 2020

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(iii)

Schedule A (Form 990 or 990-EZ) 2020

and 4c.

Breakdown of line 7: a Excess from 2016 b Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

Schodula A	(Form 990 or 990-E	7) 2020	FLOR:	IDA	EDUCATIO	N FOUN	DATION,	INC.	59-2718509 Page 8
Part VI	Supplemental Part IV, Section A,	Inform	nation. 2, 3b, 3c,	Provide 4b, 4c	e the explanation , 5a, 6, 9a, 9b, 9 t IV Section F. li	ns required b c, 11a, 11b, nes 1c, 2a, 2	y Part II, line 1 and 11c; Part I b. 3a, and 3b:	0; Part II, line 17a or V, Section B, lines 1 Part V. line 1: Part \	17b; Part III, line 12; and 2; Part IV, Section C, 7, Section B, line 1e; Part V,
	Section D, lines 5, (See instructions.)	6, and 8;	and Par	t V, Se	ction E, lines 2, 5	, and 6. Also	complete this	part for any additio	nai information.
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# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2020

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

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

### Schedule B

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

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

OMB No. 1545-0047

**2020** 

Name of the organization

**Employer identification number** 

59-2718509 FLORIDA EDUCATION FOUNDATION, INC. Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filling Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling 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, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

# FLORIDA EDUCATION FOUNDATION, INC.

59-2718509

(b) Name, address, and ZIP + 4  AT&T  150 WEST FLAGLER STREET  MIAMI, FL 33130  (b) Name, address, and ZIP + 4  GULF POWER FOUNDATION  500 BAYFRONT PARKWAY  PENSACOLA, FL 32501  (b) Name, address, and ZIP + 4  THE MARCUS FOUNDATION, INC.	(c) Total contributions  \$ 50,000.  (c) Total contributions  \$ 40,000.	(d) Type of contribution  Person X Payroll
150 WEST FLAGLER STREET  MIAMI, FL 33130  (b) Name, address, and ZIP+4  GULF POWER FOUNDATION  500 BAYFRONT PARKWAY  PENSACOLA, FL 32501  (b) Name, address, and ZIP+4	(c) Total contributions  \$ 40,000.	Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)
Name, address, and ZIP + 4  GULF POWER FOUNDATION  500 BAYFRONT PARKWAY  PENSACOLA, FL 32501  (b)  Name, address, and ZIP + 4	\$ 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
DENSACOLA, FL 32501  (b)  Name, address, and ZIP + 4	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
Name, address, and ZIP + 4		1
	Total contributions	
1266 WEST PACES FERRY RD STE 615 ATLANTA, FL 30327	\$\$	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
BILL & MELINDA GATES FOUNDATION  PO BOX 23350  SEATTLE, WA 98102	\$125,000.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
TAMPA ELECTRIC COMPANY  702 N FRANKLIN ST  TAMPA, FL 33602	\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
HOME DEPOT 2455 PACES FERRY RD		Person Payroll Noncash  (Complete Part II for noncash contributions.)
	BILL & MELINDA GATES FOUNDATION  PO BOX 23350  SEATTLE, WA 98102  (b)  Name, address, and ZIP + 4  TAMPA ELECTRIC COMPANY  702 N FRANKLIN ST  TAMPA, FL 33602  (b)  Name, address, and ZIP + 4  HOME DEPOT  2455 PACES FERRY RD	BILL & MELINDA GATES FOUNDATION  PO BOX 23350  SEATTLE, WA 98102  (b)  Name, address, and ZIP + 4  TAMPA ELECTRIC COMPANY  702 N FRANKLIN ST  TAMPA, FL 33602  (b)  Name, address, and ZIP + 4  (c)  Total contributions  (c)  Total contributions

Name of organization

**Employer identification number** 

# FLORIDA EDUCATION FOUNDATION, INC.

59-2718509

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

		i i auditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	FACE MASKS		07/01/20
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- I	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Employer identification number Name of organization 59-2718509 FLORIDA EDUCATION FOUNDATION, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No.

from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of now gire is need
_			
		(e) Transfer of gift	

Transferee's name, address, and ZIP + 4

n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
arti			

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
	-

Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 59-2718509

Б.	†   Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts Complete if the
Pai			of Addantaroompiete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
	-	(a) Donor advised failes	(b) Funde and other deceants
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 v	writing that the assets held in donor advis	ed 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 a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Pai			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreated	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ure
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
•	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
U	otali and volalitoor floars develop to memory, map		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva-	tion easements during the year
•	<b>&gt;</b> \$	-	
۰	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
8	and section 170(h)(4)(B)(ii)?		I Was I No
0	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
9	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statement	ents that describes the
	organization's accounting for conservation easements.	1010 10 110 0.94.1124.10.70 11.12.10.10	
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
1 (4)	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
10	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
Ia	of art, historical treasures, or other similar assets held for pub	alic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	ns.
	If the organization elected, as permitted under FASB ASC 95	8 to report in its revenue statement and l	palance sheet works of
b	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
		orangenia deadarrang or roomer. In term	•
	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	nouses, or other similar assets for financia	Lagin provide
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under FASB A		<b>&gt;</b> \$
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		Ψ

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

Schedule D (Form 990) 2020

Par	t III Organizations Maintaining Co	ollections of A	rt, His	torical T	reasures, o	r Othe	er Simila	ar Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accessio	n, and other record	s, chec	k any of the	following that	t make s	ignificant	use of its			
3	collection items (check all that apply):	, 2.10 0.101 100010	,	,			-				
_	Public exhibition	d		Loan or exc	change progra	m					
a		e			sinango progra						
b	Scholarly research	6		Ourier							
C	Preservation for future generations	lastians and avalai	n how th	nov further	the organizatio	nn's evel	mnt nurne	se in Par	EXIII.		
4	Provide a description of the organization's col	lections and explain	of ort bi	iey iururei	ne organization	ar eimilar	raceate	750 III I GI			
5	During the year, did the organization solicit or	receive donations	orari, m	-instinct	asures, or our	71 SITTING	a33613		Yes		No
ID-	to be sold to raise funds rather than to be maintained to be sold to raise funds rather than to be maintained.										1110
Pai	reported an amount on Form 990, Part		ete ii trie	organizatio	Jri ariswereu	162 011	101111 330	, raitiv,			
4.0	Is the organization an agent, trustee, custodia		liary for	contributio	ns or other ass	sets not	included				
па									Yes		No
	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing:	tahla:							
b	if "Yes," explain the arrangement in Part XIII a	no complete the lo	mownig	table.					Amount		
							1c		7		
	Beginning balance										
	Additions during the year										_
е	Distributions during the year										_
f	Ending balance								Yes		No
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow or c	custodiai accol	unt liabii	шу г			一	140
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has beer	provided on	Part XIII	10				
Pai	t V Endowment Funds. Complete if	55 TW				o book	(d) Three y	onre back	(a) Four	ugare h	ack
		(a) Current year	(b) F	rior year	(c) Two years	S DACK	(d) Three y	ears Dack	(e) roui	years u	aun
1a	Beginning of year balance										
b	Contributions				-						_
С	Net investment earnings, gains, and losses				ļ						
d	Grants or scholarships									_	_
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (	a)) held as:						
	Board designated or quasi-endowment		%								
b	Permanent endowment		_								
	Term endowment ▶ %										
·	The percentages on lines 2a, 2b, and 2c shou										
20	Are there endowment funds not in the posses	sion of the organiz	ation tha	at are held a	and administer	red for tl	he organiz	ation			
Sa		o,o., o. a.e e.g					_			Yes	No
	by:								3a(i)		
	(ii) Unrelated organizations (iii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organizations	iana listad as raqui	red on S	chedule R	· · · · · · · · · · · · · · · · · · ·						
4	Describe in Part XIII the intended uses of the ct VI Land, Buildings, and Equipme		winent	iuius.							
Pai	Complete if the organization answered	"Voo" on Form 990	Dart IV	/ line 11a	See Form 990	Part X	line 10				
					t or other		cumulate	а	(d) Book	value	
	Description of property	(a) Cost or o			(other)		oreciation	u	(4) 5001	value	
-			iii)	Dasis	(30.01)	- 401					
	Land										
	Buildings										_
	Leasehold improvements					70.7					
	Equipment							_			
e	Other		V !	mp //D\ #==	100						0.
Tota	l. Add lines 1a through 1e. (Column (d) must eq	uai Form 990, Part	A, COIUI	IIII (D), IINE	100./			Schedule	D (Form	990) 1	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2020

(8)

032054 12-01-20

Schedule D (Form 990) 2020

15,288.

FUND TRANSFERS OUT

PART XII, LINE 2D - OTHER ADJUSTMENTS:

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

Schedule D (Form 990) 2020

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

INC.

FLORIDA EDUCATION FOUNDATION,

General Information on Grants and Assistance

Parti

► Attach to Form 990.

2020	Open to Public Inspection	

Employer identification number 59-2718509

X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

ê Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 2 Desc

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	bo, but. Fart II can	n be duplicated if addit	Ional space is need	led.	(f) Method of		
1 (a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
IMPACT FLORIDA, INC. 113 SOUTH MONROE STREET, 1ST FLOOR TALLAHASSEE, FL 32301	61-1949614	501(¢)(3)	94,364.	0.			PROFESSIONAL DEVELOPMENT
EDUCATION FOUNDATION OF PALM BEACH COUNTY - 505 SOUTH CONGRESS AVE - BOXNTON BEACH, FL 33426	59-2420369	501(¢)(3)	100,000.	.0			COMMUNITY ENGAGEMENT ACTIVITIES
FLORIDA PREPAID COLLEGE FOUNDATION 1801 HERMITAGE BLVD, STE 210 TALLAHASSEE, FL 32399	59-3012202	501(C)(3)	49,052.	0			POST HIGH SCHOOL EDUCATION
2 Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table	and government o	rdanizations listed in the	he line 1 table				m°
Enter total number of other caracitations listed in the line 1 table	,	4 toblo					

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

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Schedule I (Form 990) 2020

FLORIDA EDUCATION FOUNDATION, INC. Schedule I (Form 990) 2020 Part III

Page 2

59-2718509

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CIVIC INITIATIVE	12	70,000.	•0		
FAU PRINCIPAL PREP INITIATIVE	H	8,470.	.0		
TEACHER OF THE YEAR	N	2,000.	0.0		
,	8.				
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	equired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	

LINE 2: PART I, CANDIDATES SUBMIT GRANT APPLICATIONS WHICH ARE REVIEWED AND APPROVED BY THE

EXECUTIVE DIRECTOR IN ACCORDANCE WITH THE ORGANIZATIONS POLICIES.

032102 11-02-20

Schedule I (Form 990) 2020

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

**Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization FLORIDA EDUCATION FOUNDATION, INC. Employer identification number 59-2718509

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of o			is
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
13	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
	Food inventory							
19 20	Drugs and medical supplies							
21								
22	Taxidermy Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
24 25	Other (FACE MASKS)	X	1	89,400	ACTUAL			
	Other (SEAWORLD TICK)	X	1,000	23,098	ACTUAL			
26	Other ()		· ·					
27	Other • (							
28	Number of Forms 8283 received by the organi	zation durin	d the tax year for o	contributions				
25	for which the organization completed Form 82							
	10) WHICH the organization completed to the co	00,1 0.1 1,1					Yes	No
200	During the year, did the organization receive b	v contributio	on any property re	ported in Part I, lines 1 the	ough 28, that it			
Jua	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to b	e used for			
	exempt purposes for the entire holding period					30a		X
ь.	If "Yes," describe the arrangement in Part II.	•						
31	Does the organization have a gift acceptance	nolicy that r	eauires the review	of any nonstandard conti	ibutions?	31		X
200	Does the organization hire or use third parties	or related o	rganizations to sol	cit, process, or sell nonca	sh			
<b>328</b>	contributions?					32a		X
<b>L</b>	If "Yes," describe in Part II.							
	If the organization didn't report an amount in o	olumn (c) fo	or a type of proper	v for which column (a) is	checked,			
33	describe in Part II.	.5,011111 (0) 10	1,po o, proport	,				

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

Schedule M (Form 990) 2020

Schedule M	(Form 990) 2020	FLORIDA	EDUCATION	FOUNDATION,	INC.	59-2718509	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information t I, column (b), the	Provide the inforne number of contribution.	nation required by Part I, outions, the number of ite	, lines 30b, 32b, ar ems received, or a	nd 33, and whether the organiza combination of both. Also com	ation Iplete
**						· · · · · · · · · · · · · · · · · · ·	

# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2020
Open to Public Inspection

Internal Revenue Service

Name of the organization

FLORIDA EDUCATION FOUNDATION, INC.

Employer identification number 59-2718509

FLORIDA EDUCATION FOUNDATION, INC. 33 2710303
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF PUBLIC PRE-KINDERGARTEN THROUGH 12TH GRADE EDUCATION IN FLORIDA.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RECEIVES, HOLDS, INVESTS, AND ADMINISTERS PROPERTY AND MAKES
EXPENDITURES TO, OR, AND FOR THE BENEFIT OF PUBLIC PRE-KINDERGARTEN
THROUGH 12TH GRADE EDUCATION IN FLORIDA.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 AND THE ACCOMPANYING SCHEDULES ARE PREPARED BY AN INDEPENDENT
ACCOUNTING FIRM. THE FORM 990 AND ACCOMPANYING SCHEDULES ARE REVIEWED WITH
THE EXECUTIVE DIRECTOR AND AUDIT COMMITTEE. ONCE ALL QUESTIONS ARE
ANSWERED, THE BOARD OF DIRECTORS APPROVES THE RETURN WHICH IS THEN FILED
WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION ANNUALLY DISTRIBUTES CONFLICT OF INTEREST DISCLOSURE FORMS
TO OFFICERS, DIRECTORS AND KEY EMPLOYEES. COMPLETED FORMS ARE COMPILED AND
REVIEWED BY THE BOARD FOR ANY POTENTIAL CONFLICTS.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND
THREE MOST RECENT YEARS OF FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART VII, LINE 1A:
BETHANY SWONSON'S FULL COMPENSATION IS PAID BY THE FLORIDA DEPARTMENT

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

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

Employer identification number

Name of the organization FLORIDA EDUCATION FOUNDATION, INC.	Employer identification number 59-2718509
OF EDUCATION. IN 2019, SHE STARTED SERVING AS DEPUTY CHIE	F OF STAFF OF
THE FLORIDA DEPARTMENT OF EDUCATION, AND SHE CONTINUED SE	
EXECUTIVE DIRECTOR FOR THE FLORIDA EDUCATION FOUNDATION,	
NOVEMBER 2020. HER STATED COMPENSATION IS FOR SERVICES PR	
BOTH POSITIONS. KRISTIN PICCOLO'S FULL COMPENSATION IS PA	
FLORIDA DEPARTMENT OF EDUCATION. IN JANUARY 2020, KRISTIN	
DIRECTOR OF OUTREACH AND SPECIAL PROJECTS FOR THE FLORIDA	
EDUCATION. IN MAY 2020, KRISTIN TRANSFERRED TO THE FLORID	
FOUNDATION AND BEGAN SERVING AS THE DEPUTY DIRECTOR. KRIS	
PROMOTED TO EXECUTIVE DIRECTOR OF THE FLORIDA EDUCATION F	
NOVEMBER 2020.	
BECAUSE THE FLORIDA DEPARTMENT OF EDUCATION IS A RELATED	PARTY OF THE
FLORIDA EDUCATION FOUNDATION, THE COMPENSATION AMOUNTS RE	
BETHANY AND KRISTIN REFLECT THEIR TOTAL COMPENSATION FOR	
HELD IN BOTH ORGANIZATIONS FOR THE ENTIRETY OF CALENDAR Y	
0	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047	2020	Open to Public
-		

Employer identification number Inspection

Direct controlling

£

entity

59-2718509 End-of-year assets **e** Total income € Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) INC. FLORIDA EDUCATION FOUNDATION, Primary activity <u>e</u> Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part I

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. Part II

(a)	(q)	(0)	(p)	(e)	<b>(</b> )	6)	(1)
Name, address, and EIN	Primary activity	Legal domicile (state or	ø)	Public charity	Direct controlling	section 5 (c) (3)	olled
of related organization		foreign country)	section	status (if section	entity	enti	ty?
				501(c)(3))		Yes	No
FLORIDA DEPARTMENT OF EDUCATION							
325 WEST GAINES STREET							
TALLAHASSEE, FL 32399	GOVT ENTITY	FLORIDA		A12	FL DOE		×

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

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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. Part III

<u>\$</u>	General or Percentage managing ownership partner?										
8	eneral or lanaging sartner?	Yes No					_			_	$\dashv$
€	Code V-UBI amount in box 20 of Schedule	K-1 (Form 1065) N									
Ê	rhonate ons?	Ves No									
(6)	of ear	>									
9	Share of total income										
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)									
(g)	Direct controlling entity										
(0)	Legal domicile (state or foreign	country)									
(q)	Primary activity										
(a)	Name, address, and EIN of related organization										

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. Part IV

(a)	(Q)	(c)	<b>(</b> 0	(e)		(6)	Ξ	<b>E</b>	
Name, address, and EIN of related organization	ctivity	.⊡ _	Direct controlling entity	Type of entity (C corp, S corp,	Shai i	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	- 60 P
		country)		of training		doodia		Yes	°N
									I
		37				Sch	Schedule R (Form 990) 2020	n 990) 2	020

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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.

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				×	Yes	ī.
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?	s with one or more re	ated organizations listed	in Parts II-IV?		-	1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				<u>1</u>	×	1
b Gift, grant, or capital contribution to related organization(s)				9	×	1
c Gift, grant, or capital contribution from related organization(s)				2	×	1
(a) acitaria costa botalos sos sos estados estados con la costa costa de co				3	×	ı
					4 >	I
e Loans of Ioan guarantees by related organization(s)				<u>e</u>	4	ī
5 Dividands from values as second-color				¥	<b>&gt;</b>	
				=	4 :	Ī
g Sale of assets to related organization(s)				1g	×	ì
h Purchase of assets from related organization(s)				£	×	
				÷	×	Ĩ
i Lease of facilities, equipment, or other assets to related organization(s)				-	×	Î.
					L	Ĭ
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	ĺ
m Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)			Ę	×	L
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			£	×	1
o Sharing of paid employees with related organization(s)				우	×	1
						1
p Reimbursement paid to related organization(s) for expenses				t t	×	
<b>q</b> Reimbursement paid by related organization(s) for expenses				p	×	ĹŰ
						1
r Other transfer of cash or property to related organization(s)				÷	×	Î
s Other transfer of cash or property from related organization(s)				1s	×	ÌÌ
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.	who must complete the	is line, including covered	relationships and transaction thresholds.			
<b>(a)</b> Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	nvolved		
	(c p) add					1
(1) FLORIDA DEPARTMENT OF EDUCATION	0	144,129.	IN-KIND			1
(2)						1
(3)						
						1
<b>(1)</b>						1
(5)						- 1
(9)						
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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.

Name, address, and EIN  Trimary activity  Of entity  Of entity  Country)  Sections 512-514)  Yester of foreign excluded from tax under sections 512-514)  Yester of foreign excluded from tax under sections 512-514)  Yester of foreign excluded from tax under sections 512-514)  Yester of foreign excluded from tax under sections 512-514)  Yester of foreign excluded from tax under sections 512-514)  Yester of foreign excluded from tax under sections 512-514)  Yester of foreign excluded from tax under sections 512-514)  Yester of foreign excluded from tax under sections 512-514)  Yester of foreign excluded from tax under sections 512-514)  Yester of foreign excluded from tax under sections 512-514)  Yester of foreign excluded from tax under sections 512-514)  Yester of foreign excluded from tax under sections 512-514)  Yester of foreign excluded from tax under sections 512-514)  Yester of foreign excluded from tax under sections 512-514)  Yester of foreign excluded from tax under sections 512-514)  Yester of foreign excluded from tax under sections 512-514)  Yester of foreign excluded from tax under sections 512-514)  Yester of foreign excluded from tax under sections 512-514, which is tax under sections 512-514, which	No of the last of	total income	end-of-year assets	Visitoria allocations?	Napoporto Coura de la contra de l'ante de l'ante de l'ante de l'ante de l'ante de l'ante d'ante d'an	Ves No	ownership
					_		
						1	
				+		+	

Schedule	B /Form 990\ 2020	FLORIDA	EDUCATION	FOUNDATION,	INC.	59-2718509 Page 5
Part V	R (Form 990) 2020 Supplemental Info	ormation				
	Provide additional inform	mation for respons	es to questions on S	Schedule R. See instruct	ions.	
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						<del></del>