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Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

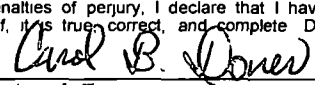
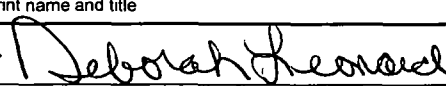
**A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type See Specific Instructions</b>	<b>C Name of organization</b> THE EDUCATION FOUNDATION OF THE FRLA		<b>D Employer identification number</b> 59-6194391
		<b>Doing Business As</b>		<b>E Telephone number</b> (850) 224-2250
		<b>Number and street (or P O box if mail is not delivered to street address) Room/suite</b> P.O. BOX 1779		<b>G Gross receipts \$</b> 1,116,236.
		<b>City or town, state or country, and ZIP + 4</b> TALLAHASSEE, FL 32302-1779		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>F Name and address of principal officer</b> CAROL B. DOVER 230 SOUTH ADAMS STREET TALLAHASSEE, FL 32301-7710				
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website</b> N/A		
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation</b> 1966 <b>M State of legal domicile</b> FL		

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities IMPLEMENTATION OF INDUSTRY DEVELOPED SCHOOL-TO-CAREER PROGRAMS THROUGH INTERACTION WITH STUDENTS, INSTRUCTORS AND INDUSTRY LEADERS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	28
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5	Total number of employees (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	157
Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	154,988.	161,112.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 5)	637,121.	602,371.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,789.	2,013.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,411.	71,571.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	847,309.	837,067.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	241,346.	251,228.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	195,997.	230,139.
	b	Total fundraising expenses, Part IX, column (D), line 25	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	17,364.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	309,311.	265,842.
Net Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	746,654.	747,209.
	20	Total assets (Part X, line 16)	100,655.	89,858.
	21	Total liabilities (Part X, line 26)	Beginning of Year	End of Year
	22	Net assets or fund balances Subtract line 21 from line 20	393,061.	500,669.
			247,853.	225,593.
			145,208.	275,076.

## Part II Signature Block

Sign Here	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			
	Signature of officer  CAROL DOVER Type or print name and title	Date 7/27/2010 PRESIDENT		
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 THOMAS HOWELL FERGUSON P.A. 2615 CENTENNIAL BLVD, SUITE 200 TALLAHASSEE, FL 32308	Date 8/11/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00218358
	EIN 59-3186310		Phone no 850-668-8100	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. \*

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**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission:

ATTACHMENT 3

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

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code \_\_\_\_\_) (Expenses \$ 80,204 including grants of \$ 80,204) (Revenue \$ 80,204)

IN ORDER FOR FLORIDA'S PROSTART INSTRUCTORS TO PROPERLY TEACH FOOD SAFETY AND SANITATION, THE EDUCATION FOUNDATION OF THE FLORIDA RESTAURANT AND LODGING ASSOCIATION, INC. (EFFRLA) PROVIDED SERVSAFE CERTIFIED PROFESSIONAL FOOD MANAGER TRAINING AT NO COST TO THE INSTRUCTOR. THIS TRAINING PROVIDED THE MOST UP TO DATE INFORMATION ON THE NATIONAL FOOD CODE. THE EFFRLA ALSO PROVIDED SERVSAFE CERTIFIED PROFESSIONAL FOOD MANAGER TRAINING AND SAFESTAFF EMPLOYEE FOODHANDLER TRAINING FOR PROSTART STUDENTS. THIS PROVIDES STUDENTS WITH THE TRAINING THEY NEED TO GET A JOB IN THE FOOD SERVICE INDUSTRY.

**4b** (Code \_\_\_\_\_) (Expenses \$ 100,090 including grants of \$ 99,524) (Revenue \$ 100,090)

ATTACHMENT 4

**4c** (Code \_\_\_\_\_) (Expenses \$ 71,500 including grants of \$ 71,500) (Revenue \$ 71,500)

TO ENSURE THE PROSTART SCHOOL-TO-CAREER PROGRAM AND THE LODGING MANAGEMENT PROGRAM (LMP) STUDENTS ARE ABLE TO CONTINUE THEIR HOSPITALITY EDUCATION, THE EFFRLA PROVIDED POST-SECONDARY SCHOLARSHIPS. THE SCHOLARSHIP APPLICATIONS WERE DISTRIBUTED IN THE FALL AND THE SPRING. IN ORDER TO RECEIVE THE SCHOLARSHIP STUDENTS PROVIDED PROOF OF ENROLLMENT IN A POST-SECONDARY INSTITUTION NO LATER THAN JUNE OF 2009.

**4d** Other program services (Describe in Schedule O )(Expenses \$ 371,882 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4e** Total program service expenses **▶** 623,676.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	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 . . . . .		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .		X
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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 . . . . .		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 . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9 Did the organization report an amount in Part X, line 21, 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 . . . . .	X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		
• 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		
• 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		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• 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? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .		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 . . . . .		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 . . . . .		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		X

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**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . .	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. . . . .	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 . . . . .	X	
24 a	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 question 25 . . . . .		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .		X
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)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		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 . . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	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 . . . . .		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable . . . . .	1a	0
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	X
b	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	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? . . . . .	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	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a	X
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 required to file Form 8282? . . . . .	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8	X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	X
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders . . . . .	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	

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

**Section A. Governing Body and Management**

	Yes	No
a Enter the number of voting members of the governing body . . . . .	1a	28
1b Enter the number of voting members that are independent . . . . .	1b	27
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5	X
6 Does the organization have members or stockholders? . . . . .	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
a The governing body? . . . . .	8a	X
b Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9a	X

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

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

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed . . . . .

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public . . . . .

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization . . . . .  
 BOB DEARDEN 230 SOUTH ADAMS STREET, TALLAHASSEE, FL 32301-7710  
 (850) 224-2250

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JUDITH KOUTSOS TRUSTEE	.25	X								
BRUCE OZGA TRUSTEE	.25	X						0.	0.	0.
BARBARA WEISS TRUSTEE	.25	X						0.	0.	0.
JOSEPH WEST TRUSTEE	.25	X						0.	0.	0.
JIM WHAPLES TRUSTEE	.25	X						0.	0.	0.
MICHELLE WILSON TRUSTEE	.25	X						0.	0.	0.
ANGELA BARBER TRUSTEE	.25	X						0.	0.	0.
SAL DISTEFANO TRUSTEE	.25	X						0.	0.	0.
GARY DOUYLLIEZ TRUSTEE	.25	X						0.	0.	0.
FRED EULER TRUSTEE	.25	X						0.	0.	0.
JASON FIALKOFF TRUSTEE	.25	X						0.	0.	0.
ALAN FINDLAY TRUSTEE	.25	X						0.	0.	0.
HARRY GAYES TRUSTEE	.25	X						0.	0.	0.
MOHAMMAD GHARAVI TRUSTEE	.25	X						0.	0.	0.
GARY JONES TRUSTEE	.25	X						0.	0.	0.
DON MCGEE TRUSTEE	.25	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHERYL NELSON TRUSTEE	.25	X						0.	0.	0.
GRANT PICHE TRUSTEE	.25	X						0.	0.	0.
HARRY PRICE TRUSTEE	.25	X						0.	0.	0.
PETER RICCI TRUSTEE	.25	X						0.	0.	0.
JANICE SCHOLZ TRUSTEE	.25	X						0.	0.	0.
LUANNA SKEENS TRUSTEE	.25	X						0.	0.	0.
RIP TOSUN TRUSTEE	.25	X						0.	0.	0.
ERIK YOUNGS TRUSTEE	.25	X						0.	0.	0.
CAROL DOVER BOARD OF TRUSTEES FRLA PRES.	5.00			X				0.	449,192.	34,911.
MITCH DOREN CHAIRMAN	.25			X				0.	0.	0.
DAVE REID VICE CHAIR	.25			X				0.	0.	0.
CATHY VALERIANO SECRETARY	.25			X				0.	0.	0.
<b>1b Total</b>								0.	449,192.	34,911.

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

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		<b>0</b>

**Part VIII Statement of Revenue**

59-6194391

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	161,112				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ . . . . .						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		161,112				
<b>Program Service Revenue</b>	<b>2a</b>	EDUCATION	<b>Business Code</b>	611710	602,371	602,371		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue . . . . .						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		602,371				
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,929			1,929
<b>4</b>		Income from investment of tax-exempt bond proceeds . . . . .		0				
<b>5</b>		Royalties . . . . .		9,041			9,041	
		(i) Real	(ii) Personal					
<b>6a</b>		Gross Rents . . . . .						
<b>b</b>		Less rental expenses . . . . .						
<b>c</b>		Rental income or (loss) . . . . .						
<b>d</b>		Net rental income or (loss) . . . . .		0				
<b>7a</b>		Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other	74,462			
<b>b</b>		Less cost or other basis and sales expenses . . . . .			74,378			
<b>c</b>		Gain or (loss) . . . . .			84			
<b>d</b>		Net gain or (loss) . . . . .			84			84
<b>8a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .			7,340			
<b>b</b>		Less direct expenses . . . . .			22,756			
<b>c</b>		Net income or (loss) from fundraising events . . . . .			-15,416	-15,416		
<b>9a</b>		Gross income from gaming activities See Part IV, line 19 . . . . .						
<b>b</b>		Less direct expenses . . . . .						
<b>c</b>		Net income or (loss) from gaming activities . . . . .			0			
<b>10a</b>		Gross sales of inventory, less returns and allowances . . . . .			259,981			
<b>b</b>		Less cost of goods sold . . . . .			182,035			
<b>c</b>	Net income or (loss) from sales of inventory . . . . .			77,946	77,946			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b>								
<b>b</b>								
<b>c</b>								
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			0				
<b>12</b>	<b>Total Revenue.</b> See instructions . . . . .			837,067	664,901		11,054	

Form **990** (2009)

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . .	179,728.	179,728.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22 . . . . .	71,500.	71,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages . . . . .	174,259.	121,981.	52,278.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	10,689.	7,482.	3,207.	
9 Other employee benefits . . . . .	31,131.	21,792.	9,339.	
10 Payroll taxes . . . . .	14,060.	9,842.	4,218.	
11 Fees for services (non-employees)				
a Management . . . . .	15,000.	10,500.	4,500.	
b Legal . . . . .	0.			
c Accounting . . . . .	16,946.		16,946.	
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	0.			
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	39,889.	27,922.	11,967.	
14 Information technology . . . . .	783.	548.	235.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	0.			
17 Travel . . . . .	23,152.	5,788.		17,364.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . .	650.		650.	
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . .	887.		887.	
23 Insurance . . . . .	0.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a PROSTART TRAINING	45,431.	45,431.		
b TEAM COMPETITION	68,766.	68,766.		
c FULL IMPLEMENTATION	14,400.	14,400.		
d TRACKING STUDY	27,500.	27,500.		
e SCHOOL CERTIFICATION	3,500.	3,500.		
f All other expenses	8,938.	6,996.	1,942.	
25 Total functional expenses Add lines 1 through 24f	747,209.	623,676.	106,169.	17,364.
26 Joint Costs Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	232,231.	2	237,073.
	3 Pledges and grants receivable, net	26,152.	3	148,974.
	4 Accounts receivable, net	40,304.	4	12,901.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,531.	9	1,591.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	5,331.		
	b Less accumulated depreciation	3,059.	10c	2,272.
	11 Investments - publicly traded securities	80,683.	11	97,858.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	393,061.	16	500,669.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	18,892.	17	7,800.
	18 Grants payable		18	
	19 Deferred revenue	79,270.	19	46,870.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	36,070.	21	36,070.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	113,621.	25	134,853.
	26 <b>Total liabilities.</b> Add lines 17 through 25	247,853.	26	225,593.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	95,208.	27	225,076.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	50,000.	29	50,000.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	145,208.	33	275,076.
34 <b>Total liabilities and net assets/fund balances</b>	393,061.	34	500,669.	

Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2009)



**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)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14		%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15		%
16a <b>33 1/3 % support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .			<input type="checkbox"/>
b <b>33 1/3 % support test - 2008.</b> 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 . . . . .			<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .			<input type="checkbox"/>
b <b>10%-facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .			<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .			<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	297,215	91,583	162,355	154,988	161,112	867,253
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 . . . . .	210,127	708,979	964,330	934,409	944,154	3,761,999
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 <b>Total.</b> Add lines 1 through 5 . . . . .	507,342	800,562	1,126,685	1,089,397	1,105,266	4,629,252
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	13,000	20,000	24,500	19,500	52,000	129,000
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 . . . . .	38,659	408,288	686,594	625,268	591,208	2,350,017
c Add lines 7a and 7b . . . . .	51,659	428,288	711,094	644,768	643,208	2,479,017
8 <b>Public support</b> (Subtract line 7c from line 6) . . . . .						2,150,235

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .	507,342	800,562	1,126,685	1,089,397	1,105,266	4,629,252
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	3,070	6,882	21,101	15,853	10,970	57,876
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	3,070	6,882	21,101	15,853	10,970	57,876
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 IV) <u>ATCH 1</u> . . . . .	1,279	44	0	0	0	1,323
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .	511,691	807,488	1,147,786	1,105,250	1,116,236	4,688,451
14 <b>First five years</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	45.86 %
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	54.12 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	1.23 %
18 Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 . . . . .	18	1.18 %

- 19a **33 1/3 % support tests - 2009.** 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 - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ► ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions.

ATTACHMENT 1

SCHEDULE A, PART III - O

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISCELLANEOUS	1,279	44	0	0	0	1,323
TOTAL	<u>1,279</u>	<u>44</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,323</u>

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization THE EDUCATION FOUNDATION OF THE FLORIDA  
RESTAURANT AND LODGING ASSOCIATION, INC.

Employer identification number  
59-6194391

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XI V and complete the following table

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

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

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

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		5,331.	3,059.	2,272.
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) . . . . .				2,272.

Schedule D (Form 990) 2009

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(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 _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
_____	
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount	
Federal income taxes		
DUE TO FRLA, INC.	134,853.	
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	134,853.	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	837,067.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	747,209.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	89,858.
4	Net unrealized gains (losses) on investments	4	15,010.
5	Donated services and use of facilities	5	25,000.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	40,010.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	129,868.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,081,868.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	15,010.
b	Donated services and use of facilities	2b	25,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	40,010.
3	Subtract line 2e from line 1	3	1,041,858.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-204,791.
c	Add lines 4a and 4b	4c	-204,791.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	837,067.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	952,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	204,791.
e	Add lines 2a through 2d	2e	204,791.
3	Subtract line 2e from line 1	3	747,209.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	747,209.

**Part XIV Supplemental Information**

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

## EXPLANATION OF CUSTODIAL ARRANGEMENT

## SCHEDULE D, PART IV

## LINE 2B

THE FOUNDATION SERVES AS CUSTODIAN OF SCHOLARSHIP AND ENDOWMENT FUNDS FOR LOCAL CHAPTERS OF THE ASSOCIATION IN ORDER TO POOL RESOURCES AND MAXIMIZE RETURNS ON INVESTMENTS. ADDITIONALLY, THE FOUNDATION COLLECTED FUNDS FROM A FUNDRAISING EVENT THAT ARE DUE BACK TO LOCAL CHAPTERS.

## SCHEDULE D, PART XII

## LINE 4B

COST OF GOODS SOLD	-182,035
--------------------	----------

COST OF SPECIAL EVENTS	-22,756
------------------------	---------

## SCHEDULE D, PART XIII

## LINE 2D

COST OF GOODS SOLD	182,035
--------------------	---------

COST OF SPECIAL EVENTS	22,756
------------------------	--------

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

Department of the Treasury  
Internal Revenue Service

Name of the organization	THE EDUCATION FOUNDATION OF THE FLORIDA RESTAURANT AND LODGING ASSOCIATION, INC.

Employer Identification number

59-6194391

## Part I General Information on Grants and Assistance

- |   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| 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? . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States  |                                     |                          |

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . .

[illegible]

- |   |  |       |
|---|--|-------|
| 2 | Enter total number of section 501(c)(3) and government organizations | ..... |
| 3 | Enter total number of other organizations                            | ..... |

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

Schedule I (Form 990) 2009

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance
SCHOLARSHIPS	33	62,500			
FOOD SERVICE INTERNSHIP AWARD	15	9,000			

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I

PART III- GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS IN THE U.S.

THE EDUCATION FOUNDATION OF THE FLORIDA RESTAURANT AND LODGING

ASSOCIATION, INC. HAS AN INTERNAL COMMITTEE THAT REVIEWS THE GRANT

EXPENDITURES FOR COMPLIANCE WITH STATED REQUIREMENTS.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization THE EDUCATION FOUNDATION OF THE FLORIDA RESTAURANT AND LODGING ASSOCIATION, INC.

Employer identification number  
59-6194391

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a is 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009



**Part III Supplemental Information**

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

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization THE EDUCATION FOUNDATION OF THE FLORIDA  
RESTAURANT AND LODGING ASSOCIATION, INC.

Employer identification number  
59-6194391

ATTACHMENT 2

**PART I- SUMMARY**

**LINE 6**

THE VOLUNTEERS PROVIDE GUEST SPEAKERS AND CLASSROOM DEMONSTRATIONS, AS  
WELL AS ARRANGE FIELD TRIPS. THE BREAKDOWN OF VOLUNTEERS IS AS FOLLOWS:  
8TH ANNUAL PROSTART CULINARY TEAM COMPETITIONS - 36 VOLUNTEERS SERVED AS  
JUDGES; 5TH ANNUAL FL LMP COMPETITION - 5 VOLUNTEERS SERVED AS JUDGES;  
100 SCHOOL VOLUNTEERS.

**PART VI- GOVERNING BODY AND MANAGEMENT**

**SECTION A, LINE 7B**

ALL MOTIONS MUST BE BROUGHT FORWARD TO THE FRLA BOARD AND APPROVED.

**SECTION B, LINE 11**

THE FORM 990 PREPARATION AND ACCOMPANYING SCHEDULES ARE REVIEWED BY THE  
VICE PRESIDENT AND CFO PRIOR TO FILING.

**SECTION B, LINE 12C**

THE EDUCATION FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT  
REQUIRES THE OFFICERS, DIRECTORS, CHIEF EMPLOYED EXECUTIVE, AND CHIEF  
EMPLOYED FINANCE EXECUTIVE TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF  
THEMSELVES AND THEIR FAMILY MEMBERS ON A FORM DISTRIBUTED BY THE  
FOUNDATION. THE CHAIRMAN OF THE BOARD ENSURES THAT ALL FORMS ARE  
COMPLETED, REVIEWS THEM FOR CONFLICTS, AND SUBMITS TO THE BOARD FOR  
REVIEW OF ANY ACTUAL OR POTENTIAL CONFLICTS.

Name of the organization THE EDUCATION FOUNDATION OF THE FLORIDA  
RESTAURANT AND LODGING ASSOCIATION, INC.

Employer identification number  
59-6194391

ATTACHMENT 2 (CONT'D)

SECTION B, LINE 15A & 15B

THE EDUCATION FOUNDATION HAS A COMPENSATION COMMITTEE COMPRISED OF BOARD MEMBERS THAT MEET AT LEAST ANNUALLY. THE COMMITTEE ONLY HANDLES THE PRESIDENT/CEO COMPENSATION PACKAGE. THE LAST AGREEMENT WAS SIGNED 1/1/2008 FOR A 5 YEAR TERM. ALL OTHER SALARIES ARE DETERMINED BY THE CEO. THE EXECUTIVE/FINANCE COMMITTEE MUST APPROVE ALL BENEFIT CHANGES PRIOR TO THE EFFECTIVE DATE OF THE CHANGE.

SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

PART VII, COLUMN (B)

IN ADDITION TO THE AVERAGE 5 HOURS A WEEK CAROL DOVER DEVOTES TO EFFRLA BUSINESS, SHE DEVOTES AN AVERAGE OF 35 HOURS A WEEK TO THE BUSINESS OF ORGANIZATIONS RELATED TO THE EFFRLA.

ATTACHMENT 3

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

RECOGNIZING THE NEED FOR QUALIFIED, ENTHUSIASTIC PROFESSIONALS IN THE TOURISM INDUSTRY, WE WILL SUPPORT SOUND EDUCATIONAL EXPERIENCES IN PREPARATION FOR DYNAMIC AND REWARDING TOURISM CAREERS. WE WILL ACCOMPLISH THIS MISSION BY IMPLEMENTATION OF INDUSTRY DEVELOPED SCHOOL-TO-CAREER PROGRAMS THROUGH INTERACTION WITH STUDENTS, INSTRUCTORS AND INDUSTRY LEADERS.

Name of the organization THE EDUCATION FOUNDATION OF THE FLORIDA  
RESTAURANT AND LODGING ASSOCIATION, INC.

Employer identification number  
59-6194391

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 44B PROGRAM SERVICE

THE ANNUAL PROSTART TEACHER TRAINING INSTITUTE IS A WEEK LONG  
EVENT WHICH ALL PROSTART INSTRUCTORS ARE INVITED TO ATTEND. THE  
2009 TRAINING WAS HELD AT JOHNSON & WALES UNIVERSITY'S NORTH  
CAMPUS IN JUNE. THE PARTICIPANTS LEARNED THE MOST UP-TO-DATE,  
INNOVATIVE WAYS TO TEACH STUDENTS WHO ARE INTERESTED IN A CAREER  
IN FOODSERVICE. TEACHERS PARTICIPATED IN "HANDS-ON" LABS IN THE  
KITCHEN/CLASSROOM UNDER THE TUTELAGE OF CHEF-INSTRUCTORS. NOT  
ONLY DID TEACHERS RECEIVE TRAINING IN KITCHEN ACTIVITIES, THE  
CHEF-INSTRUCTORS ALSO CONDUCTED SPECIFIC CLASSES RELEVANT TO  
TOPICS COVERED IN THE PROSTART CURRICULUM. THE ANNUAL PROSTART  
TEACHER TRAINING INSTITUTE WAS DESIGNED TO EQUIP PROSTART TEACHERS  
WITH THE SKILLS AND KNOWLEDGE THEY NEED TO ADEQUATELY TEACH THE  
PROGRAM TO THEIR STUDENTS. APPROXIMATELY 100 TEACHER ATTENDEES AND  
APPROXIMATELY 10,000 STUDENTS REACHED.







**Part V** Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**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?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		
<b>b</b> Gift, grant, or capital contribution to other organization(s)		
<b>c</b> Gift, grant, or capital contribution from other organization(s)		
<b>d</b> Loans or loan guarantees to or for other organization(s)		
<b>e</b> Loans or loan guarantees by other organization(s)		
<b>f</b> Sale of assets to other organization(s)		
<b>g</b> Purchase of assets from other organization(s)		
<b>h</b> Exchange of assets		
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		
<b>n</b> Sharing of paid employees		
<b>o</b> Reimbursement paid to other organization for expenses		
<b>p</b> Reimbursement paid by other organization for expenses		
<b>q</b> Other transfer of cash or property to other organization(s)		
<b>r</b> Other transfer of cash or property from other 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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
<b>(1)</b>	FLORIDA RESTAURANT & LODGING ASSOCIATION, INC	L	15,000.
<b>(2)</b>	FLORIDA RESTAURANT & LODGING ASSOCIATION, INC	M	5,000.
<b>(3)</b>	FLORIDA RESTAURANT & LODGING ASSOCIATION, INC	N	0.
<b>(4)</b>	FLORIDA RESTAURANT & LODGING ASSOCIATION, INC	P	134,853.
<b>(5)</b>			
<b>(6)</b>			

Schedule R (Form 990) 2009



FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLDATTACHMENT 5

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS ENDING INVENTORY	COST OF GOODS SOLD
PROSTART EDUCATIONAL MATERIALS	241,252		161,462				161,462
ELLIOT SEMINARS	18,729.		20,573				20,573
TOTALS	<u>259,981</u>		<u>182,035</u>				<u>182,035</u>

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	THE EDUCATION FOUNDATION OF THE FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.	Employer identification number	59-6194391
	Number, street, and room or suite no. If a P.O. box, see instructions. 230 SOUTH ADAMS STREET			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TALLAHASSEE, FL 32301			

**Check type of return to be filed (file a separate application for each return)**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ Bob Dearden

Telephone No. ▶ 850-224-2250FAX No. ▶ 850-224-9213

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)           . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ ☒ calendar year 2009 or▶ ☐ tax year beginning                     ,           , and ending                     ,           .

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)