ANNUAL EXECUTIVE COMPENSATION REPORTING FORM

The Florida Department of Health (Department) requires this form to be completed and submitted annually to support your organization's status with the annual executive compensation requirements.

Part I. Business Information

Business Legal Name	Street Address Including City, State, and ZIP Code
Telephone	Department Contract #
Email	

Part II. Annual Percentage Reporting

What percentage of the total compensation for your organization's executive leadership team comes directly from State or Federal funds?

Part III. IRS 990 Status

☐ Check this box to indicate you are attaching your most recent 990 report. Skip to the attestation in Part V.

☐ Check this box to indicate your organization is either: (a) exempt from filing a 990 or (b) new and no previous 990 filing is available. Complete Part IV and the attestation in Part V.

Part IV. Annual Executive Compensation Reporting

Organization's Fiscal Year End Date:

Organization's FEIN:

	5 Highest Paid Officers (Name/Title)	Total Amount Paid in Compensation and Benefits
1.		
2.		
3.		
4.		
5.		

Part V. Attestation

☐ I attest that no salary and/or compensation benefits were allocated to Department program funds in excess of the FY-2026 Federal Executive Pay Scale threshold for Level II - $228,000 (Click Here to access the Pay Table).

Signature _____ Name _____

Signature of Authorizing Official (Owner/CEO/CFO etc.) *Name/Title of Authorizing Official (Print on form)*

Date of Signature ____ ____ ____

MM *DD* *YYYY*

INSTRUCTIONS FOR COMPLETING THE ANNUAL EXECUTIVE COMPENSATION REPORTING FORM

Please use the instructions below as a guide for completing each section of the Annual Executive Compensation Reporting Form.

Additional resources are provided on the final page of these instructions.

Part I. Business information

Business Legal Name	Street Address Including City, State, and ZIP Code
Telephone	FDOH Contract #
Email	

Business legal Name	Insert the exact name shown on the IRS Tax Id registration certificate, Florida Sun Biz, MFMP registration or the organization name listed on the FDOH contract agreement. If the contract legal name is different from the registered legal name, please contact your assigned Department Contract Manager.
Street Address	List the mailing or physical address including zip code your organization uses for formal communication. This address may be different from the operating address where clients receive services
Telephone	Provide a direct 10-digit phone number, including extensions when applicable, for follow up questions and inquiries by the Department.
Department Contract #	Insert all contract numbers your organization received from the Department as assets (equipment) and/or cash receipts during the reporting fiscal year.
Email	Please provide a secure email address to receive official business communications from the Department.

Part II. Percentage

Annual Percentage Reporting	Enter the percentage of the total compensation for all of your organization's executive leadership team that comes from State or Federal funds.

Part III. IRS 990 Status

Check Box #1 (Filing Status) – Not Exempt, Organization has filed a form 990	Check this box if your organization is required to file a 990 form annually to the Internal Revenue Services which is a requirement for non-profits organizations under the IRS codes. For new organizations that have not yet filed a 990 form, check the next box.
Check Box #2 (Filing Status) – Exempt or Organization has not yet filed a form 990	Check this box if Check Box #1 above did not apply to your organization and your organization is either: (a) exempt from filling an IRS 990 form under the IRS or (b) new and no previous 990 filing is available.

Part IV. Annual Executive Compensation Reporting

Organization's Fiscal Year End Date:	Enter your organization's Fiscal Year End Date.
Organization's FEIN:	Enter your organization's Federal Employer Identification Number (FEIN).
5 Highest Paid Officers (Name/Title)	**Total Amount Paid in Compensation and Benefits**
	Please list: 1) the names, titles and 2) total dollar amounts of the entity's highest paid officers. This includes all benefits, bonuses, severances real-property as gifts, gifts in the form of cash, other payout, cash-in leave, etc. If your entity has less than 5 employees or executives, list the maximum number as applicable to your entity and insert a comment under the remaining names/ titles to indicate the number of individuals employed in your organization or in your executive team (do not leave any of the 5 name/title fields blank).

Part V. Attestation

☐ **I attest that no salary/compensation benefits were allocated to FDOH contract agreements in excess of the "Federal Executive Pay Rates Schedule - Level II" for the reporting fiscal year benefits (Click Here to access the Pay Table).**	
Attestation Check Box	Checking this box indicates the following: 1. No individual in your Executive Team received a salary/compensation package greater than the published Federal Executive Pay Rates Schedule (Level II). 2. If the total compensation for any of the top paid executive exceeds the federal threshold, your organization Must submit a separate attachment detailing fund source/s of where the excess salary/compensation amounts are paid or covered by. The attestation signature means that no salary/compensation in excess of the federal threshold was paid from federal/state/other grant funds. 3. Please provide and print the name/title and date of the authorizing signature official who is attesting for the accuracy of this submission. **All organizations must complete this attestation.**

Additional Resources

- Interactive Form 990 Overview Training
- StayExempt.irs.gov

Exempt Organization Types and Guidance from IRS

- Charitable Organizations

  Organizations organized and operated exclusively for religious, charitable, scientific, testing for public safety, literary, educational, or other specified purposes and that meet certain other requirements are tax exempt under Internal Revenue Code Section 501(c)(3).

- Churches and Religious Organizations

  Churches and religious organizations, like many other charitable organizations, may qualify for exemption from federal income tax under Section 501(c)(3).

- Private Foundations

  Every organization that qualifies for tax-exempt status under Section 501(c)(3) is classified as a private foundation unless it meets one of the exceptions listed in Section 509(a). Private foundations typically have a single major source of funding (usually gifts from one family or corporation rather than funding from many sources) and most have as their primary activity the making of grants to other charitable organizations and to individuals, rather than the direct operation of charitable programs.

- Political Organizations

  A political organization subject to Section 527 is a party, committee, association, fund or other organization (whether or not incorporated) organized and operated primarily for the purpose of directly or indirectly accepting contributions or making expenditures, or both, for an exempt function.

- Other Nonprofits

  Organizations that meet specified requirements may qualify for exemption under subsections other than 501(c)(3). These include social welfare organizations, civic leagues, social clubs, labor organizations and business leagues.