

RICK SCOTT
Governor

**KEN DETZNER**Secretary of State

August 15, 2016

The Honorable Rick Scott Governor of Florida PL-05 The Capitol Tallahassee, Florida 32399-0001

Dear Governor Scott,

Pursuant to section 20.058(3), Florida Statutes, I have attached the reports provided by each of the Department's four citizen support organizations. Each report is publicly available through the individual organizations' websites. In addition, I have provided the Department's recommendation below on whether these citizen support organizations should continue, be terminated, or modified.

### Citizens for Florida Arts, Inc.

Citizens for Florida Arts, Inc., was created to partner with and enhance the efforts of the Florida Division of Cultural Affairs, while helping to sustain and foster recognition of the arts in Florida. Citizens for Florida Arts has presented professional development workshops, state cultural conferences, and regularly hosts public events to provide visibility for the Division's cultural programming. This organization continues to provide vital support for the Division of Cultural Affairs' activities and programs. It is the agency's recommendation to continue the partnership with Citizens for Florida Arts, Inc.

### Friends of Florida History, Inc.

The Friends of Florida History, Inc., was established to promote and enhance the archaeology, historic sites, museums, folklife, and historic preservation programs of the Division of Historical Resources. This corporation is the result of the consolidation of Friends of Florida History and Archaeology, Inc., Friends of Florida Main Street Inc., and Friends of Mission San Luis, Inc. This organization serves as a strong advocate for the Division's historic preservation programs and continues to help maintain our visibility in the community. It is the agency's recommendation to continue the partnership with the Friends of Florida History, Inc.

### Friends of the Museums of Florida History, Inc.

The mission of Friends of the Museums of Florida History, Inc., is to enhance and perpetuate programs of the Museum of Florida History and the Knott House Museum. The Friends of the Museums of Florida History provides invaluable support attracting Florida's citizens and visitors museum sites and promoting museum events, programs, and services. It is the agency's recommendation to continue the partnership with the Friends of the Museum of Florida History, Inc.

### Friends of the State Library and Archives of Florida, Inc.

The Friends of the State Library and Archives of Florida, Inc., supports the programs and services of the Division of Library and Information Services and expands public access to a series of informational resources so that Floridians can achieve their personal, educational, and professional goals. Additionally, this organization provides enriching public activities, education opportunities for children, and resources to promote the importance of Florida's rich history and culture. It is the agency's recommendation to continue the partnership with the Friends of the State Library and Archives of Florida, Inc.

If you have any questions as it relates to the Department's recommendations, please feel free to contact me at any time.

Sincerely,

Ken Detzner Secretary of State

KD/cdf

Enclosure(s)

### CITIZENS FOR FLORIDA ARTS, INC.

500 South Bronough Street Tallahassee, FL 32399 850.245.6470 www.florida-arts.org/about/cfa/

### **FY 2016-2017 REPORT**

### I. Statutory Authority or Executive Order Creating Organization

Section 265.703 Florida Statutes provides statutory authority for the organization.

### II. Mission and Results Obtained

### Mission:

Citizens for Florida Arts, Inc. is an organization created to partner with and enhance the efforts of the Florida Division of Cultural Affairs, while helping to sustain and foster recognition of the arts in Florida.

#### **Results Obtained:**

Citizens for Florida Arts, Inc. has presented and supported the following activities enhancing the efforts of the Florida Division of Cultural Affairs:

- Presented professional development workshops for individual artists in partnership with the Creative Capital Foundation. Workshops focus on career skills designed to sustain the careers of the Florida artists served.
- Presentation of statewide cultural conferences, most recently *Convening Culture 2016: Celebrating Diversity through Florida's Arts and Culture.* This conference was held in February 2016 in Fort Lauderdale and brought speakers from across the nation to Florida to discuss the many ways that arts and culture can contribute to Florida's diversity and diversity messaging. The conference included over 150 attendees from across the state. The organization has presented five cultural conferences overall (2010, 2011, 2014, 2015, 2016).
- Citizens for Florida Arts, Inc. has partnered with the Division of Cultural Affairs to
  implement the Division's statewide strategic plan. During the first year of the Plan's
  implementation, Citizens for Florida Arts, Inc. administered a Diversity and Inclusion
  Awards program to recognize exemplary programming in the areas of the Diversity and
  Inclusion.
- Citizens for Florida Arts, Inc. regularly hosts public events that heighten visibility for Division of Cultural Affairs programming.

- Citizens for Florida Arts, Inc. also has an ongoing partnership with the Division of Cultural
  Affairs to support various statewide initiatives including Hispanic Heritage Month and
  Black History Month. Citizens for Florida Arts, Inc. provides financial support and
  sponsorship of these events.
- The organization often hosts events which provide recognition and exposure for Florida artists.

### III. Three Year Plan

Over the next three years, the organization plans to continue its work supporting the Division of Cultural Affairs. This will include the following future events:

- Continued support for statewide celebrations such as Hispanic Heritage Month and Black History Month.
- A future statewide cultural conference similar to Convening Culture 2016, to be held in Gainesville (planned for February 2017).
- Future professional development workshops for individual artists. These workshops will focus on career skills pertinent to artists supporting their work and creative careers.
- Continued support for the implementation of the Division of Cultural Affairs' strategic plan through 2020.

### IV. Code of Ethics

The Code of Ethics of Citizens for Florida Arts, Inc., is as follows:

### **PREAMBLE**

- (1) It is essential to the proper conduct and operation of Citizens for Florida Arts, Inc. (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statutes, requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Citizens for Florida Arts, Inc., board members, officers, and employees in the performance of their official duties.

#### **STANDARDS**

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Florida Statutes, to be observed by CSO board members, officers, and employees.

### 1. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer, or employee 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 CSO board member, officer, or employee would be influenced thereby.

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

No CSO board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

### 3. Salary and Expenses

No CSO board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law.

#### 4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

### 5. Prohibition of Misuse of Privileged Information

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

### 6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

### 7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

### 8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer 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.

#### 9. Failure to Observe CSO Code of Ethics

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

# V. <u>Current Federal Internal Revenue Service Return of Organization Exempt from Income Tax form (Form 990)</u>

Please see attached IRS Form 990-EZ for 2014 tax year.

### Form 990-EZ

Department of the Treasury Internal Revenue Service

## 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.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2014

Open to Public Inspection

Ā	For	the 2014 calendar year, or tax year beginning , 2014, and ending		
무			D Employe	r identification number
·	╡	CITIZENS FOR FLORIDA ARTS, INC.		583251
r	=	Month of the A.C. B. O. C. and B. C.	E Telephor	
F	≓ .	eturn/terminated 500 S BRONOUGH STREET	(850	) 245-6470
	Amer	city or town, state or province, country, and ZIP or foreign postal code		
	Appli	cation pending Tallahassee FL 32399-6504		Exemption
G				e organization is not
1	Web		d to attack	Schedule B
J	Tax-			Z, or 990-PF).
K		n of organization: X Corporation Trust Association Other		<del></del>
L	Add asse	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	, .▶ 5	69,544.
P		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uctions	for Part I)
_		Check if the organization used Schedule O to respond to any question in this Part I		X
	1	Contributions, gifts, grants, and similar amounts received	1	52,123.
	2	Program service revenue including government fees and contracts	2	17,374.
	3	Membership dues and assessments	3	1// 5/4.
	4	Investment income	4	47.
	5 a	a Gross amount from sale of assets other than inventory		47.
	ŀ	Less: cost or other basis and sales expenses		
	(	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).		
	6	Gaming and fundraising events	7577037	· · · · · · · · · · · · · · · · · · ·
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a		
R E V E	į k	Gross income from fundraising events (not including \$ of contributions		
N U E		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b		
	( c	Less: direct expenses from gaming and fundraising events 6 c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7 a	Gross sales of inventory, less returns and allowances		
		Less: cost of goods sold		
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8	Other revenue (describe in Schedule O)	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		CD E44
	10	Grants and similar amounts paid (list in Schedule O)	10	69,544.
	11	Benefits paid to or for members		
É	12	Salaries, other compensation, and employee benefits		
XPEZSES	13	Professional fees and other payments to independent contractors		
N	14	Occupancy, rent, utilities, and maintenance.	14	
E	15	Printing, publications, postage, and shipping	15	7 410
0	16	Other expenses (describe in Schedule O)	enses 16	1,419.
	17	Total expenses. Add lines 10 through 16	<b>►</b> 17	61,225. 62,644.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,900.
A S S E T T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).		
TT S	20	Other changes in net assets or fund balances (explain in Schedule O)		15,684.
٦	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	20	
BAA		Paperwork Reduction Act Notice, see the separate instructions.	<b>►</b> 21	22,584.
		, and the state of the section of th		Form <b>990-EZ</b> (2014)

Forn	990-EZ (2014) CITIZENS FOR FI	ORIDA ARTS, INC.		56	5-2	583251	Page 2
Pai	<b>till Balance Sheets</b> (see the inst	ructions for Part II)					
	Check if the organization used Sched	tule O to respond to any quest	<u>ion in thi</u> s Part II · · · · ·	(A) Beginning of ye			<u></u> End of vear
22	Cash, savings, and investments			15,684		22	22,584.
23	Land and buildings					23	0.
24	Other assets (describe in Schedule O) .					24	0.
25	Total assets			15,684	1. 2	25	22,584.
26	Total liabilities (describe in Schedule O)					26	0.
27	Net assets or fund balances (line 27 of o			15,684	1 2	27	22,584.
Par	t III Statement of Program Service A	accomplishments (see the in	structions for Part III)	<u> </u>	1	Ex	penses
\A/lant	Check if the organization used Sch	edule O to respond to any que	stion in this Part III				or section 501
Desc	is the organization's primary exempt purpose? Se	e Organization's Primary Exen	ipt Purpose	services as		(3) and 5	ยา(c)(4) าร; optional
meas	ribe the organization's program service acc sured by expenses. In a clear and concise i fited, and other relevant information for eac	manner, describe the services	provided, the number	of persons		others.)	
28					-	· · · · · ·	
20	Promotion and support of				-	ı	
	Florida				-		
	(Grants \$ 23.186 ) If th	is amount includes foreign gra	nts check here		28	la l	62,644.
29					+		02,044.
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	(Grants \$ ) If th	is amount includes foreign grai	nts, check here	· · · · · · · · · · · · · · · · · · ·	29	а	
30					1		
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	(Grants \$ ) If the	is amount includes foreign grai	nts, check here		30	a	
31	Other program services (describe in Scried	dule O)		· · · · · · · · · <u>-</u>	,		
		is amount includes foreign gran			31		<del></del>
NAMES OF THE PARTY	Total program service expenses (add lin				32		62,644.
Far	List of Officers, Directors, Check if the organization used Scho	Trustees, and Key Emp	Dioyees (list each one	even if not compensated	- see	e the instruc	tions for Part IV)
	Once in the organization deed out	(b) Average hours per	1	40.41.41.4	s,		
	(a) Name and title	week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	potient plans, and usi	oyee erred		stimated amount of er compensation
T C			,,,,,,	compensation			
<u>Jeī</u> Cha	fery D. Dunn	1 00		_	^		^
	n Whitney Payson	1.00		0.	0	•	<u>0.</u>
	<u>e Chair</u>	1.00		0.	0		0.
	Reid Hartsfield	1.00		9.		+	<u> </u>
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RΔA		TEEA0812 05	198/14			Earn	n <b>001.E7</b> (2014)

Pai	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			. 🔲
- 22			Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS?  If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
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		X
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	35 a		Х
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 b		
	S If Yes, to line 35a, has the organization filed a Form 990-1 for the year? If Not, provide an explanation in Schepule O	505		<del></del>
·	: 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		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37 a 0.			
b	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0 .			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	40.		
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
C	: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			Х
	shelter transaction? If "Yes,' complete Form 8886-T	40 e		2.7
	, , ,	L		
41	List the states with which a copy of this return is filed Florida			
	List the states with which a copy of this return is filed Florida  The organization's books are in care of Morgan Lewis Telephone no. (850)			0
42 a	List the states with which a copy of this return is filed Florida  The organization's books are in care of Morgan Lewis  Located at 500 S Bronough Street Tallahassee FL ZIP+4 32399		1	
42 a	List the states with which a copy of this return is filed Florida  The organization's books are in care of Morgan Lewis Telephone no. (850)  Located at 500 S Bronough Street 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)?			0
42 a	List the states with which a copy of this return is filed Florida  The organization's books are in care of Morgan Lewis  Located at 500 S Bronough Street  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	650 <b>42</b> b	1	No X
42 a	List the states with which a copy of this return is filed Florida  The organization's books are in care of Morgan Lewis Telephone no. (850)  Located at 500 S Bronough Street 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)?	650 <b>42</b> b	Yes	No X
42 a	List the states with which a copy of this return is filed Florida  The organization's books are in care of Morgan Lewis Telephone no. (850)  Located at 500 S Bronough Street 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)?	650 <b>42</b> b	Yes	No X
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<b>42 a</b>	List the states with which a copy of this return is filed  Florida  The organization's books are in care of Morgan Lewis  Located at 500 S Bronough Street  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:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42 b	Yes	No X
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42 a	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).  At any time during the calendar year, did the organization maintain an office outside the U.S.?  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? Form 990 must be completed instead	42 b	Yes	No X X
42 a b	List the states with which a copy of this return is filled Florida  The organization's books are in care of Morgan Lewis Telephone no. (850) Located at 500 S Bronough Street 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 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 U.S.?  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	42 b 42 c	Yes	No X
42 a b c c 43	The organization's books are in care of Morgan Lewis Telephone no. (850) Located at 500 S Bronough Street 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 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 U.S.?  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	42 b 42 c 42 c	Yes	No X X X X
42 a b c 43 44 a b c	The organization's books are in care of Books are i	42 b 42 c 42 c	Yes	No X X X X X X
42 a b c c d	Ithe organization's books are in care of Morgan Lewis Telephone no. (850)  Located at 500 S Bronough Street Tallahasse 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 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 U.S.?  If 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here 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?  If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes' to line 44c, has the organization in Schedule O.	42 b 42 c 42 c	Yes	No X X X X X X X
42 a b c c d	It the states with which a copy of this return is filed Florida  The organization's books are in care of Morgan Lewis Telephone no. (850)  Located at 500 S Bronough Street 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 U.S.?  If 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here 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?  If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?	42 b 42 c 42 c 44 a 44 b 44 d 45 a	Yes	No X X X X X X X
42 a b c c d 45 a	Ithe organization's books are in care of Morgan Lewis Telephone no. (850)  Located at 500 S Bronough Street Tallahasse 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 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 U.S.?  If 'Yes,' enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here 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?  If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes' to line 44c, has the organization in Schedule O.	42 b 42 c 42 c	Yes	No X X X X X X X

Form 990-EZ (2014)	CITIZENS FOR FLORI	DA ARTS, INC.		56-258	33251	Page 4
46 Did the organiz	zation engage, directly or indirectly public office? If 'Yes,' complete S	y, in political campalgn a	ctivities on behalf of or in	opposition to		Yes No
Section All sec	on 501(c)(3) organization of the cities of t	s only				
	if the organization used Schedule	O to respond to any que	stion in this Part VI			П
47 Did the organiz	zation engage in lobbying activitie	s or have a section 501(I	n) election in effect during	the tax year? If 'Yes,'		Yes No
•	tion a school as described in sect				. 48	X
•	ration make any transfers to an ex				. 49a	X
	e related organization a section 5				49 b	
50 Complete this t	table for the organization's five hig to each received more than \$100,	thest compensated empl	oyees (other than officers	s, directors, trustees and re le none enter 'None '	key	-
	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 employes benefit plans, and deferred compensation	(e) Estimated e other compe	unount of usation
None						
<del> </del>						
						<del></del>
f Total number of	f ather amployage poid over \$100	i nnn				
f Total number of 51 Complete this to	f other employees paid over \$100 able for the organization's five hig	,000	endent contractors who	each received more than	\$100,000 of	
51 Complete this to compensation f	able for the organization's five hig from the organization. If there is n	hest compensated inder one, enter 'None.'				
51 Complete this to compensation f	f other employees paid over \$100 able for the organization's five hig from the organization. If there is n d business address of each independent con	hest compensated inder one, enter 'None.'	endent contractors who		(c) Comper	
51 Complete this to compensation f	able for the organization's five hig from the organization. If there is n	hest compensated inder one, enter 'None.'				
51 Complete this to compensation f	able for the organization's five hig from the organization. If there is n	hest compensated inder one, enter 'None.'				
51 Complete this to compensation f	able for the organization's five hig from the organization. If there is n	hest compensated inder one, enter 'None.'				
51 Complete this to compensation f	able for the organization's five hig from the organization. If there is n	hest compensated inder one, enter 'None.'				
51 Complete this to compensation f	able for the organization's five hig from the organization. If there is n	hest compensated inder one, enter 'None.'				
51 Complete this to compensation f	able for the organization's five hig from the organization. If there is n	hest compensated inder one, enter 'None.'				
51 Complete this to compensation f	able for the organization's five hig from the organization. If there is n	hest compensated inder one, enter 'None.'				
51 Complete this to compensation f  (a) Name and None	able for the organization's five hig from the organization. If there is n d business address of each independent con	hest compensated indepone, enter 'None.'	(b) Type c			
51 Complete this to compensation f  (a) Name and None  d Total number of 52 Did the organization f	able for the organization's five higher the organization. If there is not business address of each independent conformation of other independent contractors eation complete Schedule A? Note	thest compensated indepone, enter 'None.'  bractor  ach receiving over \$100,  All section 501(c)(3) or	(b) Type o	of service		
51 Complete this to compensation f  (a) Name and None  d Total number of the completed Scheme	able for the organization's five higher the organization. If there is not business address of each independent conformation of other independent contractors eation complete Schedule A? Note adule A	thest compensated indepone, enter 'None.'  bractor  ach receiving over \$100,  All section 501(c)(3) or	(b) Type o	of service	(z) Compet	nsation
51 Complete this to compensation f  (a) Name and None  d Total number of the completed Scheme	able for the organization's five higher the organization. If there is not business address of each independent conformation of other independent contractors eation complete Schedule A? Note	thest compensated indepone, enter 'None.'  bractor  ach receiving over \$100,  All section 501(c)(3) or	(b) Type o	of service	(z) Compet	nsation
d Total number of 52 Did the organizacompleted Scheune, and complete Sign	able for the organization's five higher the organization. If there is not business address of each independent confidence of the independent confidence or ation complete Schedule A? Note adule A declare that I have examined this return, included and officer.	thest compensated indepone, enter 'None.'  bractor  ach receiving over \$100,  All section 501(c)(3) or	000	of service	(z) Compet	nsation
d Total number of 52 Did the organization parallel schedule schedu	able for the organization's five higher the organization. If there is not business address of each independent confidence of the independent confidence or ation complete Schedule A? Note adule A declare that I have examined this return, included a finite of officer of preparer (other than officer) is a of officer of preparer (other than officer) is a first of officer of preparer (other than officer) is a first of officer of preparer (other than officer) is a first of officer of preparer (other than officer) is a first of officer of preparer (other than officer) is a first of officer of preparer (other than officer) is a first of officer of preparer (other than officer) is a first officer of the other than offic	thest compensated indepone, enter 'None.'  bractor  ach receiving over \$100,  All section 501(c)(3) or  using accompanying schedules based on all information of which	000	of service  a  of tray knowledge and bellef, it is  02/10/16  Date  CHAIR	(c) Compet	nsation
d Total number of  to Did the organization for the completed School Sign  Here  Type of Print/Type is the complete to the completed School Sign  Frint/Type is the complete to	able for the organization's five higher the organization. If there is not business address of each independent confidence of other independent contractors eation complete Schedule A? Note adule A declare that I have examined this return, included return of preparer (other than officer) is a of officer.	thest compensated indepone, enter 'None.'  bractor  ach receiving over \$100,  All section 501(c)(3) or	000	of service  a  firmy knowledge and belief, it is  02/10/16  Date  CHAIR	(z) Compet	No
d Total number of 52 Did the organization for completed Scheung of the completed Scheung of the complete scheung of the comple	able for the organization's five higher the organization. If there is not business address of each independent condition complete Schedule A? Note adule A.  declare that I have examined this return, included and of officer than officer) is proportion of preparer (other than officer) is proportionally in the preparer's name  E. DORSEY  FRANK E. DORSEY.	hest compensated indepone, enter 'None.'  tractor  ach receiving over \$100,  All section 501(c)(3) or  uding accompanying achedules based on all information of which  Preparates ignature  ERANIE BORSEY  CPA	ganizations must attach and statements, and to the best of preparer has any knowledge.	a  of tmy knowledge and belief, it is  02/10/16  Date  CHAIR  Check   X   if self-employed   P	(c) Compet	No
d Total number of  tompleted Sche  Did the organization for the completed Sche  Juder pensities of perjury, I rue, correct, and completed.  Sign Here  Print/Type of FRANK	able for the organization's five higher the organization. If there is not business address of each independent conditions and business address of each independent conditions complete Schedule A? Note adule A	hest compensated indepone, enter 'None.'  tractor  ach receiving over \$100,  All section 501(c)(3) or  uding accompanying achedules based on all information of which  Preparates ignature  ERANIE BORSEY  CPA	ganizations rriust attach and statements, and to the best of a preparer has any knowledge.	of service  a  firmy knowledge and belief, it is  02/10/16  Date  CHAIR  6  Check X if self-employed P	(c) Compet	No No
d Total number of  (a) Name and  None  d Total number of  52 Did the organize completed Scholander panalities of perjury. I rue, correct, and complete. I Signature.  Sign  Here  PrintType of  PrintType of  PrintType of  FRANK Firm's name  JEF  Type of  Firm's addrese.	able for the organization's five higher the organization. If there is not business address of each independent condition complete Schedule A? Note adule A.  declare that I have examined this return, included and of officer than officer) is proportion of preparer (other than officer) is proportionally in the preparer's name  E. DORSEY  FRANK E. DORSEY.	thest compensated indepone, enter 'None.'  tractor  ach receiving over \$100,  All section 501(c)(3) or  uding accompanying schedules based on all information of which  Preparate signature  FRANK E. BORSEY  CPA  JARE BLVD, SUIT	DOO	a  of tmy knowledge and belief, it is  02/10/16  Date  CHAIR  Check   X   if self-employed   P	(c) Compet	No No

### 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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2014

	TIZENS FOR FLORIDA AR					56-258325	
Par	tl Reason for Public Ch	arity Status (All o	rganizations must c	omplete	e this p	part.) See instruction	ns.
	organization is not a private founda					- <del></del>	
1	A church, convention of church	ches, or association of	churches described in s	ection 17	'0(b)(1)	(A)(i).	
2	A school described in section	· ·					
3	A hospital or a cooperative ho		•	n 170/h\/	1)( <b>A</b> \/iii	<b>Y</b>	
4	A medical research organizat					-	ha haenital'e
•	name, city, and state:	son operated in conjun	mon with a hospital dest	NIDGG 111 \$	Section	Tropy(T)(A)(III). Lines t	ne nospitars
5	An organization operated for 170(b)(1)(A)(iv). (Complete I	the benefit of a college	or university owned or c	perated I	oy a gov	vernmental unit described	d in section
6	A federal, state, or local gove	,	al unit described in secti	on 170/b	)(1)(A)(	v).	
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial					ublic described
8	A community trust described		(vi). (Complete Part II.)				
9	An organization that normally			from cont	tribution	e mamharehin faac and	l arnee receinte
	investment income and unrelated June 30, 1975. See section \$\frac{1}{2}\$	kempt functions — subje ated business taxable ii 5 <b>09(a)(2).</b> (Complete Pa	ect to certain exceptions ncome (less section 511 art III.)	, and (2) i tax) from	no more n busine	than 33-1/3% of its supposes acquired by the org	nort from aross
10	An organization organized an		· · · · · · · · · · · · · · · · · · ·				
11	An organization organized an or more publicly supported or lines 11a through 11d that de	ganizations described i scribes the type of sup	n <b>section 509(a)(1)</b> or <b>s</b> porting organization and	ection 50 complete	<b>09(a)(2)</b> e lines 1	. See <b>section 509(a)(3).</b> 1e, 11f, and 11g <i>.</i>	Check the box in
а	Type I. A supporting organization(s) the power to n complete Part IV, Sections A	egularly appoint or elec	ed, or controlled by its s at a majority of the direct	upported ors or trus	organiz stees of	ation(s), typically by givi the supporting organiza	ng the supported tion. You must
b	Type II. A supporting organiza management of the supporting must complete Part IV, Section 11.	g organization vested it	trolled in connection with the same persons that	n its supp control o	orted or r manaç	ganization(s), by having ge the supported organiz	control or ation(s). <b>You</b>
С	Type III functionally integrated organization(s) (see instruction	ted. A supporting orgar ns). You must comple	nization operated in conr ete Part IV, Sections A,	nection wi	ith, and	functionally integrated w	ith, its supported
d	Type III non-functionally into functionally integrated. The or instructions). You must comp	egrated. A supporting or ganization generally malete Part IV Sections	organization operated in ust satisfy a distribution A and D, and Part V	connection	on with ent and	its supported organizatio an attentiveness require	n(s) that is not ment (see
e	Check this box if the organizar integrated, or Type III non-fun	tion received a written	determination from the II				
f	Enter the number of supported or						
	Provide the following information	-					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organizatio in your go docum	n listed verning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No.		
				169	NO		<del>,,,,</del>
(A)							
<u>\r\</u>							
<u>(B)</u>							
(C)							
<u>(D)</u>	:						
<u>(E)</u>							
Total							

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

### Raitile 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 (a) 2010 (b) 2011 (c) 2012(d) 2013 (e) 2014 (f) Total beginning in) 🟲 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') 73,703 52,123 125,826. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . 8,180 17,374 25,554. The value of services or facilities furnished by a governmental unit to the organization without charge. . . Total. Add lines 1 through 3 . . 81,883 69,497 151,380. The portion of total contributions by each person (other than a governmental ùnit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 151,380. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2010 (b) 2011 (c) 2012(d) 2013 (e) 2014 (f) Total Amounts from line 4 . . . . 81,883 69,497 151,380. Gross income from interest. dividends, payments received on securities loans, rents, rovalties and income from similar sources . . . . . 1 47. 48. 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.) **Total support.** Add lines 7 through 10 . . . . . . . . . . 151,428. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 % 15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . % 16a 33-1/3% support test - 2014. If the organization did not check the box on line 13, and the 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 - 2013. 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 . . . . . . . . . . . . . . . . 17a 10%-facts-and-circumstances test - 2014. 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 stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . .

BAA

b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . . Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . .

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 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		<del></del>					<u> </u>
_	ndar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.').							
2								
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
6 7 a	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and 3 received from							
ı	disqualified persons  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							
8	Public support (Subtract line 7c from line 6.)	ing and a second	remonantismos senti Pendister (Pendister)		ar garangan da kabangan Managan da da kabangan			
Sec	tion B. Total Support				·			
Calen	ndar year (or fiscal yr beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
9	Amounts from line 6	, ,				, ,		· · · · · · · · · · · · · · · · · · ·
	Gross income from interest, dividends, payments received on securities loans, rents, royallies and income from similar sources  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.)							
	Total support. (Add lines 9, 10c, 11 and 12.)							
14	First five years. If the Form 990 is organization, check this box and s	for the organization for the o	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3	)	
	tion C. Computation of Pul							
	Public support percentage for 2014						15	ક
16	Public support percentage from 20	13 Schedule A, Pa	art III, line 15		<u> </u>	· · · · ·	16	양
	tion D. Computation of Inv							
17	Investment income percentage for	2014 (line 10c, col	lumn (f) divided by	line 13, column (f	))		17	્ર
18	Investment income percentage from	m <b>2013</b> Schedule A	A, Part III, line 17				18	ૄ
19a	33-1/3% support tests — 2014. If is not more than 33-1/3%, check the	the organization di nis box and <b>stop h</b> e	id not check the boere. The organizat	ox on line 14, and l ion qualifies as a p	ine 15 is more than publicly supported (	n 33-1/3%, a organization	nd line	17 ▶ □
	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%, o	the organization di check this box and	id not check a box <b>stop here.</b> The or	on line 14 or line ganization qualifie	f9a, and line 16 is a s as a publicly sup	more than 3 ported organ	3-1/3% ization	o, and n ▶ []
20	Private foundation. If the organization	ation did not check	a box on line 14,	19a, or 19b, check	this box and see i	nstructions.		▶ 🗍

Part IV Supporting Organizations
(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Se	ction A. All Supporting Organizations				
				Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)		_2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below		3a		
	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 <b>Part VI</b> when and how the organization made the determination		3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use		3c		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below		4a		
	<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> 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 <b>Part VI</b> 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		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)		5a		
	<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		5b		
,	c Substitutions only. Was the substitution the result of an event beyond the organization's control?		5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b>		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)		8		
9 :	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 <b>Part VI</b>		9a		
ı	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	 •	9b		
(	c Did a disqualified person (as defined in line 9(a)) 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		9c		
10 a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below		10a		
ł	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		

Pa	M.W. Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	3339888	*************
	<b>b</b> A family member of a person described in (a) above?	11b	_	
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
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			
			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			
			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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions,	ız		
á	The organization satisfied the Activities Test. Complete line 2 below.			
Ŀ	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 government entity (see instruc	tions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
ā	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 <b>Part VI identify those supported organizations and explain</b> 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		
ŀ	Did the activities described in (a) 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 <b>Part VI</b> 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		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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? Provide details in Part VI	3a		
Ł	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 <b>Part VI</b> the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1		Noven	nber 20, 1970. See instruc	tions. All
Sec	ction 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	Ī	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
- 5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		<del></del>
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	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	1 b		
	Fair market value of other non-exempt-use assets	1c		
	i Total (add lines 1a, 1b, and 1c)	1 d		
	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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount	<del> </del>		Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2_		
3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions).	d Typ		
BAA	·		Schedule A (For	m 990 or 990-EZ) 2014

Pai	Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizatio	ns,	
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		
4	Amounts paid to acquire exempt-use assets	<u> </u>		
_ 5	Qualified set-aside amounts (prior IRS approval required)			
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 Part VI). See instructions	tion is responsive (provid	e details	
9	Distributable amount for 2014 from Section C, line 6	<u> </u>		
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
_1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a			a de la companya de l	
b				
С				
d				
е	From 2013		migration and transfer (EAS)	
f	Total of lines 3a through e			a a linka linkaday.
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)	<b>设有自用的的现在分</b> 点		
į	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7: \$	process (Control Control Contr		
a	Applied to underdistributions of prior years	in north an orthodoxing state		<b>张启发的复数形态</b>
	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c		ng ika diak manang	geralesendet.
8	Breakdown of line 7:			
а				damenta seesta in destruit
b				
	Excess from 2013			like ne is je kana sisti
	Excess from 2014			

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Schedule A (Form 990 or 990-EZ) 2014

**Part VI** Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. 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.

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

56-2583251

CITIZENS FOR FLORIDA ARTS, INC

# Form **8879-EO**

# IRS *e-file* Signature Authorization for an Exempt Organization

OMB	No.	1545-1	187

3 a Form 1120-PDL check here	Department of the Treasury Internal Revenue Service	•	or fiscal year beginning Do not send to the IRS. K Form 8879-EO and its ins		ords.	form8879eo.	2014
DEFFREY D DUNN   CHAIR     Part   Type of Return and Return Information (Whole Dollars Only)   Check the box for the return for which you are using this Form 8579-EO and enter the applicable amount. If any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filled with this form was blank, then leave the 1b, 2b, 5a, 4c, or 5b, even, and the amount on that file for the return being filled with this form was blank, then leave the 1b, 2b, 5a, 4c, or 5b, whicheve is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part han 1 line	Name of exempt organization					Employer i	identification number
Part     Type of Return and Return Information (Whole Dollars Only)		RIDA ARTS, INC	•			56-25	83251
Part III   Declaration and Return Information (Whole Dollars Only)	JEFFREY D DUNN			CHAIR			
Check the box for the return for which you are using this Form 8378-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this forwas blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.  1a Form 990 check here		rn and Return Info	rmation (Whole Dolla	ars Only)			<del></del> ,,
2 a Form 990-EZ check here .	Check the box for the return check the box on line 1a, 2a leave line 1b, 2b, 3b, 4b, or	for which you are using , 3a, 4a, or 5a, below, a 5b, whichever is applica	this Form 8879-EO and er nd the amount on that line able, blank (do not enter -0-	ter the applicable	ia filed with th	ijs form was b	lank, then
3 a Form 1120-POL check here	1 a Form 990 check here						1 b
4 a Form 990-PF check here	2 a Form 990-EZ check he						<b>2b</b> 69,544
Part II Declaration and Signature Authorization of Officer  Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. Interfer doctors that the amount and the provision of the complete is the amount of the complete of the complete is the the amount and the provision of the complete of the complete is the the composition of the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated framidal Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury and its financial institutions involved in the processing of the electronic payment of the entry to the payment (settlement) date. I also authorize the discretion return and, if applicable, a submitted in the processing of the electronic payment of taxes to receive confidential information necessary to any experimental across the confidential information and the processing of the electronic funds withdrawal.  **Officer's PIN: check one box only**  I authorize **FRANK** E DORSEY**  **ERO firm name**  **I have indicated within this return is a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  **Difficer's signature**  **Date *** DOZ/10/2016**  **Par	3 a Form 1120-POL check	here 🔽 📗 b	Total tax (Form 1120-POI	., line 22)			3 b
Part II Declaration and Signature Authorization of Officer  Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. If urther declare that the amount in Part I above is the amount shown on the copy of the organization's return to rosent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation source for payment of the organization's federal taxes owed on this return, and the financial institution account indicated in the tax preparation source for payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resorbe issues related to the payment. I have selected a personal identification unwer (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.  Officer's PIN: check one box only  I authorize  ERO firm name  ERO firm name  ERO firm name  Tener five numbers, but to enter my PIN 83.251 as my signature on the organization's tax year 2014 electronically filed return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter	4 a Form 990-PF check he						4 b
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge are true, correct, and complete, flurther declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return of the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any fethod. If applicable, I authorize the U.S. Treasury and its designation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any fethod. If applicable, I authorize the U.S. Treasury and its designate financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account, To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to cerebule confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  □ Date ► 02/10/2016  □ Date ► 02/10/2016  □ Date ► 02/10/2016  □ Date ► 02/10/2016  □ Date	5 a Form 8868 check here	b Balanc	e Due (Form 8868, Part I, I	ne 3c or Part II, li	ne 8c)		5 b
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge are true, correct, and complete, flurther declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return of the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any fethod. If applicable, I authorize the U.S. Treasury and its designation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any fethod. If applicable, I authorize the U.S. Treasury and its designate financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account, To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to cerebule confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  □ Date ► 02/10/2016  □ Date ► 02/10/2016  □ Date ► 02/10/2016  □ Date ► 02/10/2016  □ Date	S-2-2-2						
electronic return and accompanying schedules and statements and to the best of my knowledge and bellef, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return orginator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) and acknowledgement of receipt or reason for rejection of the transmission), (b) the reason for any delay in processing the return or returd, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debtif) entry to the financial institution account indicated in the tex preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Prinancial Agent at 1-888-353-4537 no later than 2 business days prior to payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to anatype in the payment of the payment (settlement) date. I also authorize the aforement number (PIN) as my signature for the organization's tax year 2014 electronically filled return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Date Partill Certificati							!= . !! ! 004.4
Is authorize FRANK E DORSEY  ERO firm name  The organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Date • 02/10/2016  Part III Certification and Authentication  ERO'S EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN	the IRS (a) an acknowledger refund, and (c) the date of al funds withdrawal (direct debi organization's federal taxes contact the U.S. Treasury Fire authorize the financial institutions answer inquiries and resolve	ment of receipt or reason ny refund. If applicable, it entry to the financial, owed on this return, and nancial Agent at 1-888-4 tions involved in the pro- issues related to the page.	n for rejection of the transm I authorize the U.S. Treasu Institution account indicated I the financial institution to o 353-4537 no later than 2 bu Incessing of the electronic payment. I have selected a payment. I have selected a payment.	ilssion, (b) the rea ry and its designa In the tax prepar debit the entry to t siness days prior ayment of taxes to ersonal identifical	ason for any ated Financia ation softwar this account. to the paymoreceive contion number (	delay in proce: I Agent to inition e for payment To revoke a po ent (settlement fidential inform	ssing the return or ate an electronic of the ayment, I must t) date. I also nation necessary to
ERO firm name  Enter five numbers, but do not enter all zeros  on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Date ► 02/10/2016  Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN	Officer's PIN: check one bo	ox only				,	
on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Date   Date   02/10/2016  Partill Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN	X I authorize FRANK		irm name	to ente	ermy PIN	Enter five nur	nbers, but
indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.  Date ► 02/10/2016  Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN	a state agency(ies) regui	lating charities as part o	y filed return. If I have indic f the IRS Fed/State prograt	ated within this re n, I also authorize	turn that a co the aforeme	pv of the retur	n is being filed with
Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit electronic filing identification  number (EFIN) followed by your five-digit self-selected PIN	indicated within this retu	n that a copy of the retu	ırn is beina filed with a stat	organization's tax agency(les) regi	k year 2014 e ulating charit	lectronically fi les as part of t	led return. If I have he IRS Fed/State
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN	Officer's signature			Date ▶	02/10/2	016	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN	Part III Certification	and Authenticatio	n	···			
above. I confirm that I am submitting this return in accordance with the requirements of <b>Pub 4163</b> , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.	ERO's EFIN/PIN. Enter your	six-digit electronic filing	identification				
:RO's signature ► Date ► <u>02/10/2016</u>	above. I confirm that I am su	bmitting this return in ac	cordance with the requiren	014 electronically nents of <b>Pub 416</b> 3	filed return fo 3, Modernize	or the organiza d e-File (MeF)	ation indicated Information for
	RO's signature ►			Date ►	02/10/2	016	

Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2014)

### Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
Arts conference cost	46,297.
Strategic planning reception	495.
Supplies	265.
Bank charges	90.
Promotional materials	791.
Sponsorship- Heritage award	500.
Travel	10,270.
Event cost	1,638.
Expense reimbursements	879.
Total	61.225

Form 990-EZ, Part III, Statement of Program Service Accomplishments Organization's Primary Exempt Purpose

Promotion and support of arts in the State of Florida

### FRIENDS OF FLORIDA HISTORY, INC.

Division of Historical Resources R.A. Gray Building, Suite 305 500 South Bronough Street Tallahassee, FL 32399 850.245.6300 www.flheritage.com

### **FY 2016-2017 Report**

### I. <u>Statutory Authority or Executive Order Creating Organization</u>

Section 267.17, Florida Statutes, provides statutory authority for the organization.

### II. Mission and Results Obtained

#### Mission:

The mission of the Corporation shall be to enhance and perpetuate the archaeology, historic sites, museums, folklife, and historic preservation programs of the Division (including, but not limited to, Mission San Luis, The Grove, and Florida Main Street) for the people of Florida and its visitors.

### **Results Obtained:**

As noted in last year's report on the Department's citizen support organizations, it was the recommendation of the agency to consolidate the current Division of Historical Resources' citizen support organizations into one central citizen support organization: Friends of Florida History, Inc.

The consolidation effort has been achieved, and dissolution has also been enacted of the three former citizen support organizations: Friends of Florida History and Archaeology, Inc., Friends of Florida Main Street, Inc., and Friends of Mission San Luis, Inc.

The Articles of Amendment to the Articles of Incorporation of FRIENDS OF MISSION SAN LUIS, INC. which changed its name to FRIENDS OF FLORIDA HISTORY, INC., a Florida corporation, were adopted on March 24, 2016, signed on March 31, 2016, became effective on April 1, 2016, and were filed on April 27, 2016.

### III. Three Year Plan

The corporation shall operate to solicit, receive, hold, invest, and administer property, and, subject to approval of the Department of State, make expenditures to provide assistance, funding, and promotional support the archaeology, historic sites, museums, folklife, and historic preservation programs of the Division (including, but not limited to, Mission San Luis, The Grove, and Florida Main Street), in a manner consistent with the policies and goals of the Department in accordance with Chapter 267, *Florida Statutes*.

To support the Division of Historical Resources in its efforts to implement and manage programs designed to create statewide impact and position Florida as a national leader in historic preservation.

### **IV.** Code of Ethics

The following Code of Ethics of Friends of Florida History, Inc., was approved by the Board of Directors on March 31, 2016:

### **Code of Ethics**

### **PREAMBLE**

- (1) It is essential to the proper conduct and operation of Friends of Florida History, Inc., (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, *Florida Statutes*, requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Friends of Florida History, Inc., board members, officers, and employees in the performance of their official duties.

### **STANDARDS**

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are

required by Section 112.3251, *Florida Statutes*, to be observed by CSO board members, officers, and employees.

### 1. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer, or employee 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 CSO board member, officer, or employee would be influenced thereby.

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

No CSO board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

### 3. Salary and Expenses

No CSO board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law.

#### 4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

### 5. Prohibition of Misuse of Privileged Information

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

### 6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

### 7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

### 8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer 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.

### 9. Failure to Observe CSO Code of Ethics

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

### V. Current Federal Internal Revenue Service Return of Organization Exempt from Income Tax form (Form 990).

(see attached)

# Friends of Mission San Luis, Inc. <u>Tax Return</u> 2014 Federal Tax Return

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

u Do not enter social security numbers on this form as it may be made public. ernal Revenue Service u Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15

2014 Open to Public Inspection

OMB No. 1545-0047

<u></u>	Check if applicable:	C Name of organization	D	Employe	r identification number							
	Address change	FRIENDS OF MISSION SAN LUIS, INC.										
Ħ	•	Doing business as 59-3753544										
H	Name change	Number and street (or P.O. box if mail is not delivered to street address)  Room/sui	uite E	Telephon	e number							
$\mathbf{-}$	Initial return	2100 WEST TENNESSEE STREET  City or town, state or province, country, and ZIP or foreign postal code		350-2	245-6495							
	Final return/ terminated				0 105 506							
	Amended return	TALLAHASSEE FL 32304  F Name and address of principal officer:	G	Gross rec	eipts\$ 2,197,506							
Ħ	Application pending	H/3)  s	s this a group	return for	subordinates Yes X No							
ш	ripplication penaling	ROBERT BLOUNT	Are all subord	linatas ina	<b>.</b>							
		2100 WEST TENNESSEE STREET TALLAHASSEE FL 32304			(see instructions)							
_	T				(							
	Tax-exempt status:		Oronia avama	tion numb	or 11							
		: X Corporation Trust Association Other u L Year of form	Group exemp		M State of legal domicile: <b>FL</b>							
		Immary	nation. 20	<i>72</i>	M State of legal domicile. L L							
•	T	possible the organization's mission or most significant activities.										
e		SUPPORT AND ENHANCE MISSION SAN LUIS, A WORLD-CLASS SI										
au	*******	ARCHING AND TEACHING THE ARCHAEOLOGY AND HISTORY OF F										
Governance	* * * * * * * * * * * * * * * * * * * *	NATIVE AMERICAN PEOPLES.										
Š	2 Check th	is box <b>u</b> if the organization discontinued its operations or disposed of more than 25% of	f its net as	ssets.								
∞	1	of voting members of the governing body (Part VI, line 1a)		3	4							
		of independent voting members of the governing body (Part VI, line 1b)		4	4							
Ϋ́	5 Total nu	nber of individuals employed in calendar year 2014 (Part V, line 2a)		5	1							
Activities		mber of volunteers (estimate if necessary)		6	70							
٩		elated business revenue from Part VIII, column (C), line 12		7a	0							
		lated business taxable income from Form 990-T, line 34		7b	0							
			Prior Year		Current Year							
ē	1	ions and grants (Part VIII, line 1h)		627	255,024							
Revenue		service revenue (Part VIII, line 2g)		793	64,197							
Şe	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	272,		120,648							
_	1	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	147,		139,842							
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	534,	568	579,711							
		nd similar amounts paid (Part IX, column (A), lines 1–3)			0							
	1	paid to or for members (Part IX, column (A), line 4)	1	455	701							
Expenses	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10) anal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) u 4,435	Ι,	455	701							
en	16a Professio	draining even and (Part IX, column (A), line 11e)			U							
Ä		draising expenses (Part IX, column (D), line 25) <b>u</b> penses (Part IX, column (A), lines 11a–11d, 11f–24e)	71	080	76,993							
		penses (Part IX, Column (A), lines Tra-Trd, Tri-24e) penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		535	77,694							
	1	less expenses. Subtract line 18 from line 12	462,	033	502,017							
<u> </u>	13 Revenue		ng of Curren		End of Year							
Net Assets or	20 Total ass	sets (Part X, line 16)	,714,	216	3,126,309							
t As	21 Total liab	vilities (Part X, line 26)	95,	259	97,128							
9 <u>:</u>	22 Net asse	ts or fund balances. Subtract line 21 from line 20	,618,	957	3,029,181							
P	Part II Si	gnature Block										
		perjury, I declare that I have examined this return, including accompanying schedules and statements			f my knowledge and belief, it is							
tr	ue, correct, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer has	s any know	ledge.								
	-											
Sig	a   ;	ignature of officer		Date	_							
He		ROBERT BLOUNT EXECUTIVE	DIR	ECTO	R							
		ype or print name and title	D :		D. DTIN							
Pai	`` ا ـــ		Date	Check	if PTIN							
	naror	W R. HANSARD	<u> </u>	self-em								
	e Only	· · · · · · · · · · · · · · · · · · ·	Firm'	s EIN }	20-2259573							
US	·	3375G CAPITAL CIR NE			0E0_20E 7444							
1/10-	Firm's ac	dress } TALLAHASSEE, FL 32308-3736 ss this return with the preparer shown above? (see instructions)	Phor	ne no.	850-385-7444 X Yes No							
ivid	y u i <del>e</del> iro uiscu	oo uno returit with the preparet onown above: (see instructions)			X Yes No							

rm 990 (2014) <b>FRIENDS OF MISS</b>		59-3753544	Page 2
Part III Statement of Program Se			
Check if Schedule O contai	ns a response or note to any lir	ne in this Part III	
I Briefly describe the organization's mission: TO SUPPORT AND ENHANCE RESEARCHING AND TEACHIN AND NATIVE AMERICAN PEO	G THE ARCHAEOLOGY		FLORIDA'S HISPAN
	<del></del>		
2 Did the organization undertake any significa	nt program services during the year wh	nich were not listed on the	
			Yes X No
If "Yes," describe these new services on Sc	hedule O.		
Did the organization cease conducting, or m	nake significant changes in how it cond	ucts, any program	
			Yes X No
If "Yes," describe these changes on Schedu			
Describe the organization's program service expenses. Section 501(c)(3) and 501(c)(4) of the total expenses, and revenue, if any, for	organizations are required to report the		
a (Code: ) (Expenses \$ TO PROMOTE USE, PRESERVED PUBLIC AWARENESS PROJECT OF THE PROVIDE PROVIDE PROVIDE PROPOSE PROPOSE PURPOSE PROPOSE PROPO	VATION, AND ENHANCENTS, SPECIAL EVENTS, I OTHER NON-PROFIT DE CAPACITY FOR GRAIN LUIS AND TO DEVELOSES OF THE ORGANIZAT	MENT OF MISSION TOURS, MARKET AND FOR-PROFIT TOURS AND AND MAINTAIN TON.	RESEARCH, AND ORGANIZATIONS. SPECIAL PROJECTS GENERAL MEMBERSH
(Code: ) (Expenses \$	including grants of\$	) (Reve	nue \$
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(Code: ) (Expenses \$	including grants of\$	) (Reve	nue \$
*			
• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •			
Other program services (Describe in Schedi	ule O.)		
	luding grants of\$	) (Revenue \$	)
e Total program service expenses u	66,449		

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,"		v	
2	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	condidates for public office? If "Ves." complete Schodule C. Dort I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			21
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
	assessments, or similar amounts as defined in 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,			
	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 temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, 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	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	44.		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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	110		21
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	_		7.5
40	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			7,5
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20-	If "Yes," complete Schedule G, Part III  Did the organization energies are more benefital facilities? If "Yes," complete Schedule H	19		X
20a h	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		Λ
	ii res to line zoa, uiu tile organization attaun a copy of its addited financial statements to this fetum?		. 990	<b>.</b>

Checklist of Required Schedules (continued) Part IV Yes No 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 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 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 X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 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): Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 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, X Did the organization sell. exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 or IV, and Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 X 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, X 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

X Form **990** (2014) Form 990 (2014) FRIENDS OF MISSION SAN LUIS, INC. 59-3753544 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 1c 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 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? X 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 X 4a If "Yes," enter the name of the foreign country:  ${f u}$ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 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? X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

X

Page (	6
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	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	and fo		No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   4			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
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		<u>X</u>
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 governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow			
a	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 reached at			37
000	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	-da \	<u>X</u>
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Co		N -
100	Did the ergenization have level chanters branches or offiliates?	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10h		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	х	
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	па	Λ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c		
13	Did the experiment have a written whistlehlawer reliev?	13		X
14	Did the organization have a written decument retention and destruction relian.	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
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," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>u NONE</b>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 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.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in 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: ${f u}$			
R	DBERT BLOUNT 2100 WEST TENNESSEE STREET			

(10)

(11)

Form 990 (201	4) FRIENDS (	OF MISST	ON	S	AN	· I	JUIS	,	INC. 59-375	3544	Page <b>7</b>
Part VII	Compensation	of Officers,									nted Employees, and
	Independent C								a de la compansión de l	N. 4 N/II	
Section A										Part VII	<u>L</u>
Section A.  1a Complete th				-					est Compensated Employers	<b>oyees</b> ar ending with or within th	<u> </u>
organization's t	•	ons required to	DC 11	olcu.	110	port	compc	1136	ation for the calcinating	ar chaing with or within the	
compensation.	Enter -0- in columns	s (D), (E), and (	F) if	no d	com	pens	satiòn w	vas	paid.	itions), regardless of amo	ount of
-	J	, ,	•			-			tions for definition of "key	y employee." ctor, trustee, or key empl	0,000
who received re	eportable compensand any related organ	tion (Box 5 of F	orm	W-2	2 and	d/or	Box 7	of F	Form 1099-MISC) of moi	re than \$100,000 from the	e e
\$100,000 of re	eportable compensat	tion from the or	gani	zatio	n ar	nd a	any rela	ted	organizations.	ees who received more th	
									d, in the capacity as a fol ization and any related c	rmer director or trustee of organizations.	the
List persons in	the following order:	individual truste	ees				_		al trustees; officers; key	•	
¬ · · · · · · · · · · · · · · · · · · ·	employees; and form	•								-#:	
Check this		ř	any I	relati		<u> </u>	nization	CO		officer, director, or trustee	
Nam	(A) le and Title	(B) Average				<b>C)</b> sition			<b>(D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
		hours per week	١,				than one is both an	- 1	compensation from	compensation from related	amount of other
		(list any hours for	1				or/trustee)		the organization	organizations (W-2/1099-MISC)	compensation from the
		related organizations	Individual or director	Institutional	Officer	Key 6	Highest employe		(W-2/1099-MISC)	( ,	organization and related
		below dotted	dual	itiona	-	employee	st co				organizations
		line)	trustee	l trustee		yee	mpen				
			6	stee			Highest compensated employee				
(1) CAROL	BRYANT-MA	RTIN									
		1.00								_	
DIRECTOR	ABLE S. CU	0.00 RTIS KI	X					+	0	0	0
(2) HONORA	ADLE S. CU	1.00	PEI								
CHAIR		0.00	$\mathbf{x}$		x				0	0	0
(3) LT. G	ENERAL ROB			A	1						
		1.00								_	
TREASURER	. CHARLTON	0.00	X		X			+	0	0	0
(4) DR . E	• CHARLION	PRATHEI	K								
SECRETARY		0.00	x		x				0	0	0
	r blount							T			
		40.00								_	
	DIRECTOR	0.00			X			$\perp$	52,343	0	24,834
(6)											
• • • • • • • • • • • • • • • • • • • •											
(7)								1			
<b>(0)</b>			_					+			
(8)											
(9)								$\dagger$			

Form 990 (2014) FRIENDS OF MISSION SAN LUIS, INC. 59-3753544

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

(A) Name and title		(B) Average hours per week (list any	box	k, unle	Pos check ess pe	more rson i	than o	n an	(D)  Reportable compensation from the compensation	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organization organizat	tion ited
(12)													
(13)													
(14)													
(15)													
(16)													
(17)													
(18)													
(19)													
1b c	Sub-total								52,343			2	4,834
d	Total (add lines 1b and 1c)							u	52,343			2	4,834
	Total number of individuals ( reportable compensation from				to th	ose	liste	d at	oove) who received more	than \$100,000 of			Van I Na
3	Did the organization list any	former officer, of	lirec	tor,	or tru	uste	e, ke	y ei	mployee, or highest comp	ensated			Yes No
4	employee on line 1a? If "Yes For any individual listed on li	ne 1a, is the su	m of	f rep	ortat	ole d	comp	ens	ation and other compensa	tion from the		3	X
_	organization and related organization and related organization and related organization line organization and related org											4	X
5 —	for services rendered to the	1a receive or a organization? If	"Yes	ie co s," co	ompe	ensa ete	tion Sche	trom dule	n any unrelated organizationse  J for such person	on or individual		5	х
Sect 1	ion B. Independent Contrac Complete this table for your	five highest con											
	compensation from the organ	(A) d business address	com	pens	satio	n fo	r the	cal		within the organization's (B) tion of services	tax year		(C) npensation
		a buomess dualess							Воза.,р				ponsution
2	Total number of independent received more than \$100,000									0			
DAA												Form	990 (2014)

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D)
Revenue
excluded from tax (A) Total revenue (B) Related or exempt business under sections 512-514 function revenue 1a Federated campaigns 1a **b** Membership dues ..... 7,403 1b **c** Fundraising events ...... 1c **d** Related organizations ..... 1d 240,000 Revenue Contributions, and Other Sim e Government grants (contributions) 1e **f** All other contributions, gifts, grants. and similar amounts not included above 7,621 1f g Noncash contributions included in lines 1a-1f: \$ 255,024 h Total. Add lines 1a-1f Busn. Code 62,381 62,381 2a MUSEUM ADMISSION 1,816 1,816 b ALL OTHER PROGRAMS Program Service f All other program service revenue ...... 64,197 g Total. Add lines 2a-2f ..... 3 Investment income (including dividends, interest, 35,821 35,821 and other similar amounts) .....  $\boldsymbol{u}$ Income from investment of tax-exempt bond proceeds Royalties ... (i) Real (ii) Personal 6a Gross rents 162,481 50,475 **b** Less: rental exps. 112,006 c Rental inc. or (loss 112,006 112,006 d Net rental income or (loss) ... (i) Securities (ii) Other sales of assets 1,622,772 other than inventor **b** Less: cost or other 1,537,945 basis & sales exps 84,827 c Gain or (loss) d Net gain or (loss) ..... 84,827 84,827 **8a** Gross income from fundraising events Other Revenue (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 ..... a **b** Less: direct expenses ..... **b** c Net income or (loss) from fundraising events ..... **9a** Gross income from gaming activities. See Part IV, line 19 ..... a **b** Less: direct expenses **b** c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances ..... a 57,211 29,375  ${f b}$  Less: cost of goods sold .....  ${f b}$ c Net income or (loss) from sales of inventory. 27,836 27,836 u Miscellaneous Revenue Busn. Code b **d** All other revenue e Total. Add lines 11a–11d ..... 579,711 0 175,663 149,024

### Form 990 (2014) FRIENDS OF MISSION SAN LUIS, INC. 59-3753544

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a res			t complete column (A).	
Do r	not include amounts reported on lines 6b,	·	(B)	(C)	[ (D)
	Bb, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	6F1		6E1	
7	Other salaries and wages	651		651	
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	50		50	
10	Payroll taxes	30		50	
11	Fees for services (non-employees):				
a b	• • • • • • • • • • • • • • • • • • • •				
C	•	13,035	11,080	1,303	652
d	Accounting Lobbying	15/055	11,000	1,303	- 052
e	Professional fundraising services. See Part IV, line 1	7			
f	Investment management fees	,			
	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	14,426	12,262	1,443	721
13	Office expenses	2,559	2,175	256	128
14	Information technology	,			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expense	es			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,009	3,408	401	200
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)	21 026	17 765	2 201	970
a	OTHER EXPENSES	21,026	17,765	2,291	970
b	OTHER PROGRAM EXPENSES LIVING HISTORY	10,149 5,952	10,149 5,952		
Q C	BANK SERVICE CHARGES	3,623	3,080	362	181
d	A.II al	2,214	578	53	1,583
	All other expenses	77,694	66,449	6,810	4,435
25 26	Joint costs. Complete this line only if the	11,031	00,449	0,010	Ŧ,Ŧ3J
_•	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here <b>u</b> if following SOP 98-2 (ASC 958-720)				
	, , , , , , , , , , , , , , , , , , ,	I			000

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 334,876 398,760 Cash—non-interest bearing 1 Savings and temporary cash investments 278,216 296,438 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net \_\_\_\_\_\_ 7 31,657 27,979 Inventories for sale or use 8 9 Prepaid expenses and deferred charges ..... 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 29,950 b Less: accumulated depreciation 10b 22,461 11,498 7,489 10c 1,427,235 Investments—publicly traded securities 959,950 11 Investments—other securities. See Part IV, line 11 968,408 12 1,098,019 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 2,714,216 3,126,309 16 Total assets. Add lines 1 through 15 (must equal line 34) ..... 16 Accounts payable and accrued expenses 9,389 17 9,491 17 18 18 Grants payable 85,870 87,637 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 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 25 95,259 97,128 Total liabilities. Add lines 17 through 25 ..... 26 26 Organizations that follow SFAS 117 (ASC 958), check here uX and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,487,918 Unrestricted net assets 1,317,694 27 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 1,301,263 1,541,263 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here u complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 2,618,957 3,029,181 33 33 2,714,216 3,126,309 Total liabilities and net assets/fund balances ... 34

Form **990** (2014)

	n 990 (2014) FRIENDS OF MISSION SAN LUIS, INC. 59-3753544			Pag	ge <b>12</b>
Pa	art XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				┵
1	Total revenue (must equal Part VIII, column (A), line 12)	1			711
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	77,6	694
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> </u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,61	8,9	<del>}</del> 57
5	Net unrealized gains (losses) on investments	5	-9	1,7	<u> 793</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3,02	9,1	L81
Pa	art XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				ĺ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	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 Act and OMB Circular A-133?		3a		
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		. 3b		ĺ

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

**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.

u Attach to Form 990 or Form 990-EZ.

Internal Revenue Service

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Rame of the organization

Employer identif

OMB No. 1545-0047

Open to Public Inspection

Part I 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 11, check only one box.)

nit described in  the general public  thip fees, and gross a 33 1/3% of its businesses  try out the purposes of the ction 509(a)(3). Check a, 11f, and 11g. cally by giving	
nit described in  the general public  thip fees, and gross  a 33 1/3% of its  businesses  Try out the purposes of section 509(a)(3). Check  a, 11f, and 11g.  cally by giving	•
nit described in  the general public  thip fees, and gross  a 33 1/3% of its  businesses  Try out the purposes of section 509(a)(3). Check  a, 11f, and 11g.  cally by giving	
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Schedule A (Form 990 or 990-EZ) 2014 FRIENDS OF MISSION SAN LUIS, INC. 59-3753544

Page 2

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	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	190,776	120,331	70,487	54,627	255,024	691,245
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	116,666	130,899	174,077	205,974	205,118	832,734
<b>4 5</b>	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)	307,442	251,230	244,564	260,601	460,142	1,523,979
6	Public support. Subtract line 5 from line 4.						1,523,979
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4	307,442	251,230	244,564	260,601	460,142	1,523,979
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	304,503	28,569	26,756	181,592	198,302	739,722
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.)	9,682	4,965	10,007	2,494	1,816	28,964
11	<b>Total support.</b> Add lines 7 through 10						2,292,665
12	Gross receipts from related activities, etc.	c. (see instructions	)			12	119,592
13	First five years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	n 501(c)(3)	
	organization, check this box and stop he						<u></u> ▶
Sec	tion C. Computation of Public						
14	Public support percentage for 2014 (line	6, column (f) divid	ed by line 11, col	umn (f))		14	66.47%
15	Public support percentage from 2013 Sc	hedule A, Part II, li	ine 14				62.75%
16a	<b>33 1/3% support test—2014.</b> If the orga				is 33 1/3% or mo	ore, check this	. =
_	box and <b>stop here.</b> The organization qu						► X
b	<b>33 1/3% support test—2013.</b> If the orga						<b>.</b> $\Box$
47-	check this box and <b>stop here</b> . The orga						▶ ⊔
17a	10%-facts-and-circumstances test—2	_					
	10% or more, and if the organization me						
	Part VI how the organization meets the organization						▶ □
b	10%-facts-and-circumstances test—2						·············
-	15 is 10% or more, and if the organization	•					
	Explain in Part VI how the organization				-		
	· · · · · · · · · · · · · · · · · · ·			=	•		▶ □
18	<b>Private foundation.</b> If the organization of	did not check a box	c on line 13, 16a.	16b, 17a, or 17b.	check this box ar	nd see	· ⊔
-	instructions						▶ □
							Ш

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 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	tion A. Public Support					,	_
	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual						
2	grants.")  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						
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	<u> </u>					
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in) <b>u</b>	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6	<del>                                     </del>					
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	<b>;</b>					
С	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.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	•			•	on 501(c)(3)	▶ □
Sec	tion C. Computation of Public S		entage				
15	Public support percentage for 2014 (line			olumn (f))		15	%
16	Public support percentage from 2013 Scl						%
Sec	tion D. Computation of Investm						
17	Investment income percentage for 2014	(line 10c, column	(f) divided by line	e 13, column (f))		17	%
18	Investment income percentage from 201	3 Schedule A, Pa	art III, line 17			18	%
19a	33 1/3% support tests—2014. If the org	ganization did not	check the box on	line 14, and line	15 is more than 3	33 1/3%, and line	
	17 is not more than 33 1/3%, check this	box and stop he	<b>re.</b> The organizati	on qualifies as a	publicly supported	d organization	▶ 🔲
b	33 1/3% support tests—2013. If the org	ganization did not	check a box on li	ne 14 or line 19a,	and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, check	-	<del>-</del>	· ·			▶ ∐
20	<b>Private foundation.</b> If the organization of	did not check a b	ox on line 14 19a	or 19h, check th	is hox and see in	structions	▶

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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		
Ja		
3b		
3с		
4a		
4b		
75		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

	ule A (Form 990 or 990-EZ) 2014 FRIENDS OF MISSION SAN LUIS, INC. 59-3/5354	4		Page
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations		.,	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
C4	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			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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		
Secti	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 <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structi	ons).	
		1		
2 /	Activities Test. Answer (a) and (b) 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 (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014 FRIENDS OF MISSION SAN LUI	.o, .	INC. 59-3/53	<b>344</b> Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (	Organi	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov. 20	0, 1970. See instruction	ns. All
other Type III non-functionally integrated supporting organizations must complete Se	ections A	A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
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 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integral	ted Type	e III supporting organizat	tion (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

	lle A (Form 990 or 990-EZ) 2014 <b>FRIENDS OF MISSIC</b>			
Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Orgar	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of si			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
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 orga	nization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
	D' ( '' )		Pre-2014	Amount for 2014
	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
C				
	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014 . . .

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17	a ui 170, anu
Part III, line 12. Also complete this part for any additional information. (See instructions.)	
PART II, LINE 10 - OTHER INCOME DETAIL	
OTHER INCOME \$ 28,964	
• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •	

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

Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

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

u Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Employer identification number

2014

FRIENDS OF MI	SSION SAN LUIS, INC.	59-3753544				
Organization type (check or	ne):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	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				
General Rule						
_	iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling property) from any one contributor. Complete Parts I and II. See instructions for detentributions.					
Special Rules						
regulations under sec 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ) that received from any one contributor, during the year, total contributions of the greathe amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Pa	), Part II, line ater of <b>(1)</b>				
contributor, during the	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
contributor, during the contributions totaled r during the year for ar	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from e year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were n exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless to this organization because it received nonexclusively religious, charitable, etc., correctly during the year.	received ess the				
990-EZ, or 990-PF), but it mu	at is not covered by the General Rule and/or the Special Rules does not file Schedule <b>ust</b> answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its F o certify that it does not meet the filing requirements of Schedule B (Form 990, 990-E	Form 990-EZ or on its				

Name of organization

FRIENDS OF MISSION SAN LUIS, INC.

Employer identification number 59-3753544

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	DEPARTMENT OF FINANCIAL SERVICES 200 E GAINES ST TALLAHASSEE FL 32399	\$ 240,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	Name, address, and Zir + 4	\$	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.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
u Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
u Attach to Form 990.
u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

F	RIENDS OF MISSION SAN LUIS, INC.		59-3753544
	rt I Organizations Maintaining Donor Advised F	Funds or Other Similar Funds	
	Complete if the organization answered "Yes" to	o Form 990, Part IV, line 6.	
	<del>_</del>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing		
	funds are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	s in writing that grant funds can be used	<u> </u>
	only for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.	5 000 B + N/ II = 7	
	Complete if the organization answered "Yes" to		
1	Purpose(s) of conservation easements held by the organization (ch		
	Preservation of land for public use (e.g., recreation or education		
	Protection of natural habitat	Preservation of a certified histo	oric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	enservation contribution in the form of a	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С.	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included in (c) acquired after 8/		
•			2d
3	Number of conservation easements modified, transferred, released,	, extinguished, or terminated by the org	anization during the
4	tax year <b>u</b>	is located **	
4 5	Does the organization have a written policy regarding the periodic		
3	violations, and enforcement of the conservation easements it holds		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and er		
Ū	u	noteing conservation casements during	the year
7	Amount of expenses incurred in monitoring, inspecting, and enforci	ng conservation easements during the	vear
•	u\$	ing conservation casements daming the	, oa.
8	Does each conservation easement reported on line 2(d) above sati	isfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation eas	sements in its revenue and expense sta	<del></del>
	balance sheet, and include, if applicable, the text of the footnote to	the organization's financial statements to	that describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of A		her Similar Assets.
	Complete if the organization answered "Yes" to	o Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958	3), not to report in its revenue statement	and balance sheet
	works of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in	furtherance of
	public service, provide, in Part XIII, the text of the footnote to its fin		
b	If the organization elected, as permitted under SFAS 116 (ASC 958		
	works of art, historical treasures, or other similar assets held for pu		furtherance of
	public service, provide the following amounts relating to these items		•
	(i) Revenues included in Form 990, Part VIII, line 1		u \$
_	(ii) Assets included in Form 990, Part X		u \$
2	If the organization received or held works of art, historical treasures		in, provide the
_	following amounts required to be reported under SFAS 116 (ASC 9	-	¢
a	Revenue included in Form 990, Part VIII, line 1		<b>u b</b>

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)		dule D (Form 990) 2014 FRIENDS O									ige <b>2</b>
collection feins (check all that apply):    Power collision   Loan or exchange programs   Chief	Pa								ets (c	ontin	ued)
Scholarly research   Scholarly research   Cher   Cher	3		on, and other record	ds, check any of the	following th	at are a si	ignificant u	se of its			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIXII.   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   No   No   No   No   No   No   N	а	Public exhibition	d∏L	oan or exchange pro	ograms						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII	b	Scholarly research	e 🗆 C	Other							
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII	С	Preservation for future generations									
SUII.  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?  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, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:	4		ollections and expla	in how they further t	he organiza	ition's exer	mpt purpos	e in Part			
5 During the year, did the organization solicit or receive donations of art, historical ressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    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, frustee, custodian or other intermediacy for contributions or other assets not included on Form 990, Part X, line 21.   1a Is the organization an agent, frustee, custodian or other intermediacy for contributions or other assets not included on Form 990, Part X, line 21.   1a Is the organization an agent, frustee, custodian or other intermediacy for contributions or other assets not include an amount on Form 990, Part X, line 21.   1a Is the organization include an amount on Form 990, Part X, line 21.   2a Is the organization include an amount on Form 990, Part X, line 21. for escrew or custodial account liability?   Yes   No   No   If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.   Part V			'	,	J						
sasets to be sold to riske funds rather than to be maintained as part of the organization?	5		or receive donations	s of art, historical trea	asures, or o	ther simila	r				
Secrow 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	•								☐ Ye	s [	No
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?	Pa			part or the organiza							
1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X!   Amount		Complete if the organization	_	s" to Form 990, F	Part IV, lir	ne 9, or	reported	an amo	unt on	Forn	า
included on Form 990, Part X?    Yes   No   No   No   No   No   No   No   N	1a	·	lian or other interme	adiany for contribution	s or other a	assets not					
b If Yes,' explain the arrangement in Part XIII and complete the following table:    Ramount	ıu								□ v <sub>e</sub>	· -	No
C   Beginning balance   C   Beginning balance   C   Beginning the year   C   C   Beginning the year   Begi	h	If "Vos " explain the arrangement in Part YIII	Land complete the	following table:					□ ''	·•	140
c Beginning balance   1c	b	ii res, explain the analigement in Fart All	and complete the	ioliowing table.					Amoun	·	
d Additions during the year    Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. S	_	Designing belongs					1		Amoun		
e Distributions during the year   fe   If   If   If   If   If   If   If		• • • • • • • • • • • • • • • • • • • •									
f Ending balance	d	Additions during the year					1				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?											
Part V Endowment Funds.  Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Complete if the organization answered "Yes" to Form 990, Part IV, line 11.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Complete if the organization answered "Yes" to Form 990, Par	f	Ending balance					· · · · · · · · · · · · · · · · · · ·				_
Part V										_	No
Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Complete if the organization answered "Yes" to Form 990, Part IV, line 10.			. Check here if the	explanation has been	n provided i	n Part XIII					
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e)	Pa										
1,505,263 1,404,789 1,284,402 1,100,344 924,010 b Contributions 600,000 100,474 120,387 184,058 176,334 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 2,105,263 1,505,263 1,404,789 1,284,402 1,100,344 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment u 26.79 % b Permanent endowment u 73.21 % c Temporarily restricted endowment u % The percentages in lines 2a, 2b, and 2c should equal 100%.  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 b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describein of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation depreciation depreciation depreciation  1a Land b Buildings c Leasehold improvements d Equipment C Leasehold improvements d Equipment Q Leasehold improvements d Equipment Q Leasehold improvements		Complete if the organization	n answered "Yes	s" to Form 990, F							
b Contributions 600,000 100,474 120,387 184,058 176,334 c Net investment earnings, gains, and losses				· · · ·		-	(d) Three y	ears back	(e) Fou	years I	oack
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 2,105,263 1,505,263 1,404,789 1,284,402 1,100,344 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment u 26.79 % b Permanent endowment u 73.21 % c Temporarily restricted endowment u % The percentages in lines 2a, 2b, and 2c should equal 100%.  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 3a(i) X (ii) related organizations 3a(ii) X  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation b Buildings c Leasehold improvements d Equipment  29,950 22,461 7,489 e Other	1a	Beginning of year balance		1,404,789	1,28	4,402	1,1	00,344	9	24,	010
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 2,105,263 1,505,263 1,404,789 1,284,402 1,100,344  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment u 26.79 %  b Permanent endowment u 73.21 %  c Temporarily restricted endowment u % The percentages in lines 2a, 2b, and 2c should equal 100%.  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  5 (ii) related organizations (iii) related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation  1a Land  b Buildings c Leasehold improvements d Equipment C Leasehold improvements d Equipment Other C Leasehold improvements  4 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book value (d) Equipment (e) Leasehold improvements	b	Contributions	600,000	100,474	12	20,387	18	3 <b>4,</b> 058	1	.76,	334
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2,105,263 1,505,263 1,404,789 1,284,402 1,100,344 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment u 26.79 % b Permanent endowment u 73.21 % c Temporarily restricted endowment u % The percentages in lines 2a, 2b, and 2c should equal 100%.  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  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (c) Accumulated depreciation (investment) (b) Cost or other basis (c) Accumulated depreciation depreciation  1a Land b Buildings c Leasehold improvements d Equipment 29,950 22,461 7,489 e Other											
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2,105,263 1,505,263 1,404,789 1,284,402 1,100,344 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment u 26.79 % b Permanent endowment u 73.21 % c Temporarily restricted endowment u % The percentages in lines 2a, 2b, and 2c should equal 100%.  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  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (c) Accumulated depreciation (investment) (b) Cost or other basis (c) Accumulated depreciation depreciation  1a Land b Buildings c Leasehold improvements d Equipment 29,950 22,461 7,489 e Other		losses									
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2,105,263 1,505,263 1,404,789 1,284,402 1,100,344  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment u 26.79 % b Permanent endowment u 73.21 % c Temporarily restricted endowment u % The percentages in lines 2a, 2b, and 2c should equal 100%.  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 (iii) related organizations (iii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  depreciation  1a Land b Buildings c Leasehold improvements d Equipment 29,950 22,461 7,489 e Other	d										
programs f Administrative expenses g End of year balance 2,105,263 1,505,263 1,404,789 1,284,402 1,100,344 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment u 26.79 % b Permanent endowment u 73.21 % c Temporarily restricted endowment u % The percentages in lines 2a, 2b, and 2c should equal 100%.  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  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation  depreciation  4 Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value depreciation  depreciation  4 Equipment 4 Equipment 5 Equipment 6 Equipment 7 A 89 6 Other											
g End of year balance		'									
g End of year balance	f										
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (other) (other)  Land  Buildings  C Leasehold improvements  C Description of Property  C Leasehold improvements  C Leasehold improvements  C Description of Property  C Leasehold improvements  C Description of Property  C Leasehold improvements  C Dother  C Temporarity restricted endowment u 26 · 79 %  Formanent endowment u 26 · 79 %  Formanent endowment u 73 · 21 %  Formanent endowment u 75 · 21 %  Formanent endowment u 76 · 79 %  Formanent endowment u 75 · 21 %  Formanent endowment u 78 · 21 %  Formanent endowment u 78 · 21 %  Formanent endowment u 78 · 21 %  Formanent endowment u 75 · 21 %  Formanent endowment u 78 · 21 %  Formanent			2,105,263	1,505,263	1,40	4,789	1,28	34,402	1,1	.00	344
a Board designated or quasi-endowment u 73.21 %  b Permanent endowment u 73.21 %  c Temporarily restricted endowment u %  The percentages in lines 2a, 2b, and 2c should equal 100%.  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  3a(i) X  3b X  5b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  (investment)  (investment)  (investment)  (other)  4 Description of property  (a) Book value  4 Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  (b) Buildings  c Leasehold improvements  d Equipment  29,950  22,461  7,489								•			
b Permanent endowment u 73.21 % c Temporarily restricted endowment u % The percentages in lines 2a, 2b, and 2c should equal 100%.  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 (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) (other)  Buildings  c Leasehold improvements d Equipment 29,950 22,461 7,489 e Other	_ a	Board designated or quasi-endowment 11	26.79 %	oc (iiio 19, ocidiiii (	a)) Hola ao.						
Temporarily restricted endowment u % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	h	Permanent endowment 1 73 21 %									
The percentages in lines 2a, 2b, and 2c should equal 100%.  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  (iii) x  (iii) related organizations  (iii) x  (iii) related organizations  (iii) x  (iii) x  (iii) related organizations  (iii) x  (iii) x  (iii) related organizations  (iii) x  (iii) x			0/								
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 (iii) x  3a(ii) X  3a(ii) X  3a(ii) X  3a(iii) X  3a(iii) X  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  1a Land  b Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) (other) depreciation  1a Land  b Buildings  c Leasehold improvements  c Leasehold improvements  d Equipment  c Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) (other)  depreciation  7 , 489	C										
Vest	20		•		ما ماسمام	tauad fau tl					
(ii) unrelated organizations (iii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  d Equipment  Other  Other	зa	•	ession of the organi	zauon mat are neid a	and adminis	terea for th	IE		١	V	NI-
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  (investment)  (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  29,950  22,461  7,489  e Other		,							- m	Yes	
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment) (other)  (other)  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (d) Book value  (d) Book value  29,950  22,461  7,489  Other		(i) unrelated organizations									
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (other) depreciation  Land b Buildings c Leasehold improvements 29,950 22,461 7,489  e Other		(ii) related organizations									X
Land, Buildings, and Equipment.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  Other									3b		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  (a) Cost or other basis (other)  (b) Cost or other basis (c) Accumulated depreciation  (d) Book value  (d) Book value  20, 950  22, 461  7, 489  e Other				dowment funds.							
Description of property  (a) Cost or other basis (other)  (investment)  (b) Cost or other basis (c) Accumulated depreciation  (d) Book value  (d) Equipment  (Equipment)  (D) Cost or other basis (OT) Accumulated depreciation  (D) Equipment depreciation  (D) Cost or other basis (OT) Accumulated depreciation  (D) Equipment depreciation	Pa		•								
(investment)         (other)         depreciation           1a Land		Complete if the organization	answered "Yes	<u>s" to Form 990, F</u>	Part IV, lir	ne 11a. S	See Forn	<u>า 990, P</u>	art X,	ine 1	0.
1a Land       b Buildings         c Leasehold improvements       29,950       22,461       7,489         e Other       7,489		Description of property	(a) Cost or other ba	asis (b) Cost or of	ther basis	(c) A	ccumulated		(d) Book	value	
b Buildings         C Leasehold improvements           d Equipment         29,950         22,461         7,489           e Other         30,950         22,461         7,489			(investment)	(other	r)	dep	oreciation				
b Buildings         C Leasehold improvements           d Equipment         29,950         22,461         7,489           e Other         30,950         22,461         7,489	1a	Land									
c Leasehold improvements         29,950         22,461         7,489           e Other         7,489											
d Equipment 29,950 22,461 7,489 e Other											
e Other				2	29,950		22,4	61		7,4	189
		0.1									
	Γotal		equal Form 990, Pa	art X, column (B), line	e 10c.)	<u></u>	<u> </u>	u		7,4	<u>89</u>

Schedule D (Form 990) 2014 FRIENDS OF MISSION SAN LUIS, INC. 59-3753544	Schedule D (Form 990) 2014	FRIENDS	OF	MISSION	SAN	LUIS,	INC.	59-3753544
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Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes"			
	(a) Description of security or category	(b) Book value	(c) Method	
	(including name of security)		Cost or end-of-ye	ear market value
(1) Financial				
	ld equity interests			
` '	SHARES RUSSELL 1000 VALUE ETF	402,285	MARKET	
(A) ISI	HARES RUSSELL 1000 GROWTH ETF	400,991	MARKET	
(B) <b>ISI</b>	HARES TREASURY BOND ETF	165,132	MARKET	
(C)				
(Ė)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>	968,408		
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method	
			Cost or end-of-ye	ear market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) u			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11d. See Form 9	
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h)			
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.		u	
rail A	Complete if the organization answered "Yes"	to Form 000 Port IV	ling 11g or 11f Cog I	Form 000 Part V
	line 25.	to Form 990, Part IV,	ille TTE OF TTI. See I	omi 990, Fait A,
1	(a) Description of liability	(b) Book value		
1. (1) Fodoral	income taxes	(b) book value		
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		+		
(9)	n (h) must equal Form 000 Port V and (P) line 05 \	+		
	n (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	footpoto to the crassization	n'e financial statements the	at roporte the
LIADINITY IOF	uncertain tax positions. In Part XIII, provide the text of the	s loomore to the organization	ni s iiriandai statements tna	at reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII .... X

2a   2b   2c   2d   4a   4b   20, Part IV,	-91,793 205,118 -79,850 Vith Expenses pline 12a.	2e 3 4c 5	772,886 113,325 659,561 -79,850 579,711
2a   2b   2c   2d   4a   4b   4b   4c   4c   4c   4c   4c   4c	-91,793 205,118 -79,850 Vith Expenses pline 12a.	2e 3 4c 5 per Retu	113,325 659,561 -79,850 579,711
2a   2b   2c   2d   4a   4b   4b   200, Part IV,	-91,793 205,118 -79,850 Vith Expenses pline 12a.	2e 3 4c 5 per Retu	113,325 659,561 -79,850 579,711
2b 2c 2d 2d 4a 4b 200, Part IV,	-79,850  Vith Expenses pline 12a.	2e 3 4c 5 per Retu	-79,850 579,711
2b 2c 2d 2d 4a 4b 200, Part IV,	-79,850  Vith Expenses pline 12a.	2e 3 4c 5 per Retu	-79,850 579,711
4a 4b atements V	-79,850  Vith Expenses pline 12a.	2e 3 4c 5 per Retu	-79,850 579,711
4a 4b atements V	-79,850  Vith Expenses pline 12a.	3 4c 5 per Retu	-79,850 579,711
4a 4b atements V	-79,850  Vith Expenses pline 12a.	3 4c 5 per Retu	-79,850 579,711
atements V	-79,850  Vith Expenses pline 12a.	4c 5 Der Retu	-79,850 579,711
atements V	-79,850  With Expenses pline 12a.	4c 5 Der Retu	579,711
atements V	Vith Expenses pline 12a.	4c 5 Der Retu	579,711
atements V	Vith Expenses pline 12a.	4c 5 Der Retu	579,711
atements V 90, Part IV,	Vith Expenses pline 12a.	5 Der Retu	579,711
atements V 90, Part IV,	Vith Expenses p line 12a.	per Retu	
90, Part IV,	line 12a.		111.
		1	362,662
ا مما		-	302,002
2a	205,118		
2a 2b			
1 2-1			
		2e	205,118
		3	157,544
	70.050		
<b>4b</b>	-/9 <b>,</b> 850		70 050
			-79,850 77,694
<u>)</u>		3	//,094
S THAT 1	WOULD JEOPA	ARDIZE	 ' THE
EVES II	T HAS NO UI R DISCLOSUF	NCERTA	AIN TAX
_	4a 4b Part IV, lines 1 provide any add	4a 4b -79,850  Part IV, lines 1b and 2b; Part V, line provide any additional information.	2c   2d   2e   3   4a   4b   -79,850   4c   5   Part IV, lines 1b and 2b; Part V, line 4; Part X,

Schedule D (	Form 9	990) 2014 <b>ppleme</b>	FRII	ENDS format	OF 1 ion (co	MISSI ntinued	ION SA	N LUIS,	INC.	59-37	53544	F	Page <b>5</b>
FACIL	ITY	EXPE	NSES	AND	COST	OF	GOODS	NETTED	AGAINS	ST REV	ENUE	\$ -79,8	850
• • • • • • • • • • • • • • • • • • • •												 	
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• • • • • • • • • • • • • • • • • • • •												 	

#### **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.

OMB No. 1545-0047 2014

Department of the Treasury Internal Revenue Service

u Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Open to Public

FRIENDS OF MISSION SAN LUIS, INC.	59-3753544
FORM 990 - ADDITIONAL INFORMATION	
FORM 990, SCH D, PG 1, PART II, LINE 1B - THE STATE A	GENCY IS RESPONSIBLE
FOR PROMOTING MISSION SAN LUIS.	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS	TO REVIEW FORM 990
THE 990 IS FIRST REVIEWED BY THE CHAIR AND FINANCE CO	MMITTEE CHAIR. AFTER
THEIR REVIEW IT IS BROUGHT BEFORE THE GOVERNANCE BOARD	FOR THEIR REVIEW. I
THEY ARE IN AGREEMENT WITH THE CONTENTS, IT IS ACCEPT	ED FOR FILING.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISC	LOSURE EXPLANATION
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FI	NANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES	- OTHER
	-
FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES FACILITY EXPENSES AND COST OF GOODS NETTED AGAINST RE FACILITY EXPENSES AND COST OF GOODS NETTED AGAINST RE	VENUE \$ 79,850
FACILITY EXPENSES AND COST OF GOODS NETTED AGAINST RE	VENUE \$ 79,850 VENUE \$ -79,850
FACILITY EXPENSES AND COST OF GOODS NETTED AGAINST RE	VENUE \$ 79,850 VENUE \$ -79,850
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FACILITY EXPENSES AND COST OF GOODS NETTED AGAINST RE	VENUE \$ 79,850 VENUE \$ -79,850
FACILITY EXPENSES AND COST OF GOODS NETTED AGAINST RE	VENUE \$ 79,850 VENUE \$ -79,850
FACILITY EXPENSES AND COST OF GOODS NETTED AGAINST RE	VENUE \$ 79,850 VENUE \$ -79,850
FACILITY EXPENSES AND COST OF GOODS NETTED AGAINST RE	VENUE \$ 79,850 VENUE \$ -79,850
FACILITY EXPENSES AND COST OF GOODS NETTED AGAINST RE	VENUE \$ 79,850 VENUE \$ -79,850

# SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

u Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Part I

FRIENDS OF MISSION SAN LUIS, INC.

Employer identification number 59-3753544

(a)  Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicil or foreign co		(d) al income	End-	(e) of-year assets	(f) Direct con entity	Ü
(1)								
(2)								
(3)								
(4)								
(5)								
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	Complete if the le tax year.	organization a	nswered "Yes"	on Form 99	0, Par	t IV, line 34 b	ecause it	had
(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity (if section 501	status	(f) Direct controlling entity	Section Sectin Section Section Section Section Section Section Section Section	g) 512(b)(13) d entity? <b>No</b>
(1) FDOS, DIV. OF HISTORICAL RESOURCES 500 S. BRONOUGH STREET 59-6001874 TALLAHASSEE FL 32399-0250	PROMOTION	FL	501C 1			FDOS		x
(2)								
(3)								
(4)								
(5)								

Schedule R (Form 990) 2014	FRIENDS	$\mathbf{OF}$	MISSION	SAN	LUIS.	INC.	59-3753544

Part III Identification of Related Organization because it had one or more related	tions Taxab organization	<b>le as</b> s trea	<b>a Partnersh</b> Ited as a part	<b>ip</b> Complete if nership during	the organize the tax ye	zation answ ar.	ered "Ye	s" or	n For	m 990, Pa	ırt IV,	line 3	34
(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of tota income	al Share	(g) of end-of- assets	Disp portion alloo	ro- nate c.?	(i) Code V—UBI amount in box 2 of Schedule K- (Form 1065)	Gen nar 1 par	(j) neral or naging rtner?	<b>(k)</b> Percentage ownership
(1)								1.00					
(2)													
(3)													
(4)													
Part IV Identification of Related Organization 34 because it had one or more	tions Taxab related orga	le as nizatio	a Corporations treated as	on or Trust C s a corporation	omplete if t	he organiza uring the tax	tion ansv	vere	d "Ye	es" on Fori	n 990	, Par	t IV,
(a) Name, address, and EIN of related organization	(b) Primary activi		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of tota income	al	Sh	(g) are of rear ass		(h) rcentage vnership		(i) Section 512(b)(13) controlled entity?
<u>(1)</u>		_										+	Yes No
(2)													
(3)													
(4)													
	1						I						

## Schedule R (Form 990) 2014 FRIENDS OF MISSION SAN LUIS, INC. 59-3753544

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

Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
	uring the tax year, did the organization engage in any of the following transactions with one or more									
a F	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х			
b (	ift, grant, or capital contribution to related organization(s)				1b		Х			
c (	ift, grant, or capital contribution from related organization(s)				1c		Х			
d L	pans or loan guarantees to or for related organization(s)				1d		Х			
e L	pans or loan guarantees by related organization(s)				1e		Х			
f [	ividends from related organization(s)				1f		Х			
g S	ale of assets to related organization(s)				1g		Х			
h F	urchase of assets from related organization(s)				1h		Х			
i E	xchange of assets with related organization(s)				1i		Х			
j L	ease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		Х			
k L	ease of facilities, equipment, or other assets from related organization(s)				1k		X			
I F	erformance of services or membership or fundraising solicitations for related organization(s) $\dots$				11		X			
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)										
p Reimbursement paid to related organization(s) for expenses										
a F	eimbursement paid by related organization(s) for expenses				1p 1a		X			
ч.	ombuloomone paid by rolated organization(b) for expenses				-14					
r (	ther transfer of cash or property to related organization(s)				1r		х			
- (	ther transfer of cash or property to related organization(s) ther transfer of cash or property from related organization(s)				1s		x			
	the answer to any of the above is "Yes," see the instructions for information on who must complete				13					
	(a)	(b)	(c)	(d)						
	Name of related organization	Transaction	Amount involved	Method of determining amou	unt involv	/ed				
		type (a-s)								
(1)	FDOS, DIV. OF HISTORICAL RESOURCES	0	205,118	CASH VALUE						
(2)										
(2)										
(3)										
(4)										
<i>(</i> 5)										
(5)										
(6)										

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

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

(a)  Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec	partners tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate itions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Schedule R (F	Form 990) 201	4 FRIENDS	5 OF	MISSION	SAN	LUIS,	INC.	59-3753544	Page 5
Part VII	Suppleme Provide ac	ntal Informa Iditional infor	<b>ation</b> mation f	or responses	s to qu	estions or	n Schedu	59-3753544  le R (see instructions	
					•				
• • • • • • • • • • • • • • • • • • • •									
• • • • • • • • • • • • • • • • • • • •									
• • • • • • • • • • • • • • • • • • • •									

**Depreciation and Amortization** 

(Including Information on Listed Property)

u Attach to your tax return. u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Attachment Sequence No.

Department of the Treasury Internal Revenue Service Name(s) shown on return

FRIENDS OF MISSION SAN LIITS

Identifying number 59-3753544

	FRIEND	OF WISSI	OH PAN HO	TO, THC.			1 39-	<u> </u>	2211
	ss or activity to which this form relates	TTON							
	NDIRECT DEPRECIA ort I Election To Expe		operty Under S	Section 179					
	Note: If you have				ou co	mplete	Part I.		
1	Maximum amount (see instructi	`	,,					1	500,000
2	Total cost of section 179 proper	/						2	
3	Threshold cost of section 179 p							3	2,000,000
4	Reduction in limitation. Subtract							4	
5	Dollar limitation for tax year. Subtract	line 4 from line 1. If ze	ro or less, enter -0 If					5	
6	(a) Description	on of property		(b) Cost (business use	only)	(c)	Elected cost		
7	Listed property. Enter the amou				7				
8	Total elected cost of section 179			lines 6 and 7				8	
9	Tentative deduction. Enter the							9	
10	Carryover of disallowed deduction							10	
11	Business income limitation. Ente							11	
12	Section 179 expense deduction.				1			12	
13 Note	Carryover of disallowed deduction				13				
	: Do not use Part II or Part III be		-		not	ingludo	liotod n	rono	rty \ /Coo instructions
	Irt II Special Deprecial Special depreciation allowance						iistea p	Tope	rty. <b>)</b> (See instructions.
14	during the tax year (see instruct		•					14	
15								15	
16	Property subject to section 1680 Other depreciation (including A0							16	4,007
	irt III MACRS Deprecia		clude listed pro					10	1,007
	madro Depresio	ation (Do not in	Section Sectio		otrao				
17	MACRS deductions for assets p	placed in service in ta	ax vears beginning	before 2014				17	0
18	If you are electing to group any assets place								_
		ssets Placed in Ser						Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprece (business/investment only–see instruction	use	(e) C	convention	(f) Meth	od	(g) Depreciation deduction
<u>19a</u>	3-year property								
b	5-year property								
c	7-year property								
d	10-year property								
<u>e</u>	15-year property								
f_	20-year property								
g	25-year property			25 yrs.			S/L		
h	Residential rental			27.5 yrs.		MM	S/L		
	property			27.5 yrs.		MM	S/L		
i	Nonresidential real			39 yrs.		MM	S/L		
	property	<u> </u>				MM	S/L		
		ets Placed in Servi	ce During 2014 Ta ⊤	ax Year Using the	Alter	native De			tem
	Class life						S/L		
	12-year			12 yrs.			S/L		
	40-year			40 yrs.		MM	S/L		
	rt IV Summary (See in								
21	Listed property. Enter amount fr		7 lines 40 - 100	in polymers (1)	 lin - C			21	
22	<b>Total.</b> Add amounts from line 12	•		(0)				22	4 007
22	here and on the appropriate line For assets shown above and pla	· · · · · · · · · · · · · · · · · · ·	•	•	Suuct	10118		22	4,007
23	portion of the basis attributable		•	CHICH THE	22				
	portion of the basis attributable	to section 203A COS			23				

2002062 Friends of Mission San Luis, Inc.

59-3753544

FYE: 6/30/2015

# Federal Asset Report Form 990, Page 1

12/21/2015 9:22 AM Page 1

Date Bus Sec **Basis** 179 Bonus for Depr Description In Service Cost % PerConv Meth Prior Current Asset Other Depreciation: Security Equipment Gift Shop 5/28/09 5 MO S/L 641 641 641 5 Shop Équipment 10/28/10 6,703 6,703 MO S/L 4,916 1,340 2 Printers and Cash Draws 10/28/10 1.000 1.000 MO S/L 733 200 1,287 878 Furniture for Gift Shop 9/04/07 1,287 10 MO S/L 128 Mirror 10/06/09 399 399 7 MO S/L 271 57 Haverty's Dining Table and 4 Chairs 10/05/09 600 600 MO S/L 407 86 4,199 4,199 1.995 419 10/06/09 10 MO S/L 2 Fountains Consoles 10/06/09 2,224 941 1,509 318 2,224 7 MO S/L 5 Lowe's Refrigerator & Icemaker 941 10/30/09 MO S/L 879 62 10 8 Benches 1/08/10 2,107 2,107 MO S/L 1,354 301 MO S/L Conference Room Table 1/08/10 1,344 7 864 192 1,344 11 5/31/10 12 Exhibit Cases 3,558 3,558 10 MO S/L 1,453 355 13 Case Cover Over Exhibit 5/31/10 650 650 MO S/L 531 119 3,558 740 3,558 10 MO S/L 740 10 MO S/L 1,423 6/30/10 Exhibit Cases 356 74 Conference Recorder 5/15/06 598 29,951 29,951 18,452 4,007 **Total Other Depreciation Total ACRS and Other Depreciation** 29,951 29,951 18,452 4,007 **Grand Totals** 29,951 29,951 18,452 4,007 Less: Dispositions and Transfers 0 Less: Start-up/Org Expense 0 0 0 0 **Net Grand Totals** 29,951 29,951 18,452 4,007

2002062 Friends of Mission San Luis, Inc.
59-3753544 AMT Asset Report
FVF: 6/30/2015 Form 990, Page 1

12/21/2015 9:22 AM

Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other	Depreciation: Security Equipment Gift Shop	5/28/09	0			0	0 HY	0	0
2	Shop Equipment	10/28/10	ŏ			ŏ	0 HY	ŏ	ŏ
3	2 Printers and Cash Draws	10/28/10	Ö			ő	0 HY	Ŏ	ŏ
4	Furniture for Gift Shop	9/04/07	0			0	0 HY	0	Õ
5	Mirror	10/06/09	0			0	0 HY	0	Õ
6	Haverty's Dining Table and 4 Chairs	10/05/09	0			0	0 HY	0	0
7	2 Fountains	10/06/09	0			0	0 HY	0	0
8	Consoles	10/06/09	0			0	0 HY	0	0
9	Lowe's Refrigerator & Icemaker	10/30/09	0			0	0 HY	0	0
10	8 Benches	1/08/10	0			0	0 HY	0	0
11	Conference Room Table	1/08/10	0			0	0 HY	0	0
12	Exhibit Cases	5/31/10	0			0	0 HY	0	0
13	Case Cover Over Exhibit	5/31/10	0			0	0 HY	0	0
14	Exhibit Cases	6/30/10	0			0	0 HY	0	0
15	Conference Recorder	5/15/06	0		_	0	0 HY	0	0
	<b>Total Other Depreciation</b>		0			0		0	0
	Total Other Depreciation	_			-		•		
	Total ACRS and Other Depre	eciation =	0		:	0		0	0
	Grand Totals Less: Dispositions and Transf	ers _	0			0		0	0
	<b>Net Grand Totals</b>		0			0		0	0

# 2002062 Friends of Mission San Luis, Inc. 59-3753544 **Depreciation Adjustment Report**FYE: 6/30/2015 **All Business Activities**

12/21/2015 9:22 AM

Page 1

						, AMT
						Adjustments/
Form 1	Unit	Asset	Description	Tax	AMT	Preferences
			<b>-</b>	-		

Form 990 Two Year Comparison Report
For calendar year 2014, or tax year beginning 07/01/14 , ending 06/30/15

2013 & 2014

Name Taxpayer Identification Number

I	RIENDS OF MISSION SAN LUIS, INC.			59-	-3753544
			2013	2014	Differences
	1. Contributions, gifts, grants	1.	43,992	7,62	1 -36,371
	2. Membership dues and assessments	2.	10,635	7,40	3 -3,232
_	3. Government contributions and grants	3.		240,00	0 240,000
n	4. Program service revenue	4.	59,793	64,19	7 4,404
e	5. Investment income	5.	35,065	35,82	1 756
>	6. Proceeds from tax exempt bonds	6.			
<b>8</b>	7. Net gain or (loss) from sale of assets other than inventory	7.	237,778	84,82	7 -152,951
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.	23,877	27,83	6 3 <b>,</b> 959
	11. Other revenue	11.	123,428	112,00	6 -11,422
	12. Total revenue. Add lines 1 through 11	12.	534,568	579,71	1 45,143
	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
e s	<b>15.</b> Compensation of officers, directors, trustees, etc.	15.			
n s	16. Salaries, other compensation, and employee benefits	16.	1,455	70	1 -754
a	17. Professional fundraising fees	17.			
х р	18. Other professional fees	18.	14,105	13,03	5 -1,070
Ш	19. Occupancy, rent, utilities, and maintenance	19.			
	<b>20.</b> Depreciation and Depletion	20.	4,264	4,00	
	21. Other expenses	21.	52,711	59,94	
	22. Total expenses. Add lines 13 through 21	22.	72,535	77,69	
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	462,033	502,01	
	24. Total exempt revenue	24.	534,568	579,71	1 45,143
_	25. Total unrelated revenue	25.			
Ę	<b>26.</b> Total excludable revenue	26.	479,941	324,68	
Informatio	27. Total assets	27.	2,714,216	3,126,30	
ᅙ	<b>28.</b> Total liabilities	28.	95,259	97,12	
_	<b>29.</b> Retained earnings	29.	2,618,957	3,029,18	1 410,224
the	<b>30.</b> Number of voting members of governing body	30.	5	4	
Ö	<b>31.</b> Number of independent voting members of governing body $_{\dots}$	31.	5	4	
	32. Number of employees	32.	2	1	
	33. Number of volunteers	33.	11723	70	

Form <b>990</b>	Tax Return History		2014
Name	Em	ployer Id	entification Number

FRIENDS OF MISSION SAN LUIS, INC.

Employer Identification Number 59-3753544

	2010	2011	2012	2013	2014	2015
Contributions, gifts, grants				43,992	247,621	
Membership dues				10,635	7,403	
Program service revenue				59,793	64,197	
Capital gain or loss				237,778	84,827	
Investment income				35,065	35,821	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				147,305	139,842	
Total revenue				534,568	579,711	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation				1,455	701	
Professional fees				14,105	13,035	
Occupancy costs						
Depreciation and depletion				4,264	4,009	
Other expenses				52,711	59,949	
Total expenses				72,535	77,694	
Excess or (Deficit)				462,033	502,017	
Total exempt revenue				534,568	579,711	
Total unrelated revenue						
Total excludable revenue				479,941	324,687	
Total Assets				2,714,216	3,126,309	
Total Liabilities				95,259	97,128	
Net Fund Balances				2,618,957	3,029,181	

2002062 Friends of Mission San Luis, Inc.

59-3753544 FYE: 6/30/2015

# **Federal Statements**

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Form 990, Part IX, Line 24e - All Other Expenses

Description	Ex	Total xpenses	rogram Service	gement & eneral	F	Fund Raising
SPECIAL EVENTS	\$	1,175	\$	\$	\$	1,175
PRINTING AND PUBLICATION		527	448	53		26
HOSPITALITY & CULTIVATION		382				382
CAMPS		130	 130	 		
TOTAL	\$	2,214	\$ 578	\$ 53	\$	1,583

2002062 Friends of Mission San Luis, Inc. 59-3753544

# **Federal Statements**

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FYE: 6/30/2015

# Schedule A, Part II, Line 1(e)

Description	 Amount
MEMBERSHIP DUES	\$ 7,403
OTHER CONTRIBUTIONS	7,621
DEPARTMENT OF FINANCIAL SERVICES	
CASH CONTRIBUTION	 240,000
TOTAL	\$ 255,024

# Schedule A, Part II, Line 8(e)

	Description	<u> </u>	Amount
INVESTMENT INCOME MUSEUM SPACE		\$	35,821 162,481
TOTAL		\$ \$	198,302

## FRIENDS OF THE MUSEUMS OF FLORIDA HISTORY, INC.

500 South Bronough Street, G-2 850.245.6400

www.museumoffloridahistory.com

#### FY 2016-2017 REPORT

# I. Statutory Authority or Executive Order Creating Organization

Section 265.703, Florida Statutes provides statutory authority for the organization.

# II. Mission and Results Obtained

#### Mission:

The mission of Friends of the Museums of Florida History, Inc., (FMFH) is to enhance and perpetuate programs of the Museum of Florida History and the Knott House Museum.

#### **Results Obtained:**

FMFH board members accomplish this through financial support for Museum exhibitions, programs, and facilities and promote benefits of Museum membership throughout the state. Board members also serve as advocates for the Museum and encourage public involvement and access to Museum resources. Board members also manage all FMFH business, property, and affairs, including mission-related retail operations at Museum sites. Specific Board goals and objectives are established annually through a Letter of Agreement with the Department of State. They are:

- MUSEUM GIFT SHOPS. The Corporation shall manage *Florida's History Shops* at the Museum of Florida History, the Capitol, the Historic Capitol, and other locations as deemed appropriate by the parties.
- The Corporation shall collect proceeds related to the *Florida History Fair and Museum Traveling Exhibits Program (TREX)*.
- SPONSORSHIP. The Corporation agrees to sponsor the museum programs and events, subject to adequate resources being available, including but not limited to:
  - o Florida History Fair
  - o Annual Children's Day
  - o Florida Heritage Month
  - o Knott House Emancipation Day and other educational programs

- o Traveling Exhibits Program (TREX)
- Museum exhibits programming
- o Volunteer Development and Recognition Program
- ENDOWMENTS. The Corporation shall manage the John Charles Knott Endowment, the James R. Knott Endowment, and the State of Florida Cultural Endowment Fund for the Knott House Museum and administer the same for purposes consistent with all applicable laws, the testamentary intent, respective bequests and the Articles of Friends of the Museums of Florida History, Inc., including the interpretation, educational programming, maintenance and upkeep of the Knott House Museum. An endowment committee established in by-laws will oversee management and use of the three endowments.
- FOOD SERVICE TO MUSEUM OF FLORIDA HISTORY. The Corporation is authorized to utilize Room G22 of the R.A. Gray Building to provide food service to the visitors of the Museum of Florida History. All monies generated from this activity shall be deposited into the Corporation's account and used only for programs of the Museum of Florida History.
- FMFH develops and maintains general membership support for the purposes of the organization.

#### III. Three Year Plan

**Approved by** the Board of Directors, is as follows:

The Friends of the Museums of Florida History Inc., supports the annual programs and exhibits of the Museum and the Knott House, including the Florida History Fair. A major recent initiative of the board has been to secure funding for a major permanent exhibit, *Forever Changed: La Florida 1513–1821*. In 2010, the legislature awarded a 1 million dollar appropriation for Phase 1 of the exhibit, which opened March 2012. The 2013 legislature appropriated another 1 million dollars to complete the second and final phase of the project, which opened October 2015. The three-year plan for the Friends is to continue to increase non-state funding and expand awareness of the Museum statewide.

#### Fiscal year 2016–17

- 1. Support educational programming and promotion of permanent and changing exhibits.
- 2. Continue to support monthly and annual programs of the Museum per the Letter of Agreement with the Department of State.
- 3. Expand awareness of the museum statewide by adding board members from key locations around the state.
- 4. Expand awareness of the Museum through the Traveling Exhibits Program (TREX) and provide funding to add one new exhibit.
- 5. Participate in and support strategic planning for the Museum.

#### Fiscal year 2017–18

- 1. Support educational programming and promotion of permanent exhibit and changing exhibits.
- 2. Continue to support monthly and annual programs of the Museum per the Letter of Agreement with the Department of State.
- 3. Establish specific development and fundraising goals based on the strategic plan.
- 4. Expand awareness of the Museum through the Traveling Exhibits Program (TREX) and provide funding to add one new exhibit.
- 5. Expand the base of Museum members and contributors, and establish a group of benefactor level donors.
- 6. Develop an annual fundraising appeal to support designated Museum programs.

## Fiscal year 2018-19

- 1. Continue to support monthly and annual programs of the Museum per the Letter of Agreement with the Department of State.
- 2. Expand awareness of the Museum through the Traveling Exhibits Program (TREX) and provide funding to add one new exhibit.
- 3. Develop an additional earned income stream.
- 4. Develop a corporate membership.

#### **IV.** Code of Ethics

The Code of Ethics of Friends of the Museums of Florida History, Inc., approved by the Board of Directors as follows:

#### **PREAMBLE**

- (1) It is essential to the proper conduct and operation of Friends of the Museums of Florida History, Inc. (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statutes, requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Friends of the Museums of Florida History, Inc., board members, officers, and employees in the performance of their official duties.

#### **STANDARDS**

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Florida Statutes, to be observed by CSO board members, officers, and employees.

#### 1. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer, or employee 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 CSO board member, officer, or employee would be influenced thereby.

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

No CSO board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

#### 3. Salary and Expenses

No CSO board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law.

#### 4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

#### 5. Prohibition of Misuse of Privileged Information

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

#### 6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

#### 7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

## 8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer 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.

#### 9. Failure to Observe CSO Code of Ethics

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

# V. <u>Current Federal Internal Revenue Service Return of Organization Exempt from Income</u> Tax form(Form 990)

Department of the Treasury Internal Revenue Service

# 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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014 Open to Public Inspection

		calendar year, or tax year beginning 07/01/14, and ending 06/30/15  C Name of organization FRIENDS OF THE MISSIMS OF FLORIDA		Emmlesse	r identification number
	Check if applicable:			Employe	r identification number
	Address change	HISTORY, INC.		0 2	760777
	Name change	Doing business as  Number and street (or P.O. box if mail is not delivered to street address)  Roo			760777 e number
	Initial return	500 S. BRONOUGH ST			245-6413
H	Final return/	City or town, state or province, country, and ZIP or foreign postal code			
	terminated	TALLAHASSEE FL 32399-0250	G	Gross rec	eipts\$ 362,009
	Amended return	F Name and address of principal officer:			
	Application pending	JOHN A. BOUDET, ESQ.	I(a) Is this a group r	eturn for s	subordinates Yes X No
			I(b) Are all subordi	nates incl	luded? Yes No
		TALLAHASSEE FL 32399-0250	If "No," atta	ach a list.	(see instructions)
_	Tax-exempt status				
			I(c) Group exempti	on numb	er
	Form of organization		f formation: 200		M State of legal domicile: <b>FL</b>
		ummary	rioiniation. 200		M State of regal dofficile.
_		describe the organization's mission or most significant activities:			
Governance	TO MUS FLO	ENHANCE & PERPETUATE THE HISTORIC PROPERTIES & MUSEU EUM OF FLORIDA HISTORY, DIVISION OF CULTURAL AFFAIRS RIDA AND IT'S VISITORS. his box	FOR THE	PEC	
				1 1	12
ک		r of voting members of the governing body (Part VI, line 1a)		3	12
Activities	4 Numbe	of independent voting members of the governing body (Part VI, line 1b)		5	9
ξ		umber of individuals employed in calendar year 2014 (Part V, line 2a)			12
¥		umber of volunteers (estimate if necessary)		6	
	/a rotarur	orelated business revenue from Part VIII, column (C), line 12		7a	0
	<b>b</b> Net unr	elated business taxable income from Form 990-T, line 34	Prior Year	7b	Current Year
4	8 Contrib	utions and grants (Part VIII, line 1h)	39,	960	24,537
Revenue		a comice revenue (Dert VIII line 2c)	62,		51,359
Ve		ant income (Dort VIII column (A) lines 2.4 and 7d)	19,		32,182
Re		evenue (Part VIII, column (A), lines 3, 4, and 7d)	127,		118,421
		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	248,		226,499
		and similar associate a sid (Dort IV, salvers (A), lines 4, 2)	2107	7 12	<u> </u>
		a poid to or for members (Port IV, solumn (A), line 4)			<u>_</u>
'n		s, other compensation, employee benefits (Part IX, column (A), line 4)	81,	717	78,424
kpenses		ional fundraising fees (Part IX, column (A), line 11e)	01,	<i>,                                    </i>	70,121
Sen		ndraising expenses (Part IX, column (D), line 25) ▶ 0			V
X		(Deet IV column (A) lines 44s 44s (4s)	176,	423	111,220
		expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	258,		189,644
			<u>-9,</u>		36,855
OF Ses	13 VEAGUE	e less expenses. Subtract line 18 from line 12	jinning of Current		End of Year
Net Assets or Fund Balances	20 Total as	ssets (Part X, line 16)	1,064,		1,069,657
Ass J Ba	21 Total lia	bilities (Part X, line 26)		084	4,017
Net	22 Net ass	ets or fund balances. Subtract line 21 from line 20	1,056,		1,065,640
		ignature Block			
U	nder penalties o	of perjury, I declare that I have examined this return, including accompanying schedules and statem complete. Declaration of preparer (other than officer) is based on all information of which preparer I	,		my knowledge and belief, it is
Sig	n	Signature of officer		Date	
He			TD.	2010	
пе		MONESIA T. BROWN TREASUR  Type or print name and title	X		
		pe preparer's name Preparer's signature	Date	0: :	if PTIN
Pai			Date	Check	□"
	narer	IEW R. HANSARD		self-em	· · ·
	parer Firm's r		Firm's	EIN 🕨	20-2259573
	Firm's a	-	Phone	e no.	850-385-7444
Ma	y the IRS disc	uss this return with the preparer shown above? (see instructions)			X Yes No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
_	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		₹.
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Λ	
11	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,"			
а	complete Schodule D. Part VI	11a	х	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	110	21	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. –	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
46	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		7.7
40	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?	40		37
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		Х
<u>a</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		

**Checklist of Required Schedules** (continued) Yes No 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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 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 23 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 X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a 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 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 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): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 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 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II, III. 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 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, X Part VI 37 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 ......

Form 990 (2014) FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777

Part V Statements Regarding Other IRS Filings and Tax Compliance

1 6	Check if Schedule O contains a response or note to any line in this Pa	art V				
	enesia ii conoccio e containe a response el moto te any iniciari ano re				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors are	nd				
	reportable gaming (gambling) winnings to prize winners?			1c	X	
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	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	returns	s?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc	tions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Scheol			3b		
4a						
	over, a financial account in a foreign country (such as a bank account, securities account, or other	er finar	ncial			
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance	cial Ac	counts			
	(FBAR).			_		
_	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 tra	ınsactio	on?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		did the				37
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		Х
D	If "Yes," did the organization include with every solicitation an express statement that such contri	butions	s or	CI-		
7	gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(a)			6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for go	ods			
а	and services provided to the payor?	ioi go	ous	70		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		21
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was		7.5		
Ŭ	required to file Form 00000	it was		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene		tract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization fil			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund main					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	?		9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1 1				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	1 1	041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
L	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	126				
_	the organization is licensed to issue qualified health plans	13b 13c				
C 1/1a	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Sche		······	14a	$\vdash$	Λ
	30,	Judio (				

Form 990 (2014) FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent ..... 12 1b 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? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 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 more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b 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 ...... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? Х 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 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 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization ..... X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 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. Own website Another's website X Upon request Other (explain in Schedule O) Describe in 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. State the name, address, and telephone number of the person who possesses the organization's books and records: >

500 S. BRONOUGH ST.

ELYSE CORNELISON

**TALLAHASSEE** 

Page 7

Part VII	С	ompensatio	n of Officers	s, Directors	s, Trustees,	Key Employees	, Highest Compensated	Employees, and
	In	denendent	Contractors					

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 neither the organization nor any related organization compensated any current officer, director, or trustee. (F) Position Reportable Reportable Estimated Name and Title Average hours per (do not check more than one compensation compensation from amount of other box, unless person is both an from related week officer and a director/trustee) the organizations compensation (list any organization (W-2/1099-MISC) from the hours for related ndividual trustee stitutional trustee lighest compensatec mployee (W-2/1099-MISC) organization organizations employee and related below dotted organizations (1) LESTER ABBERGER 1.00 0.00 X DIRECTOR 0 0 0 (2) STEPHEN R. BIRTMAN 1.00 DIRECTOR 0.00 X 0 0 0 (3) JOHN A. BOUDET 1.00 0.00 X X 0 0 CHAIRMAN 0 (4) MONESIA T. BROWN 1.00 X 0 TREASURER 0.00 X 0 0 (5) BILL CARLSON 1.00 DIRECTOR 0.00 X 0 0 0 (6) KATHY GUILDAY 1.00 DIRECTOR 0.00 X 0 0 0 (7) PETER HARRIS 1.00 **SECRETARY** 0.00 X X 0 0 0 (8) BILL HERRLE 1.00 0.00 DIRECTOR 0 0 0 (9) JON C. MOYLE, JR. 1.00 X X 0 0 ENDOWED CHAIR 0.00 (10) LAURA ROGERS 1.00 X 0 DIRECTOR 0.00 0 (11) SAM VICKERS 1.00 0.00 0 DIRECTOR 0

Form 990 (2	2014)	FRIENDS	OF	THE	MUSEUMS	OF	FLORIDA	59-3760777
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Part VII Sec	tion A. Officer	s, Directors, T	rust	ees,	Key	Em	ploy	ees	, and Highest Compens	ated Employees (continu	ıed)		. a.g. c
(A) Name an	d title	(B) Average hours per week (list any	bo	k, unle	Pos check ess pe	rson i	than o is both or/trust	an	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	ar	(F) stimated nount of other pensation	ı
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the anization d related anizations	
(12)LENA JUZ	AREZ	1.00	x		х		5		0	0			0
(13) JEANA B		12.00			x				0	52,019			0
(14)ELYSE CO	<u></u>				x				0	39,010			0
(15)										0.,0=0			
(16)													
(17)													
(18)													
(19)													
c Total from c	ontinuation sh	eets to Part VII						<b>&gt;</b>		91,029			
2 Total number			t lim	ited			liste	<b>▶</b> d ab	Legove) who received more t	91,029 than \$100,000 of		Ye	s No
employee on 4 For any indiv organization	line 1a? If "Yes idual listed on li and related orga	s," complete Sch ne 1a, is the su anizations great	nedu m of er th	le J f repo an \$	for so ortab 3150	uch le co ,000	indivompe ompe	idua ensa 'Yes	ation and other compensa s," complete Schedule J fo	tion from the		3	X
5 Did any perso	endered to the	organization? If	ccru "Yes	e co s," co	mpe ompl	nsat ete	ion f	rom	any unrelated organizations of the such person the such person the such person the such person the such that the s	on or individual		5	X
1 Complete this	s table for your to from the organ	five highest com nization. Report							ontractors that received mendar year ending with or	within the organization's	tax year.	(0)	
	Name and	(A) d business address							Descrip	(B) tion of services		(C) Compen	sation
	of independent e than \$100,000								hose listed above) who	0			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax (A) Total revenue (B) Related or exempt husiness under sections 512-514 function revenue revenue 1a Federated campaigns 1a **b** Membership dues ...... 7,853 1b **c** Fundraising events ...... 1c **d** Related organizations ..... 1d Program Service Revenue and Other Sim e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 16,684 g Noncash contributions included in lines 1a-1f: \$ ..... 24,537 h Total. Add lines 1a-1f Busn. Code EDUCATION PROGRAMS 34,714 34,714 611710 900099 16,645 16,645 EXHIBIT INCOME f All other program service revenue ...... 51,359 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 24,781 24,781 Income from investment of tax-exempt bond proceed Royalties ... (i) Real (ii) Personal 14,677 6a Gross rents **b** Less: rental exps. 14,677 c Rental inc. or (loss) d Net rental income or (loss) ..... 14,677 14,677 **7a** Gross amount from (ii) Other (i) Securities sales of assets 49,341 other than inventor **b** Less: cost or other 41,940 basis & sales exps. 7,401 c Gain or (loss) 7,401 7,401 d Net gain or (loss) ..... **8a** Gross income from fundraising events Other Revenue (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 ..... a 4,635 **b** Less: direct expenses ...... 1,912 b 2,723 2,723 **c** Net income or (loss) from fundraising events **9a** Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses ..... b c Net income or (loss) from gaming activities ...... 10a Gross sales of inventory, less 192,309 returns and allowances а **b** Less: cost of goods sold ...... 91,658 b 100,651 100,651 c Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 900099 370 370 11a MISCELLANEOUS d All other revenue ..... e Total. Add lines 11a–11d ..... 370 226,499159,781 0 42,181 Total revenue. See instructions. .

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all c

Do n	Check if Schedule O contains a responot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепоез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		20000		
	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	72,414	63,839	8,575	
8	Pension plan accruals and contributions (include	-	-	_	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,010	5,300	710	
11	Fees for services (non-employees):				
а	Management				
b					
С		14,901	13,136	1,765	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	(A) amount, list line 11g expenses on Schedule O.)	3,608	3,608		
12	Advertising and promotion	2,774	2,446	328	
13	Office expenses	3,722	3,281	441	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,328	1,171	157	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	289	255	34	
20	Interest				
21	Payments to affiliates	2.1.	2 221		
22	Depreciation, depletion, and amortization	2,645	2,331	314	
23	Insurance	1,662	1,465	197	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	42 000	42 000		
а	EDUCATION PROGRAMS	43,889	43,889		
b	EXHIBIT EXPENSES	18,774	18,774	075	
C	BANK CHARGES	7,390	6,515	875	
d	KNOTT HOUSE EXPENSES	3,793	3,793	0.00	
е	All other expenses	6,445	6,177	268	
25	Total functional expenses. Add lines 1 through 24e	189,644	175,980	13,664	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

	Check if Schedule O contains a response or	note to any line	in this Part X		· · · · · · · · · · · · · · · · · · ·				
				(A) Beginning of year		<b>(B)</b> End of year			
1	9			217,646	1	223,550			
2	Savings and temporary cash investments			84,485	2	84,553			
3	Pledges and grants receivable, net				3				
4	Accounts receivable, net			10,253	4	10,998			
5	Loans and other receivables from current and form	ner officers, dire	ctors,						
	trustees, key employees, and highest compensate	d employees.							
	Complete Part II of Schedule L				5				
6	Loans and other receivables from other disqualifie	d persons (as de	efined under section						
	4958(f)(1)), persons described in section 4958(c)(3	B)(B), and contri	buting employers and	ı					
	sponsoring organizations of section 501(c)(9) volu	ntary employees	s' beneficiary						
3	organizations (see instructions). Complete Part II of	of Schedule L	L		6				
7	Notes and loans receivable, net				7				
8   3	Inventories for sale or use			60,188	8	70,928			
9	Dranaid avnances and deferred charges				9				
10	a Land, buildings, and equipment: cost or								
	other basis. Complete Part VI of Schedule D	10a	76,820 67,300						
k	Less: accumulated depreciation		67,300	12,164	10c	9,520			
11				284,145	11	9,520 276,241			
12				395,557	12	393,86			
13		1			13				
14	Later and Later and Control of the C		14						
15	Other	=							
16	Total assets. Add lines 1 through 15 (must equal	1,064,438	16	1,069,65					
17			1,064,438 8,084	17	4,017				
18				18					
19	Deferred revenue				19				
20	Tax-exempt bond liabilities				20				
21	Escrow or custodial account liability. Complete Pa				21				
22									
22	trustees, key employees, highest compensated en								
2	disqualified persons. Complete Part II of Schedule	1			22				
23					23				
24		hird parties			24				
25									
	parties, and other liabilities not included on lines 1	7-24). Complete	Part X						
	of Schedule D	, ,			25				
26	Total liabilities. Add lines 17 through 25			8,084	26	4,017			
	Organizations that follow SFAS 117 (ASC 958),								
3	complete lines 27 through 29, and lines 33 and								
27	Unrestricted net assets			321,360	27	346,371			
27 28 29				734,994	28	719,269			
29					29				
<u>-</u>	Organizations that do not follow SFAS 117 (AS	C 958), check h	nere 🕨 and						
5	complete lines 30 through 34.	-							
30				000000000000000000000000000000000000000	30				
31	•••				31				
30 31 32			32						
33				1,056,354	33	1,065,640			
34						1,069,65			

	W. D. W. C.			· uç	gc 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			499
2	Total expenses (must equal Part IX, column (A), line 25)	2			644
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>855</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,05		
5	Net unrealized gains (losses) on investments	5		27 <b>,</b> !	<u> 569</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,06	55,0	<u> 540</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			-	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	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 Act and OMB Circular A-133?		3a		X
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		3h		1

Form **990** (2014)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Open to Public** Inspection

FRIENDS OF THE MUSEUMS OF FLORIDA Name of the organization

Employer identification number

			HISTORY, INC	<b>.</b>			59-376	50777				
P	art I	Reas	on for Public Charity	y Status (All organization	ns mus	t compl	ete this part.) See instr	uctions.				
The	orga	nization is no	t a private foundation beca	use it is: (For lines 1 through 1	1, check	only one	box.)					
1		A church, co	onvention of churches, or as	ssociation of churches describe	ed in <b>sec</b>	tion 170	(b)(1)(A)(i).					
2		A school des	scribed in section 170(b)(1	)(A)(ii). (Attach Schedule E.)								
3		A hospital or	a cooperative hospital ser	vice organization described in	section	170(b)(1)	(A)(iii).					
4		A medical re	search organization operat	ted in conjunction with a hospit	tal descril	bed in <b>se</b>	ction 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and stat	te:									
5	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												
7	X	An organizat	tion that normally receives	a substantial part of its suppor	t from a g	governme	ental unit or from the general	public				
	described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)											
8	Ш	-		170(b)(1)(A)(vi). (Complete F								
9		An organizat	tion that normally receives:	(1) more than 33 1/3% of its s	upport fro	om contri	butions, membership fees, ar	nd gross				
		-		empt functions—subject to cert	-							
			=	and unrelated business taxable				es				
		-	=	30, 1975. See section 509(a)		-						
10	Н	-	•	d exclusively to test for public				_				
11		-	-	d exclusively for the benefit of,	-		•					
				ations described in section 50								
				escribes the type of supporting								
а				ated, supervised, or controlled				=				
			- : : :	r to regularly appoint or elect a	a majority	of the di	rectors or trustees of the sup	porting				
		=	. You must complete Part		.:			_				
b				ervised or controlled in connect			= ::::	=				
			= ::	g organization vested in the sa	ame pers	ons that (	control or manage the suppo	rtea				
_		-	(s). You must complete P		in conno	ation with	and functionally integrated	with				
С				oporting organization operated				WILII,				
a				actions). <b>You must complete</b> A supporting organization oper				tion(c)				
d				rganization generally must sat			• • • • •					
				ist complete Part IV, Section	-			11633				
е		•	'	ved a written determination fro								
·	Ш		=	unctionally integrated supporti			7 a 1 ypo 1, 1 ypo 11, 1 ypo 111					
f	Ent	•	er of supported organization		ng organ	ızanorı.						
a			wing information about the									
(i	) Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of				
	org	anization		(described on lines 1–9	listed in you	ur governing	support (see	other support (see				
				above or IRC section (see instructions))	docui	ment?	instructions)	instructions)				
				(coo mondonom	Yes	No						
(A)												
(B)												
C)												
						ļ						
D)												
·-·						-						
(E)												

Schedule A (Form 990 or 990-EZ) 2014 FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777

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	tion A. Public Support	•						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38,366	41,494	242,526	39,960	24,!	537	386,883
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	153,034	152,534	152,381	138,488	144,8		741,263
4 5	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)	191,400	194,028	394,907	178,448	169,	363	1,128,146
6	Public support. Subtract line 5 from line 4.							1,128,146
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014		(f) Total
7	Amounts from line 4	191,400	194,028	394,907	178,448	169,	363	1,128,146
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,722	28,082	34,827	30,293	39,4	458	161,382
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.)	25	719	435	5,031	4,(	635	10,845
11	<b>Total support.</b> Add lines 7 through 10					T		1,300,373
12	Gross receipts from related activities, etc.						12	244,038
13	First five years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	n 501(c)(3)		
	organization, check this box and stop he						<u></u>	<b>&gt;</b>
Sec	tion C. Computation of Public S							
14	Public support percentage for 2014 (line	6, column (f) divid	led by line 11, col	lumn (f))			14	86.76%
15	Public support percentage from 2013 Sc	hedule A, Part II, I	ine 14				15	88.27%
16a	33 1/3% support test—2014. If the orga				1 is 33 1/3% or mo	ore, check this	3	<b>.</b> .
	box and <b>stop here.</b> The organization qu							<b>&gt;</b> X
b	33 1/3% support test—2013. If the orga					or more,		▶ □
47-	check this box and <b>stop here.</b> The organ	•		•				💆 🗀
17a	<b>10%-facts-and-circumstances test—2</b> 10% or more, and if the organization me	_						
	Part VI how the organization meets the "				-	-		
	organization							<b>&gt;</b> [
b	10%-facts-and-circumstances test—2	•						
	15 is 10% or more, and if the organization				-			
	Explain in Part VI how the organization r			•	·			▶ □
10	supported organization			16b 17c = 47b	abook this have			▶ ⊔
18								▶ □
	instructions							

Schedule A (Form 990 or 990-EZ) 2014 FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777

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 or if the organization failed to qualify under Part II.)

800	tion A. Public Support	quality unde	the tests liste	d below, pleas	se complete P	ait ii.)	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2044	(a) 2012	(4) 2042	(=) 2014	/f) Total
		<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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						
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						
8	Public support (Subtract line 7c from						
S	line 6.)						
	tion B. Total Support  ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2044	(a) 2012	(4) 2042	(=) 2014	/f) Total
	, , , , , , , , , , , , , , , , , , ,	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	•			•		
S00	organization, check this box and stop he tion C. Computation of Public S						🕨 🗀
<u>3ec</u> 15	Public support percentage for 2014 (line			lump (f))		15	0/
16	Public support percentage from 2013 Sch	o, coluitiii (i) aivi	line 15, co	iuiiii (i))		16	<u>%</u> %
	etion D. Computation of Investm					10	70
17	Investment income percentage for 2014			13. column (f))		17	%
18	Investment income percentage for 2014 Investment income percentage from 2013		rt III lina 17			10	<del>//</del> //////////////////////////////////
19a	33 1/3% support tests—2014. If the organization			line 14, and line		<del> </del>	,,,
	17 is not more than 33 1/3%, check this b						▶ □
b	33 1/3% support tests—2013. If the organization	-	-				nd
	line 18 is not more than 33 1/3%, check t						<b>&gt;</b>
20	Private foundation. If the organization d	=	=				<b>_</b>

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- 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?
- 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - 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		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
O.L.		
9b		
9с		
10a		
10b		
rm 990 c	r 990-E	Z) 2014

		, ,		Page :
Pa	Supporting Organizations (continued)	J	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		169	NO
u		112		
h		_ <del>                                    </del>		
	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 (b) and (c) below, the governing body of a supported organization?  A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) above?  A 35% controlled entity of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Ition B. Type I Supporting Organizations  Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization (s) that operated, supervised, or controlled the supported organization (s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supported organization (s) that operated, supervised, or controlled the supported organization (s) the organization 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 directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization's supported organizations.  Were a majority of the organization's directors or fustees during the tax year and the supported organization's during the supported organization's			
1	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 (b) and (c) below, the governing body of a supported organization?  A 378% controlled entity of a person described in (a) a flow 30 below. The governing body of a supported organization?  Intituding 1. The person described in (a) and (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Intituding 1. The person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Intituding 1. The person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Intituding 1. The person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Intituding 2. The person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Intituding 2. The person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Intituding 3. The person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  Intituding 4. The person described in (a) or (b) above? If "Yes" to trustees at all times during the tax year? If "Yes" and the controlled organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions. If any, applied to such powers during the tax year.  I bld the organization provide organization is any applied to such powers during the tax year.  I vi how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supported organization org		Yes	No
		1		
2				
		2		
Sect				
			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	ion D. All Type III Supporting Organizations		ı	
			Yes	No
1				
_		1		
2				
		_		
		2		
3				
Soct		3	ļ	
		otions):		
1		cions).		
		netructic	ne)	
·	The diganization supported a governmental entity. Describe in Fair Viriow you supported a government entity (see i	rioti dotic	//10 <i>)</i> .	
2	Activities Test. Answer (a) and (b) below.		Yes	No
		2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		2b		
3				
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u></u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			DIII Page 6
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of			ns. All
other Type III non-functionally integrated supporting organizations must complete \$			1017 (11)
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
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 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integr	rated Type	e III supporting organiza	tion (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Schedule A (Form 990 or 990-EZ) 2014 FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Section D - Distributions Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 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 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 9 Line 8 amount divided by Line 9 amount 10 (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions Underdistributions** Distributable Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014: b d **e** From 2013 . . . . . f Total of lines 3a through e **g** Applied to underdistributions of prior years **h** Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2014 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2015. Add lines 3j and 4c. Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2014

b

d Excess from 2013 . . . e Excess from 2014 . . .

Part VI	Suppleme	ental Informatio	n. Provide the e	explanations re	OF FLORIDA quired by Part II, information. (See	ine 10; Part II, line instructions.)	Page 8 e 17a or 17b; and
PART	II, LINE	10 - OTHE	ER INCOME	DETAIL			
				\$	6,210		
					······································		

#### 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization Employer identification number FRIENDS OF THE MUSEUMS OF FLORIDA HISTORY, INC. 59-3760777 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 Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 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? 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" to 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 (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified 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 last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements ...... 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, 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 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 it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, 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 (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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X ......

Pa	art III Organizations Maintain	ing Collections of	of Art, Historical	Treasures, or C	ther Simil	ar Ass	ets (con	tinu	ued)
3	Using the organization's acquisition, acc collection items (check all that apply):	ession, and other reco	rds, check any of the	following that are a s	significant use	of its	•		
а	Public exhibition	d 🔲 l	Loan or exchange pro	grams					
b		е 🗌 (	Other						
С	Preservation for future generations								
4	Provide a description of the organization	's collections and expl	ain how they further th	ne organization's exe	empt purpose	in Part			
	XIII.								
5	During the year, did the organization soli								
D	assets to be sold to raise funds rather th		s part of the organizat	ion's collection?			Yes	Ш	No
P	art IV Escrow and Custodial A Complete if the organiza	_	oc" to Form 000 I	Part IV/ line 0 or	roported a	n amai	ınt on E	orm	
	990, Part X, line 21.	uon answered Te	55 (O I OIIII 990, I	- art rv, line 9, or	reported a	iii aiiioi	JIII OII I	OIII	1
1a	Is the organization an agent, trustee, cus	etodian or other interm	ediary for contribution	s or other assets not	<u> </u>				
·u	included on Form 000 Dort VO		•				Yes		No
b	If "Yes," explain the arrangement in Part	XIII and complete the						ш	
	3.		<b>3</b>				Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
	Did the organization include an amount of						Yes	Ц	No
	If "Yes," explain the arrangement in Part	XIII. Check here if the	explanation has beer	n provided in Part XII	<u> </u>				
Pa	art V Endowment Funds.	tion analyses d "Va	o" to Form 000 [	Dort IV/ line 40					
	Complete if the organiza	(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea	re back	(e) Four ye	are h	ack
12	Beginning of year balance	679,702	627,383	602,888		6,681			585
	Contributions	0/5//02	0277303	0027000	30	3,001		<del>• , .</del>	303
	Net investment earnings, gains, and								
·	losses	11,403	71,902	27,618	2.	7,332	6	1,3	346
d	Grants or scholarships	-	-						
	Other expenditures for facilities and								
	programs	20,997	19,583	3,123	13	1,125	1	1,2	250
f	Administrative expenses								
g	End of year balance	670,108	679,702	627,383	602	2,888	58	6,6	681
2	Provide the estimated percentage of the		nce (line 1g, column (	a)) held as:					
	Board designated or quasi-endowment	<u>*</u> %							
	Permanent endowment > %								
С	Temporarily restricted endowment ▶ 1. The percentages in lines 2a, 2b, and 2c								
32	Are there endowment funds not in the po		ization that are hold a	nd administered for t	tho				
Ja	organization by:	ossession of the organi	ization that are neid a	ila administerea for t	u i <del>c</del>		Y	es	No
	(i) unrelated organizations						3a(i)	-	X
	(::) related armonimations						2 - (::)		X
b	If "Yes" to 3a(ii), are the related organiza	tions listed as required	d on Schedule R?						
4	Describe in Part XIII the intended uses of								
Pa	art VI Land, Buildings, and E	quipment.							
	Complete if the organiza	tion answered "Ye	es" to Form 990, F	Part IV, line 11a.	See Form	990, P	art X, lin	e 1	0.
	Description of property	(a) Cost or other b	` '	` '	Accumulated		(d) Book val	ue	
		(investment)	(othe	r) de	epreciation				
	Land								
	Buildings								
	Leasehold improvements			6 920	67 20	0			200
	Equipment		/	6,820	67,30	<del>-</del>	9	, 3	20
	Other	•	Part X column (R) line	10c)	ı	<b>&gt;</b>	0	) 5	20
. 010		aoi oquai i oiiii 330, F	art A, column (D), line	, 100./		<u> </u>		, –	, <u>2</u>

Schedule D (Form 990) 2014 FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777

Part VII	Investments—Other Securities.		
	Complete if the organization answered "Yes	" to Form 990, Part IV, I	ine 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial of			
	eld equity interests		
	ESTERN ASSET FUNDS	105,790	
	MCO TOTAL RETURN II	98,929	
	ACKROCK FUNDS	98,067	
	NGUARD BOND INDEX FUND	91,081	
(E)			
(F)			
(G)			
	(1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	202 067	
	n (b) must equal Form 990, Part X, col. (B) line 12.)	393,867	
Part VIII	Investments—Program Related.	" to Form 000 Dort IV I	ing 11a Cas Form 000 Part V line 12
	Complete if the organization answered "Yes		
	(a) Description of investment	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value
(4)			Cost of end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes	" to Form 990. Part IV. I	ine 11d. See Form 990. Part X. line 15.
-	(a) Description	, ,	(b) Book value
(1)			
(2)			
(2)			
(3)			
(3)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col. (B) line 15.)		<b>▶</b>
(3) (4) (5) (6) (7) (8) (9)	Other Liabilities.		<b>▶</b>
(3) (4) (5) (6) (7) (8) (9) <b>Total.</b> (Colum		" to Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) <b>Total.</b> (Colum	Other Liabilities. Complete if the organization answered "Yes	" to Form 990, Part IV, I	
(3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	Other Liabilities. Complete if the organization answered "Yes line 25.	1	ine 11e or 11f. See Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9)  Total. (Colum  Part X   1. (1) Federal	Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability	1	ine 11e or 11f. See Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability	1	ine 11e or 11f. See Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9)  Total. (Colum  Part X   1. (1) Federal (2)	Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability	1	ine 11e or 11f. See Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9)  Total. (Colum Part X   1. (1) Federal (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability	1	ine 11e or 11f. See Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9)  Total. (Colum  Part X   1. (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability	1	ine 11e or 11f. See Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9)  Total. (Colum  Part X   1. (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability	1	ine 11e or 11f. See Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9)  Total. (Colum  Part X   1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability	1	ine 11e or 11f. See Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9)  Total. (Colum  Part X   1. (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability	1	ine 11e or 11f. See Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9)  Total. (Colum  Part X   1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes line 25.  (a) Description of liability	1	ine 11e or 11f. See Form 990, Part X,

Schedule D (Form 990) 2014 FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 345,668 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments -<u>27,569</u> 144,826 **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c 1,912 d Other (Describe in Part XIII.) 119,169 e Add lines 2a through 2d 2e 226,499 3 Subtract line 2e from line 1 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 **b** Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 226,499 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 336,382 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 144,826 2a **b** Prior year adjustments c Other losses 2c 1,912 d Other (Describe in Part XIII.) 146,738 e Add lines 2a through 2d 189,644 Subtract line 2e from line 1 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 XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.) 189,644 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER FUNDRAISING EXPENSES PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER FUNDRAISING EXPENSES

Schedule D (F	Form 990) 201	4 FRIEND	S OF TH	E MUSEUM	S OF F	LORIDA	59-3760777	Page <b>5</b>
Part XIII	Supplem	ental Inform	ation (conti	nued)			59-3760777	
			,	/				
• • • • • • • • • • • • • • • • • • • •								

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.

OMB No. 1545-0047
2014

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Open to Public Inspection

FRIENDS OF THE MUSEUMS OF FLORIDA Name of the organization Employer identification number 59-3760777 HISTORY, INC. FORM 990 - ADDITIONAL INFORMATION FORM 990, SCHEDULE R, PART II, B, THE STATE AGENCY IS RESPONSIBLE FOR PROMOTING THE MUSEUMS OF FLORIDA. FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT OTHER PROGRAMS TO SUPPORT THE MUSEUMS OF FLORIDA HISTORY. EXPENSES \$7,495, INCLUDING GRANTS OF \$0, AND REVENUE \$370 FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A CERTIFIED PUBLIC ACCOUNTING FIRM ORGANIZES AND PREPARES THE 990 AND RELATED SCHEDULES FOR REVIEW BY THE MUSEUM DIRECTOR AND FINANCIAL DIRECTOR BEFORE FILING. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE CONFLICT OF INTEREST POLICY IS MONITORED ON A PEER REVIEW BASIS. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER FUNDRAISING EXPENSES 1,912 FUNDRAISING EXPENSES -1,912

# SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

2014

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FRIENDS OF THE MUSEUMS OF FLORIDA

HISTORY, INC.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 59-3760777

Part I Identification of Disregarded Entities Complete if the	e organization a	inswered "Yes"	on Form	990, Pa	rt IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicil or foreign co			(d) income	(e) End-of-year assets	(f) Direct cor enti	ntrolling
(1)								
(2)								
(3)								
(4)								
(5)								
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during t	s Complete if the he tax year.	e organization a	nswered	"Yes" o	n Form 990, F	Part IV, line 34 t	ecause it	had
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Exempt Co	i)	(e) Public charity status (if section 501(c)(3))	(e) (f) narity status Direct controlling		(g) 512(b)(13) led entity?
(1) FDOS DIVISION OF CULTURAL AFFAIRS 500 S. BRONOUGH STREET 59-6001874 TALLAHASSEE FL 32399-0250	PROMOTION	FL	501	.C1		FDOS		
(2)								
(3)								
(4)								
(5)								

Schedule R (Form 990) 2014 FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777

ochedule It (1 offil 550) 2014 - 1122125	01 1112 110220112 01		(IIII										i agc
Part III Identification of Relative because it had one or	ted Organizations Taxal more related organizatior	ole as	<b>s a Partnersh</b> ated as a part	n <b>ip</b> Complete if Inership during	the organi the tax ye	zation answered ar.	"Yes"	on F	Form 9	30, Part I	V, lin	ie 34	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of tota income	(g)	of- Di port all	(h) spro- ionate loc.?	Cod amour of Scl	(i) e V—UBI nt in box 20 nedule K-1 rm 1065)	(j) Genera manag partne	al or Per ling ow er?	(k) centage nership
1)		country)					Yes	S No			Yes	NO	
•,													
2)											+ +		
3)													
4)													
Part IV Identification of Relation 34 because it had	ted Organizations Taxal one or more related orga	ole as nizati	a Corporati ons treated a	on or Trust C	omplete if t	he organization a	answer r.	ed "	'Yes" o	n Form S	90, Г	Part I	V,
(a)	(b)		(c)	(d)	(e)	(f)		(g)		(h)			(i) ection
Name, address, and EIN of related organi	ization Primary activ	rity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income		Share f-year	of assets	Percent owners	-	512	(b)(13) atrolled
			foreign country)		or trust)							e	ntity?
1)												Yes	No
•,													
2)													
3)													
4)													

#### Schedule R (Form 990) 2014 FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777

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

Part V Transa	ictions with Related Organizations Complete if the organization	ranswered res d	on Form 990, Part IV	, line 34, 35b, 01 36.				
Note. Complete line 1	if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1 During the tax yea	r, did the organization engage in any of the following transactions with one or mor	e related organizations	listed in Parts II-IV?					
a Receipt of (i) inter	est, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	_			1a		Х	
	al contribution to related organization(s)						X	
c Gift, grant, or capit	al contribution from related organization(s)				1c		X	
d Loans or loan gua	antees to or for related organization(s)				1d		X	
e Loans or loan gua	antees by related organization(s)				1e		X	
f Dividends from rel	ated organization(s)				1f		Х	
<b>g</b> Sale of assets to re	elated organization(s)				1g		Х	
h Purchase of asset	s from related organization(s)				1h		Х	
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)								
k Lease of facilities,	equipment, or other assets from related organization(s)				1k		Х	
I Performance of se	rvices or membership or fundraising solicitations for related organization(s)				11		Х	
I 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)								
<ul> <li>m Performance of services or membership or fundraising solicitations by related organization(s)</li> <li>n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> </ul>								
<ul> <li>Sharing of paid en</li> </ul>	ployees with related organization(s)				10	Х		
<b>p</b> Reimbursement pa	aid to related organization(s) for expenses				1p		Х	
<b>q</b> Reimbursement pa	aid by related organization(s) for expenses				1q		Х	
r Other transfer of c	ash or property to related organization(s)				1r		Х	
s Other transfer of c	ash or property from related organization(s)				1s		Х	
2 If the answer to an	y of the above is "Yes," see the instructions for information on who must complete	this line, including cov	ered relationships and tra	insaction thresholds.				
	(a)	(b)	(c)	(d)				
	Name of related organization	Transaction type (a–s)	Amount involved	Method of determining amo	unt invol	vea		
40			10- 010					
(1)	FDOS, DIVISION OF CULTURAL AFFAIRS	0	105,913	CASH VALUE				
(0)								
(2)								
(2)								
(3)								
(4)								
(4)		+						
<i>(</i> <b>5</b> )								
(5)		+						
(6)								
(6)		<u> </u>						

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	income (related, unrelated, excluded from tax under			Are all partners section 501(c)(3)		Are all partners section		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportional allocations?				(j) eral or aging tner?	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No					
(1)																	
(2)																	
(3)																	
(4)																	
(5)																	
(6)																	
(7)																	
(8)																	
(9)																	
(10)																	
(11)																	

Schedule R (Form 990) 2014 FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777 Page Part VII Supplemental Information  Provide additional information for responses to questions on Schedule R (see instructions).	<u>5</u>
SCHEDULE R - ADDITIONAL INFORMATION	<del>-</del>
NAME OF RELATED ORGANIZATION:	
FLORIDA DEPARTMENT OF STATE, DIVISION OF CULTURAL AFFAIRS	
PRIMARY ACTIVITY: THE STATE AGENCY RESPONSIBLE FOR PROMOTING THE MUSEUMS	OI
FLORIDA HISTORY.	
	• •
	• •

Form **4562** 

Department of the Treasury

**Depreciation and Amortization** 

(Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

OMB No. 1545-0172
2014

ttachment 179

Internal Revenue Service
Name(s) shown on return

FRIENDS OF THE MUSEUMS OF FLORIDA

Identifying number 59-3760777

HISTORY, INC. Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. 12 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 2,645 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2014 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction only-see instructions) 19a 3-year property b 5-year property 7-year property C 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. Residential rental S/L 27.5 yrs. MM property MM S/L 27.5 yrs. MM Nonresidential real 39 yrs. S/I property MM S/L Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year 12 yrs. S/L 40-year 40 yrs. S/L MM Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 ...... 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 2,645 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the

2002063 Friends of the Museums of Florida
59-3760777 Federal Asset Report
FYE: 6/30/2015 Form 990, Page 1

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Page 1

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Be	Basis onus for Depr	PerConv Meth	Prior	Current
Other	Depreciation:							
1	Comark Printer	11/30/03	1,303		1,303	5 MO S/L	1,303	0
2	Lions-Software	11/30/03	7,421		7,421	3 MO S/L	7,421	0
3	Renovations	6/30/05	8,599		8,599	30 MO S/L	2,017	287
4	Computers	11/30/03	5,544		5,544	5 MO S/L	5,544	0
5	Replace & Upgrade Microsoft Retail Mgmt		4,498		4,498	5 MO S/L	1,349	900
6	Lions Comm - Scanner/ Receipt Printer	11/30/03	12,273		12,273	5 MO S/L	12,273	0
7	Sales Kiosk	7/01/02	20,000		20,000	10 MO S/L	20,000	0
8	Dell Computers	5/28/02	1,408		1,408	5 MO S/L	1,408	0
9	Pallet Jack	5/11/10	1,493		1,493	5 MO S/L	1,244	249
10	Display Units - Capitol Shop	6/30/03	1,346		1,346	10 MO S/L	1,213	133
11	Saton Events	8/13/03	303		303	10 MO S/L	303	0
12	Book shelf unit ( Newood )	2/09/04	816		816	10 MO S/L	816	0
13	Newwood	8/26/04	1,272		1,272	10 MO S/L	1,251	21
14	20" Video Screen	4/15/06	9,170		9,170 985	10 MO S/L 10 MO S/L	7,565 706	917
15 16	Acrylic Shelving	5/09/07 3/31/08	985 389		389	10 MO S/L 10 MO S/L		99 39
10	Plastic Shelving	3/31/08	389		389	10 MO S/L	243	39
	Total Other Depreciation		76,820		76,820		64,656	2,645
						•		
	Total ACRS and Other Deprec	iation	76,820		76,820		64,656	2,645
		_				•		
	Grand Totals		76,820		76,820		64,656	2,645
	Less: Dispositions and Transfe	rs	0		0		0	0
	Less: Start-up/Org Expense	_	0		0		0	0
	Net Grand Totals		76,820		76,820		64,656	2,645
		_	,			;	- 1,000	

2002063 Friends of the Museums of Florida
59-3760777 AMT Asset Report
FYE: 6/30/2015 Form 990, Page 1

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				_					
Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
710001	Bescription	III OCIVICE	0031		175 Donas	тог Берг	T CT COTTY WICKIT	1 1101	Odifont
Other	Depreciation:								
1	Comark Printer	11/30/03	1,303			1,303	5 MO S/L	1,303	0
2	Lions-Software	11/30/03	7,421			7,421	3 MO S/L	7,421	0
3	Renovations	6/30/05	8,599			8,599	30 MO S/L	2,017	287
4	Computers	11/30/03	5,544			5,544	5 MO S/L	5,544	0
5		12/31/12	4,498			4,498	5 MO S/L	1,349	900
6	Lions Comm - Scanner/ Receipt Printer	11/30/03	12,273			12,273	5 MO S/L	12,273	0
7	Sales Kiosk	7/01/02	20,000			20,000	10 MO S/L	20,000	0
8	Dell Computers	5/28/02	1,408			1,408	5 MO S/L	1,408	0
9	Pallet Jack	5/11/10	1,493			1,493	5 MO S/L	1,244	249
10	Display Units - Capitol Shop	6/30/03	1,346			1,346	10 MO S/L	1,213	133
11	Saton Events	8/13/03	303			303	10 MO S/L	303	0
12	Book shelf unit ( Newood )	2/09/04	816			816	10 MO S/L	816	0
13	Newwood	8/26/04	1,272			1,272	10 MO S/L	1,251	21
14	20" Video Screen	4/15/06	9,170			9,170	10 MO S/L	7,565	917
15	Acrylic Shelving	5/09/07	985			985	10 MO S/L	706	99
16	Plastic Shelving	3/31/08	389		<u>-</u>	389	10 MO S/L	243	39
	<b>Total Other Depreciation</b>		76,820			76,820		64,656	2,645
	•				-		<del>-</del>		
	Total ACRS and Other Deprec	iation	76,820			76,820		64,656	2,645
	Town Total and Short Bepree	=	,		=	,.20	=	,	
	Grand Totals		76,820			76 920		64,656	2 645
	0 - 111-11 - 0 1111-11	mc.	70,820			76,820		04,030	2,645
	Less: Dispositions and Transfer				-	0	-		0
	<b>Net Grand Totals</b>	=	76,820		=	76,820	=	64,656	2,645

FYE: 6/30/2015

2002063 Friends of the Museums of Florida
59-3760777 **Depreciation Adjustment Report All Business Activities** 

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AMT Adjustments/ Preferences Form Unit Asset Tax AMT There are no assets that meet the criteria of this report

Form **990** 

32. Number of employees

**33.** Number of volunteers

**Two Year Comparison Report** 

2013 & 2014 For calendar year 2014, or tax year beginning 07/01/14 06/30/15 , ending

Name Taxpayer Identification Number FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777 HISTORY, INC. 2013 2014 **Differences** 1. Contributions, gifts, grants ..... 34,377 16,684 -17,693 1.  $2,\overline{270}$ 5,583 7,853 2. Membership dues and assessments 2. 3. Government contributions and grants 3. -10,989 62,348 51,359 4. Program service revenue 4. 5. Investment income ..... 5. 14,555 24,781 10,226 6. **6.** Proceeds from tax exempt bonds 7,401 2,387 5,014 7. Net gain or (loss) from sale of assets other than inventory 7. 2,723 8. Net income or (loss) from fundraising events 835 1,888 8. 9. 9. Net income or (loss) from gaming -8,966 10. Net gain or (loss) on sales of inventory 109,617 100,651 10. -1,566 11. Other revenue 16,613 15,047 11. 12. Total revenue. Add lines 1 through 11 248,942 226,499 -22,44312. 13. 13. Grants and similar amounts paid 14. Benefits paid to or for members 14. 15. Compensation of officers, directors, trustees, etc. 15. 81,717 78,424 -3,293**16.** Salaries, other compensation, and employee benefits 16. 17. Professional fundraising fees 17. 18. Other professional fees -3,443 21,952 18,509 18. 19. Occupancy, rent, utilities, and maintenance 19. 2,6452,717 -72 20. Depreciation and Depletion 20. 151,754 -61,688 90,066 21. **21.** Other expenses 258,140 189,644 -68,496 22. 22. Total expenses. Add lines 13 through 21 -9,198 46,053 36,855 23. Excess or (Deficit). Subtract line 22 from line 12 23. 248,942 226,499 -22,443 24. Total exempt revenue 24. 25. Total unrelated revenue 25. -7,020 26. Total excludable revenue 208,982 201,962 26. 1,064,438 1,069,657 5,219 27. Total assets 27. -4,0678,084 4,017 28. 28. Total liabilities **29.** Retained earnings ..... 1,065,640 1,056,354 29. 9,286 **30.** Number of voting members of governing body 30. 13 12 **31.** Number of independent voting members of governing body 13 12 31.

9

12

13

32.

33.

Form <b>990</b>	Tax Return History	2014
Name	FRIENDS OF THE MUSEUMS OF FLORIDA HISTORY, INC.	Employer Identification Number 59-3760777

	2010	2011	2012	2013	2014	2015
Contributions, gifts, grants				34,377	16,684	
Membership dues				5,583	7,853	
Program service revenue				62,348	51,359	
Capital gain or loss				5,014	7,401	
Investment income				14,555	24,781	
Fundraising revenue (income/loss)				835	2,723	
Gaming revenue (income/loss)						
Other revenue				126,230	115,698	
lotal revenue		·		248,942	226,499	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation				81,717	78,424	
Professional fees				21,952	18,509	
Occupancy costs						
Depreciation and depletion				2,717	2,645	
Other expenses				151,754	90,066	
Total expenses				258,140	189,644	
Excess or (Deficit)				-9,198	36,855	
Total exempt revenue				248,942	226,499	
Total unrelated revenue						
Total excludable revenue				208,982	201,962	
Total Assets				1,064,438	1,069,657	
Total Liabilities				8,084	4,017	
Net Fund Balances				1,056,354	1,065,640	

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59-3760777 Federal Statements

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FYE: 6/30/2015

# **Taxable Interest on Investments**

Descript	ion					
		Amount	Unrelated Business Code		Acquired after 6/30/75	US Obs (\$ or %)
INTEREST INCOME						
	\$	24,781	: =	14		
TOTAL	\$	24,781	<u>.</u>			

2002063 Friends of the Museums of Florida

59-3760777 FYE: 6/30/2015

# **Federal Statements**

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Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Ex	Total Expenses		Program Service		Management & General		Fund Raising	
GRANT EXPENSES	\$	3,608	\$	3,608	\$		\$		
TOTAL	\$	3,608	\$	3,608	\$	0	\$	0	

# Form 990, Part IX, Line 24e - All Other Expenses

Description	E:	Total xpenses	Program Service		Management & General		Fund Raising	
MEMBERSHIP EXPENSE HOSPITALITY LICENSES & PERMITS VOLUNTEER PROGRAM	\$	3,262 1,146 1,112 925	\$	3,262 1,010 980 925	\$	136 132	\$	
TOTAL	\$	6,445	\$	6,177	\$	268	\$	0

2002063 Friends of the Museums of Florida 59-3760777 FYE: 6/30/2015	Federal Statements	7/13/2016 11:41 AM Page 3
	Schedule A, Part II, Line 1(e)	
Descrip	otion	Amount
MEMBERSHIP DUES OTHER CONTRIBUTIONS		\$ 7,853 16,684
TOTAL		\$ 24,537
	Schedule A, Part II, Line 8(e)	
Descrip	otion	Amount
INTEREST INCOME MUSEUM SPACE		\$\frac{24,781}{14,677}
TOTAL		\$ 39,458
	Schedule A, Part II, Line 10(e)	
Descrip	otion	Amount
FUNDRAISER		\$ 4,635
TOTAL		\$4,635
	Schedule A, Part II, Line 12	
Descrip	otion	Amount
EDUCATION PROGRAMS EXHIBIT INCOME MISCELLANEOUS SALE OF INVENTORY		\$ 34,714 16,645 370
TOTAL		192,309 \$ 244,038

#### FRIENDS OF THE STATE LIBRARY AND ARCHIVES OF FLORIDA INC.

500 South Bronough Street Tallahassee, FL 32399 850.245.6604 www.info.florida.gov/friends

#### Fiscal Year 2016-2017 REPORT

## I. Statutory Authority or Executive Order Creating Organization

Section 257.43, Florida Statutes, provides statutory authority for the organization.

# II. Mission and Results Obtained

#### Mission:

The Friends of the State Library and Archives of Florida Inc. promotes and enhances the programs and services of the Division of Library and Information Services for the benefit of Florida's residents. The Friends group supports expanding public access to knowledge, cultural heritage and information so that Floridians achieve their personal, educational and professional needs.

#### **Results Obtained:**

Together with the Division of Library and Information Services, the Friends provided a number of enriching public activities, educational opportunities for children, and resources to help advance, support and promote the importance of Florida's rich history and culture and the access to excellent library service.

In its support of outreach efforts, the Friends of the State Library and Archives of Florida sponsored publicity materials, such as brochures and posters, for distribution to citizens interested in Florida history and the Archives.

Further, backed by the Friends, the State Archives hosted genealogy after-hours workshops, tours and extended hours-of-operation for reference services. Events in celebration of American Archives Month were well attended, helping educate the public and draw attention to Florida's documentary history.

Throughout the year the Friends made possible staff development and appreciation events, recognizing staff and other strong supporters for their incredible work and dedication to excellence.

In cooperation with the Chief Officers of State Library Agencies, the Friends co-sponsored Florida's representation at the Library of Congress National Book Festival in Washington, D.C. On behalf of the Friends, in support of libraries and education, representatives distributed copies

of *She Sang Promise: The Story of Betty Mae Jumper, Seminole Tribal Leader*, by Jan Godown Annino; Lisa Desimini; and Moses Jumper to children who visited Florida's booth.

## III. Three-Year Plan

**DRAFT** pending approval of the Board of Directors, is as follows:

Friends of the State Library and Archives of Florida Inc. Three-Year Program Plan 2016-2019 (July 1, 2016 – June 30, 2019)

### **Public Library Development**

- Support partnerships and continuing education and training opportunities for Florida's libraries to strengthen and enhance libraries' abilities to provide optimal service to Florida's diverse populations.
- Support programs that prepare public librarians for change and to meet future challenges.
- Support and enhance projects and programs that promote the unique value of Florida's libraries.
  - National organizations
  - o Library constituents
  - o State agencies
  - o Economic development initiatives
  - o E-Government projects
  - o Florida Library Youth Program
  - o Library Directors' Meeting
  - o Planning committees and advisory councils
  - National Book Festival

#### **Reading and Literacy**

- Support programs that extend literacy, reading and learning to Florida's citizens with an emphasis on activities for children and teens.
- Help support projects and programs that encourage citizens to develop a lifelong love of reading.
  - O Statewide Summer Reading Program
  - Library of Congress
  - National Book Festival
  - National Football League
  - Outreach programs

#### **Cultural Heritage and Education**

- Support and promote programs that provide online access to digitized materials available from the collections of the State Library and Archives illuminating significant events and individuals in the state's history; help educate about Florida history and culture.
- Support and promote programs that highlight the importance of Florida's vital historical records.

- Support the acquisition and preservation of collections that document women's history and women's issues in Florida.
- Promote and support programs and training that contribute to education and lifelong learning.
  - Outreach
  - Marketing
  - o Florida Memory
  - Partnerships
  - o American Archives Month
  - National organizations
  - Constituents
  - National Book Festival
  - o Florida Library Youth Program
  - o Statewide Summer Reading Program
  - o Online classroom

#### **Information Resources and Public Records**

- Help create more efficient and effective access to information resources by supporting projects designed to make State Library and Archives collections available for public research.
- Support and promote new technologies and services for providing access to information and resources from the State Library and Archives available for the benefit of Florida's residents.
- Support the conservation of Florida's historically significant documents and records, making them available for current and future research.
- Help promote Florida's records management program to further facilitate the efficient, effective, and economical management of public records.
  - Customer needs
  - o Florida Memory Program
  - o Outreach programs
  - o State agencies
  - o Social media initiatives
  - Marketing materials
  - Leadership Program projects

# IV. Code of Ethics

The Code of Ethics of Friends of the State Library and Archives of Florida Inc., pending approval of the Board of Directors, is as follows:

### **PREAMBLE**

(1) It is essential to the proper conduct and operation of Friends of the State Library and Archives of Florida Inc. (herein "CSO") that its board members, officers and employees be independent and impartial and that their positions not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, *Florida Statutes*, requires that the law protect against any

conflict of interest and establish standards for the conduct of CSO board members, officers and employees in situations where conflicts may exist.

(2) It is hereby declared to be the policy of the state that no CSO board member, officer or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Friends of the State Library and Archives of Florida Inc., board members, officers, and employees in the performance of their official duties.

#### **STANDARDS**

The following standards of conduct are enumerated in Chapter 112, *Fla. Stat.*, and are required by Section 112.3251, *Florida Statutes*, to be observed by CSO board members, officers and employees.

#### 1. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer or employee 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 CSO board member, officer, or employee would be influenced thereby.

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

No CSO board member, officer or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer or employee was expected to participate in his or her official capacity.

#### 3. Salary and Expenses

No CSO board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses or other compensation as a CSO board member or officer, as provided by law.

#### 4. Prohibition of Misuse of Position

A CSO board member, officer or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit or exemption.

# 5. Prohibition of Misuse of Privileged Information

No CSO board member, officer or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

#### 6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer or employee for a period of two years after he or she vacates that office or employment position.

#### 7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member.

#### 8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer 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.

#### 9. Failure to Observe CSO Code of Ethics

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

# V. <u>Current Federal Internal Revenue Service Return of Organization Exempt from Income Tax form( Form 990)</u>

The Friends of the State Library and Archives of Florida Inc., for the 2015 tax year, submitted IRS Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations not required to File Form 990 or 990EZ.

The IRS annual reporting requirement for small exempt organizations with limited gross receipts requires such organizations to electronically submit Form 990-N (*e-Postcard*) for small organizations, unless they choose to instead file a complete exempt organization return.

Please see attached IRS Form 990-N for 2015 tax year.



#### Confirmation

Your Form 990-N(e-Postcard) has been submitted to the IRS

- Organization Name: FRIENDS OF THE STATE LIBRARY AND ARCHIVES OF FLORIDA INC
- EIN: 203900938
- Tax Year: 2015
- Tax Year Start Date: 01-01-2015Tax Year End Date: 12-31-2015
- Submission ID: 10065520161340266641
- Filing Status Date: 05-13-2016
- Filing Status: Accepted

MANAGE FORM 990-N SUBMISSIONS

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