

FLORIDA DEPARTMENT Of STATE

RICK SCOTT Governor **KEN DETZNER** Secretary of State

August 15, 2017

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., is an organization created to partner with and enhance efforts of the Florida Division of Cultural Affairs, while helping sustain and foster recognition of the arts in Florida. This organization continues to provide critical 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 for the people of Florida. 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 support to the Division in its efforts to implement and manage programs designed to create statewide impact and position Florida as a national leader in historic preservation. It is the agency's recommendation to continue the partnership with Friends of Florida History, Inc.

R. A. Gray Building • 500 South Bronough Street • Tallahassee, Florida 32399 Telephone: (850) 245-6500 • Facsimile: (850) 245-6125 www.dos.state.fl.us

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 instrumental 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., 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 goals.

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,

Klu Ripon

Ken Detzner Secretary of State

KD/acb

Enclosure(s)

CITIZENS FOR FLORIDA ARTS, INC. 500 South Bronough Street Tallahassee, FL 32399 850.245.6470 www.florida-arts.org/about/cfa/

FY 2017-2018 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 2017: Innovation & Entrepreneurship through Arts and Culture.* This conference was held in February 2017 in Gainesville and brought speakers from across the nation to Florida to discuss the many ways that arts and culture intersect with the fields of entrepreneurship, business start-ups and new models of support for cultural programs and individual artists. The conference included over 140 attendees from across the state. The organization has presented six cultural conferences overall (2010, 2011, 2014, 2015, 2016, 2017).
- Citizens for Florida Arts, Inc. has partnered with the Division of Cultural Affairs to implement the Division's statewide strategic plan. During this fiscal 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. <u>Three Year Plan</u>

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 series of regional events/meetings to share information about the latest Economic Impact Report *AEP 5* and provide tools for organizations to best utilize the new data.
- 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.
- Continue to offer professional development opportunities for individuals working in Florida's cultural organizations.

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 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</u> Income Tax form (Form 990)

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

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6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 815. 14 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping 5ee Fom 990-EZ, Part Line 16.0ther Express 16 106, 239. 17 Total expenses. Add lines 10 through 16 17 11.6, 775. 18 22, 584. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 22, 584. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 2, 775.			· · · · · · ·			
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11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 815. 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 9,721. 16 Other expenses (describe in Schedule O) See Form 990-EZ, Part Lune 16.0ther, Expenses 16 106,239. 17 Total expenses. Add lines 10 through 16 17 116,775. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -19,809. 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) 19 22,584. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 2,775.		9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	96,966.
12 Salaries, other compensation, and employee benefits 12 13 815. 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 9,721. 16 Other expenses (describe in Schedule O) See Form 990-EZ, Part Lune 16.0ther, Expenses 16 106,239. 17 Total expenses. Add lines 10 through 16 17 116,775. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -19,809. 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) 19 22,584. 20 Net assets or fund balances at end of year. Combine lines 18 through 20 20 21 2,775.		10				
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16 Other expenses (describe in Schedule O) See Form 990-EZ, Part , Line 16, Other, Expenses 16 106,239. 17 Total expenses. Add lines 10 through 16 17 116,775. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -19,809. 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) 19 22,584. 20 21 2,775.	E X	12				
16 Other expenses (describe in Schedule O) See Form 990-EZ, Part , Line 16, Other, Expenses 16 106,239. 17 Total expenses. Add lines 10 through 16 17 116,775. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -19,809. 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) 19 22,584. 20 21 2,775.	P E	13				815.
16 Other expenses (describe in Schedule O) See Form 990-EZ, Part , Line 16, Other, Expenses 16 106,239. 17 Total expenses. Add lines 10 through 16 17 116,775. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -19,809. 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) 19 22,584. 20 21 2,775.	N S					
17 Total expenses. Add lines 10 through 16 17 116,775. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -19,809. 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) 19 22,584. 20 20 20 21 2,775.	E S					
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A NS E T T S 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) 19 22,584. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 2,775.			Eveneses	s. Add lines to infough to	10	
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20 Other changes in her assets of fund balances (explain in schedule 0) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 2,775.	NS	19			10	22 504
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 21 2,775.	TT	20				22,584.
	S					2 775
BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2015)	BAA					Form 990-EZ (2015)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Part Balance Choote loog the	R FLORIDA ARTS, INC.	4. N/H		583251 Page
Part II Balance Sheets (see the Check if the organization used	e Instructions for Part II) Schedule O to respond to any qui	estion in this Part II		
	onloadio o to toopona to any qu		A) Beginning of year	(B) End of year
22 Cash, savings, and investments .			22,584.2	
23 Land and buildings			0.2	
24 Other assets (describe in Schedule	O)		0.2	
25 Total assets		. 3 * * • • • • • • • • • •	22,584. 2	5 2,77
26 Total liabilities (describe in Schedu	lle O)		0.2	6
27 Net assets or fund balances (line 2	27 of column (B) must agree with	line 21)	22,584. 2	2,77
	vice Accomplishments (see the			Expenses
	d Schedule O to respond to any q		(Re	quired for section 501
What is the organization's primary exempt purpose Describe the organization's program servin measured by expenses. In a clear and cor penefited, and other relevant information fi	? See Organization's Primary Exce accomplishments for each of its loise manner, describe the service or each program title	empt Purpose s three largest program ser es provided, the number of	vices, as orga persons for c	3) and 501(c)(4) anizations; optional others.)
28 Promotion_and_support Florida				
(Grants \$ 0.) If this amount includes foreign g	rants, check here	▶ [] 28a	116,775
29				
(Grants \$) If this amount includes foreign g	rants, check here	► 29a	1
30				
) If this amount includes foreign g			1
31 Other program services (describe in	,			
) If this amount includes foreign g			
				116,775
Part IV List of Officers, Directo				he instructions for Part IV)
(a) Name and title	(b) Average hours per	(c) Reportable compensation		
(-) ((-) (-) (-) (-) (-) (-) (-) (-) (-)	week devoted to	(Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other compensation
	week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employee benefit plans, and deferred compensation	
Jeffery D. Dunn	week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	beneiit plans, and deferred compensation	other compensation
effery D. Dunn	week devoted to	(Forms W-2/1099-MISC)	benefit plans, and deferred	other compensation
Veffery D. Dunn Chair John Whitney Payson	1.00	(Forms W-2/1099-MISC) (if not pald, enter -0-) 0 •	benefit plans, and deferred compensation	C
Veffery D. Dunn Chair John Whitney Payson	week devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	beneiit plans, and deferred compensation	C
Veffery D. Dunn Chair Yohn Whitney Payson Vice Chair 7. Reid Hartsfield	week devoted to position 	(Forms W-2/1099-MISC) (if not pald, enter -0-) 0 . 0 .	0 .	C
Veffery D. Dunn Chair John Whitney Payson Vice Chair 7. Reid Hartsfield Creasurer	1.00	(Forms W-2/1099-MISC) (if not pald, enter -0-) 0 •	benefit plans, and deferred compensation	C
Veffery D. Dunn Chair John Whitney Payson Vice Chair C. Reid Hartsfield Creasurer Donna McBride	week devoted to position 	(Forms W-2/1099-MISC) (if not pald, enter -0-) 0 . 0 .	0 .	C
Jeffery D. Dunn Chair John Whitney Payson Jice Chair C. Reid Hartsfield Creasurer Donna McBride	week devoted to position 1.00 1.00 1.00	(Forms W-2/1099-MISC) (if not pald, enter -0-) 0 . 0 . 0 .	0 . 0 . 0 .	C
Veffery D. Dunn Chair Yohn Whitney Payson Vice Chair C. Reid Hartsfield Preasurer Yonna McBride Coard Cill Sonke	week devoted to position 1.00 1.00 1.00	(Forms W-2/1099-MISC) (if not pald, enter -0-) 0 . 0 . 0 .	0 . 0 . 0 .	C C C
effery D. Dunn Chair Ohn Whitney Payson Cice Chair C. Reid Hartsfield reasurer Onna McBride Oard ill Sonke Oard	week devoted to position 1.00 1.00 1.00 1.00 1.00	(Forms W-2/1099-MISC) (if not pald, enter -0-) 0. 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .	C C C
effery D. Dunn hair ohn Whitney Payson ice Chair . Reid Hartsfield reasurer onna McBride oard ill Sonke oard arbara Hoffman	week devoted to position 1.00 1.00 1.00 1.00 1.00	(Forms W-2/1099-MISC) (if not pald, enter -0-) 0. 0. 0.	0 . 0 . 0 . 0 . 0 . 0 .	Conter compensation
effery D. Dunn hair ohn Whitney Payson ice Chair . Reid Hartsfield reasurer onna McBride oard ill Sonke oard arbara Hoffman oard	week devoted to position 1.00 1.00 1.00 1.00 1.00	(Forms W-2/1099-MISC) (if not pald, enter -0-) 0. 0. 0. 0.	benefit plans, and deferred compensation 0 . 0 . 0 . 0 . 0 .	Conter compensation
effery D. Dunn hair ohn Whitney Payson ice Chair . Reid Hartsfield reasurer onna McBride oard ill Sonke oard arbara Hoffman oard ibille Prichard	week devoted to position 1.00 1.00 1.00 1.00 1.00	(Forms W-2/1099-MISC) (if not pald, enter -0-) 0. 0. 0. 0.	benefit plans, and deferred compensation 0 . 0 . 0 . 0 . 0 .	Conter compensation
effery D. Dunn hair ohn Whitney Payson ice Chair . Reid Hartsfield reasurer onna McBride oard ill Sonke oard arbara Hoffman oard ibille Prichard	week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(Forms W-2/1099-MISC) (if not pald, enter -0-) 0. 0. 0. 0. 0.	benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0.	C C C C C C C C C C C C C C C C C C C
effery D. Dunn hair ohn Whitney Payson ice Chair . Reid Hartsfield reasurer onna McBride oard ill Sonke oard arbara Hoffman oard ibille Prichard	week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(Forms W-2/1099-MISC) (if not pald, enter -0-) 0. 0. 0. 0. 0.	benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0.	C Other compensation
effery D. Dunn hair ohn Whitney Payson ice Chair . Reid Hartsfield reasurer onna McBride oard ill Sonke oard arbara Hoffman oard ibille Prichard	week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(Forms W-2/1099-MISC) (if not pald, enter -0-) 0. 0. 0. 0. 0.	benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0.	C Other compensation
Veffery D. Dunn Chair John Whitney Payson Vice Chair C. Reid Hartsfield Preasurer Donna McBride Joard Cill Sonke Joard Arbara Hoffman Joard Libille Prichard	week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(Forms W-2/1099-MISC) (if not pald, enter -0-) 0. 0. 0. 0. 0.	benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0.	
effery D. Dunn Chair Ohn Whitney Payson Vice Chair C. Reid Hartsfield Preasurer Conna McBride Coard ill Sonke Oard arbara Hoffman Oard ibille Prichard	week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(Forms W-2/1099-MISC) (if not pald, enter -0-) 0. 0. 0. 0. 0.	benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0.	C Other compensation
Veffery D. Dunn Chair John Whitney Payson Vice Chair C. Reid Hartsfield Preasurer Donna McBride Joard Cill Sonke Joard Arbara Hoffman Joard Libille Prichard	week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(Forms W-2/1099-MISC) (if not pald, enter -0-) 0. 0. 0. 0. 0.	benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0.	C Other compensation
Veffery D. Dunn Chair John Whitney Payson Vice Chair C. Reid Hartsfield Creasurer Donna McBride	week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(Forms W-2/1099-MISC) (if not pald, enter -0-) 0. 0. 0. 0. 0.	benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0.	C Other compensation
effery D. Dunn hair ohn Whitney Payson ice Chair . Reid Hartsfield reasurer onna McBride oard ill Sonke oard arbara Hoffman oard ibille Prichard	week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	(Forms W-2/1099-MISC) (if not pald, enter -0-) 0. 0. 0. 0. 0.	benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0.	C C C C C C C C C C C C C C C C C C C

Fo	rm 990-EZ (2015) CITIZENS FOR FLORIDA ARTS, INC. 56-258325	1	Ρ	age 3
P	art V 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			. []
3:	B Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
	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		Х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
	(such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	b If Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		L
	c 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				
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.			100
	b Did the organization file Form 1120-POL for this year?	37b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or 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	72.02	х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	-		
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities		500	
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 * ; section 4912 * ; section 4955 *			
	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	2923		
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
	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			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		х
41	List the states with which a copy of this return is filed 🕨 Florida		/	

×.

42 a The organization's

books are in care of Morgan Lewis Telephone no. * (850)	245	-647	10
Located at ► 500 S Bronough Street Tallahassee FL ZP+4 ► 32399	-650	4	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
If 'Yes,' enter the name of the foreign country:			
			CONST.
		1.1	
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	VER		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c		Х
If 'Yes,' enter the name of the foreign country:	·		

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here	- 3-24 × 4		
			Yes	No
44	a Did the organization maintain any donor advised funds during the year? If Yes,' Form 990 must be completed instead of Form 990-EZ	. 44 a		x
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b		x
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		1000
45	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		X
	b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		х
	TEEA0812 10/12/15	Form 990)-EZ (2	2015)

Form 990	-EZ (2015) CITIZENS FOR FLORI	DA ARTS, INC.		56-258	3251	Page
	the organization engage, directly or indirectl didates for public office? If 'Yes,' complete S				46	Yes No
Part VI	All section 501(c)(3) organization for lines 50 and 51.	s only ns must answer que	stions 47-49b and	52, and complete the	tables	<u></u>
	Check if the organization used Schedule	O to respond to any que	estion in this Part VI	· · · · · · · · · · · · · · · · · · ·		Yes No
	the organization engage in lobbying activitie plete Schedule C, Part II				47	X
	e organization a school as described in sect					X
	the organization make any transfers to an ex es,' was the related organization a section 5					X
50 Com	nplete this table for the organization's five highlight ployees) who each received more than \$100,	hest compensated emp	oyees (other than office	rs, directors, trustees and I		
	(a) Name and tille of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp	
None						
51 Com	I number of other employees paid over \$100 plete this table for the organization's five hig pensation from the organization. If there is π	hest compensated indep	endent contractors who	each received more than S	\$100,000 of	
	(a) Name and business address of each independent cont	ractor	(b) Туре	of service	(c) Compe	nsation
None						
52 Did th	number of other independent contractors each he organization complete Schedule A? Note pleted Schedule A	All section 501(c)(3) or	ganizations must attach	a —	► X Yes	No
Under penaltie: rue, correct, ar	s of perjury, I declare that I have examined this return, inclu nd complete. Declaration of preparer (other than officer) is I	iding accompanying schedules a based on all information of which	nd statements, and to the best of preparer has any knowledge.	of my knowledge and belief, it is		
	Signature of officer			02/11/17		
Sign Here	JEFFREY D DUNN Type or print name and title			Date CHAIR		
<u></u>		Preparer's signature	Date	Check X if PTIN		
Paid	FRANK E DORSEY	FRANK E DORSEY	04/17/1		1217034	
Preparer		CPA				
Jse Only	Firm's address ► <u>1607 VILLAGE SQU</u> TALLAHASSEE	ARE BLVD, SUIT	E 8 FL 32309		9-27540 224-68	M 41 - 12
lav the IBS	S discuss this return with the preparer showr	above? See instruction			X Yes	No
	- access and retain with the property blown				Form 990-1	

		Public Cha	rity Status and	Publi	c Sup	port	OMB No. 1545-0047
SCHEDULE A (Form 990 or 990-EZ)	Co	mplete if the organiz 4947	2015				
		► At	tach to Form 990 or Fo	rm 990-	EZ.		Orante Data
Department of the Treasury Internal Revenue Service	► li	nformation about Sci	hedule A (Form 990 or 9 at www.irs.gov/forms		and its i	nstructions is	Open to Public Inspection
Name of the organization						Employer identif	cation number
CITIZENS FOR F	LORIDA AF	RTS, INC.				56-25832	51
Part I Reason fo	r Public Ch	narity Status (All	organizations must	comple	te this	part.) See instructio	ons.
The organization is not a			u ,	,	,		
1 A church, con	vention of chur	ches, or association o	f churches described in s	section *	170(b)(1)	(A)(i).	
			ach Schedule E (Form 9				
A REAL PROPERTY AND A REAL			ation described in section	•		,	
		tion operated in conju	nction with a hospital des	cribed in	section	170(b)(1)(A)(iii). Enter	the hospital's
name, city, an 5 An organizatio		the henefit of a colleg	e or university owned or				d in continu
170(b)(1)(A)(i	v). (Complete	Part II.)	e of university owned of	operated	i by a go	vernmental unit describe	a in section
			tal unit described in sect				
7 X An organizatio	n that normally (b)(1)(A)(vi).	receives a substantia (Complete Part II.)	I part of its support from	a goverr	nmental u	init or from the general p	oublic described
8 A community t	rust described	in section 170(b)(1)(/	A)(vi). (Complete Part II.)				
from activities investment inc	related to its ex ome and unrel	xempt functions - sub	an 33-1/3% of its support ject to certain exceptions income (less section 51 Part III.)	s, and (2) no more	e than 33-1/3% of its sur	port from gross
			to test for public safety.	See sea	tion 509	9(a)(4).	
or more public	y supported or	ganizations described	y for the benefit of, to per in section 509(a)(1) or s oporting organization and	section	509(a)(2)	. See section 509(a)(3)	urposes of one , Check the box in
a Type I. A supp organization(s) complete Part	the power to r	egularly appoint or ele	ised, or controlled by its set a majority of the direct	supporte tors or tr	d organiz ustees of	zation(s), typically by giv f the supporting organiza	ing the supported ation. You must
🖵 management o	of the supportin	ation supervised or co g organization vested tions A and C.	ntrolled in connection wit in the same persons that	h its sup t control	ported o or mana	rganization(s), by having ge the supported organiz	control or zation(s). You
c Type III function (s)	onally integra	ted. A supporting organs). You must compl	nization operated in con ete Part IV, Sections A,	nection v	vith, and E.	functionally integrated v	vith, its supported
d Type III non-fu functionally inte	inctionally int	egrated. A supporting ganization generally n	organization operated in nust satisfy a distribution s A and D, and Part V.	connec	tion with		
e Check this box	if the organiza		determination from the I	RS that i	it is a Typ	pe I, Type II, Type III fun	ctionally
g Provide the following	ng information	about the supported o	rganization(s).				
(I) Name of s organiz		(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	organizat in your g		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
•				1			
(A)							
<u>(B)</u>	· · · · · · · · · · · · · · · · · · ·			ļ	-		
Y							
(C)							
(D)							
(E)							
Total							
BAA For Paperwork Re	duction Act N	otice, see the Instruc	tions for Form 990 or 9	90-EZ.		Schedule A (Form	990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 CITIZENS FOR FLORIDA ARTS, INC.

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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.)

Se	ction A. Public Support									
	endar year (or fiscal year inning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')			73,703.	52,123.	96,924.	222,750.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			8,180.	17,374.		25,554.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3			81,883.	69,497.	96,924.	248,304.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4						248,304.			
Sec	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
7	Amounts from line 4			81,883.	69,497.	96,924.	248,304.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1.	47.	42.	90.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10			ANTA STATE			248,394.			
12	Gross receipts from related activitie	es, etc. (see instru	ictions)			12				
13	First five years. If the Form 990 is organization, check this box and st	for the organization for the organization for the organization of	on's first, second, t	hird, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)				
Sec	tion C. Computation of Put	olic Support F	Percentage							
14	Public support percentage for 2015	5 (line 6, column (f) divided by line 11	, column (f))		14	99.96%			
15	Public support percentage from 20	14 Schedule A, Pa	art II, line 14			15	%			
16a	33-1/3% support test 2015. If the and stop here. The organization quantum stop here.	he organization di ualifies as a public	d not check the box bly supported organ	k on line 13, and line	e 14 is 33-1/3% or i	more, check this bo	× ► X			
b	33-1/3% support test - 2014. If the and stop here. The organization q									
17a	10%-facts-and-circumstances test or more, and if the organization me the organization meets the 'facts-ar	ets the 'facts-and-	circumstances' tes	t, check this box and	stop here, Expla	in in Part VI how				
	10%-facts-and-circumstances test or more, and if the organization me organization meets the 'facts-and-c	ets the 'facts-and- circumstances' test	circumstances' test t. The organization	t, check this box and qualifies as a public	d stop here. Explain ly supported organ	in in Part VI how th	8			
18	Private foundation. If the organiza	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 CITIZENS FOR FLORIDA ARTS, INC.

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.)

Se	ction A. Public Support							
	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include							
~	any 'unusual grants.')		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	L		
2	Gross receipts from admis- sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						5	
3								
4 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	organization without charge							
	Total. Add lines 1 through 5							
]	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.							
1	c Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)				inter y la companya de la companya d	×-		
Sec	tion B. Total Support							
	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5	(f) Total
9	Amounts from line 6							
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,							
	whether or not the business is regularly carried on							
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 organization, check this box and stop							
Sec	tion C. Computation of Publi	c Support Pr	ercentage					
	Public support percentage for 2015 (I			column (f))	* * * * * * * * *		15	
16	Public support percentage from 2014		-	15.64		F	16	ę
	tion D. Computation of Inves							
17	Investment income percentage for 20				\		17	8
						- F	18	
18	Investment income percentage from 2					L .		
	33-1/3% support tests – 2015. If the is not more than 33-1/3%, check this 33-1/3% support tests – 2014. If the	box and stop he	ere. The organization	on qualifies as a p	ublicly supported or	rganization		a e sis e ►
	line 18 is not more than 33-1/3%, che Private foundation. If the organization	ck this box and s	stop here. The org	anization qualifies	s as a publicly supp	orted organ	ization .	
	and the second sec							
BAA			TEEA0403 1	0/12/15	Sche	edule A (Fo	rm 990 o	r 990-EZ) 2015

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 Part IV
 Supporting Organizations (Complete only if you checked a box in line 11 on 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

		-	Yes	No
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	1		
2	2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
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 Part VI when and how the organization made the determination	Зb		
	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 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	40		
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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
	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?	5b		
ľ	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i>	6		• •
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9 a	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
ł	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
C	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10 a	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
k	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	·	

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015		ARTS,	INC.	56-2583251	P	age 5
Part IV Supporting Organizat	ions (continued)					
					Yes	No

11	Has the organization accepted a gift or contribution from any of the following persons?	1.00	
1	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	
	b 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	

Section E	3. 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 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, supervised, or controlled the support support of the support of	2		

Section C. Type II Supporting Organizations

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)

Section 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

a		The organization	satisfied the	Activities Test.	Complete	line 2 below.
---	--	------------------	---------------	------------------	----------	---------------

b The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below	2	Activities	Test.	Answer	(a)	and	(b)	below
---	---	------------	-------	--------	-----	-----	-----	-------

;	^a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI Identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
I	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		50
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
ł	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	23	1993

Yes

Yes No

1

No

	hedule A (Form 990 or 990-EZ) 2015 CITIZENS FOR FLORIDA ARTS, INC	•		583251	Page 6
Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	tions	,	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on other Type III non-functionally integrated supporting organizations must complete Se	Noven ctions	nber 20, 1970. See instr A through E.	uctions. All	
Se	ction A – Adjusted Net Income		(A) Prior Year	(B) Curre (option	nt Year nal)
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			
Sec	ction B – Minimum Asset Amount		(A) Prior Year	(B) Currer (optior	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
- 1	a Average monthly value of securities	1a			
	o Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1 c			
(1 Total (add lines 1a, 1b, and 1c)	1 d			
(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			
Sec	tion 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	$= e_{1} + \frac{1}{2} e_{1} + \frac{1}{2} e_{2} + \frac{1}{2} + \frac{1}{2} $		
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions).	а Туре	III supporting organization	ิท	

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Schedule A (Form 990 or 990-EZ) 2015

	edule A (Form 990 or 990-EZ) 2015 CITIZENS FOR FLORIDA rt V Type III Non-Functionally Integrated 509(a)(3) S		and design of the second se	83251 Page 7
	ction D – Distributions			Current Year
1		ses		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizati	ons,	
3				
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 organization Part VI). See instructions	tion is responsive (provi	de details	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		Laster and State	
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)		NUMERICA SUBJECT	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7: \$			and the second second
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:	ないとうないである。		
а				
b				
с	Excess from 2013			
	Excess from 2014			
	Excess from 2015		STREET AND A STREET	

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Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 CITIZENS FOR FLORIDA ARTS, INC.	56-2583251	Page 8			
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	ne 17a or 17b;Part III, line 1	2; Part IV,			
Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1;					
Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,					
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.					
(See instructions.)					

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.			омв No. 1545-0047 2015
Department of the Treasury Internal Revenue Service		-EZ) and its instructions is	Open to Public Inspection
Name of the organization		Employer Identi	fication number
CITIZENS FOR FI	DORIDA ARTS, INC.	56-25832	51

Form 8879-EO	IRS <i>e-file</i> Signature Authorization for an Exempt Organization	OMB No. 1545-1878
	For calendar year 2015, or fiscal year beginning Jul_1 , 2015, and ending Jun_30 , 20, 20, 20, 20, 20, 20, 20, 20, 20, 20	
	Do not send to the IRS. Keep for your records.	2015
Department of the Treasury Internal Revenue Service	Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.	
Name of exempt organization		entification number
CITIZENS FOR FLO	RIDA ARTS, INC. 56-258	3251
JEFFREY D DUNN Part Type of Retu	CHAIR rn and Return Information (Whole Dollars Only)	
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 this Form 8879-EO and enter the applicable amount, if any, from the reti , 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was bla 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then er o not complete more than 1 line in Part I.	ink, then
1 a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b
2 a Form 990-F7 check he	Pre X h Total revenue if any (Form 990-FZ line 9)	2h 06 066
3 a Form 1120-POL check	chere 🕨 📔 b Total tax (Form 1120-POL, line 22)	3 b
4 a Form 990-PF check he	ere 🕨 📔 b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b
5 a Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 b
Deut II Declaration of	nd Cimpeting Authorization of Officer	
	nd Signature Authorization of Officer declare that I am an officer of the above organization and that I have examined a copy of the org	anization's 2015
unds withdrawal (direct debi organization's federal taxes of contact the U.S. Treasury Fir authorize the financial institut unswer inquiries and resolve	ny refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate t) entry to the financial institution account indicated in the tax preparation software for payment or bwed on this return, and the financial institution to debit the entry to this account. To revoke a pay ancial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) tions involved in the processing of the electronic payment of taxes to receive confidential informal issues related to the payment. I have selected a personal identification number (PIN) as my sign rn and, if applicable, the organization's consent to electronic funds withdrawal.	f the ment, I must date. I also tion necessary to
Officer's PIN: check one bo	ox only	
X lauthorize Frank	E Dorsey to enter my PIN 83251 ERO firm name Enter five number do not enter all	ers, but
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indicated within this return	ization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed n that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IN on the return's disclosure consent screen.	l return. If I have IRS Fed/State
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Part III Certification a	nd Authentication	
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certify that the above numer bove. I confirm that I am sub uthorized IRS <i>e-file</i> Provider	ic entry is my PIN, which is my signature on the 2015 electronically filed return for the organizatio mitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Ir rs for Business Returns.	n indicated formation for
RO's signature	Date > 04/17/2017	

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

Arts conference cost	65,604.
Americans for arts survey	18,975.
Awards	14,000.
Creative capital workshop	7,400.
Accounting software	199.
Annual filing fee	61.
Total	106,239.

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

4

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 2017-2018 Report

I. Statutory Authority or Executive Order Creating Organization

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

II. Mission and Results Obtained

Mission:

The mission of Friends of Florida History, Inc. (FFH) 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:

FFH board members accomplish their mission through financial support for Division programs and facilities. During FY 2016-2017, FFH raised funds for the opening of The Grove museum and provided advice on Division programming.

III. Three Year Plan

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 to the archaeology, historic sites, museums, folklife, and historic preservation programs of the Division, in a manner consistent with the policies and goals of the Department in accordance with Chapter 267, *Florida Statutes*.

To support the Division 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 Code of Ethics of FFH is as follows:

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, *Florida Statutes*, 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).

Please see attached IRS Form 990 for 2015 tax year.

1 2014004 02/16/2017 4 21 PM Fig 3

Form 9	990	Under section 501(c), 52	Organization Exemp 7, or 4947(a)(1) of the Internal Rev	enue Code (exce	pt private found	lations)	2015 Open to Public
Interna, Rever	nue Service	Information	about Form 990 and its instructio	is at www.lis.	gov/form990.		Inspection
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X Name cha	9006	usiness as and streat (or PIO box if mail is not deliv	(seed to straid address)	<u></u>	Rocm/sulta	59-37 E Telophone	53544
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Final return		own, state or province, country, and ZIP of	or forsign postal code				And the second
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Amended i	F Name an	ad address of principal officer			the state of the s		rdinates? Yes X No
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1 Tau-sueni			(insert no.) 4947(a)(1) or	\$27			
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avo 2 C	heck this how	] if the organization discontin	ued its operations or disposed of	foresthan 250/	of its not ness	In	
O 3 N		iembers of the governing body		I more than 25%	o its net asse	1 1	8
S 4 N		dent voting members of the go					8
5 5 Te		lividuals employed in calendar					1
15 6 T		unteers (estimate if necessary				the second se	65
- 1		iness revenue from Part VIII, c	5			7a	0
b N	let unrelated busin	less taxable income from Form	1 990-1, line 34			7b	0
					Prior Year	004	Current Year
e 8 Co		rants (Part VIII, line 1h)				,024	12,072
ω I		venue (Part VIII, line 2g)	4			,197	79,426
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			al Part VIII, column (A), tine 12)		579		286,895
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1		or members (Part IX, column (	5.5 S. 5.4				0
100			(Part IX, column (A), lines 5-10)		)	701	31,245
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		penses (Part IX, column (D), lin		80	and a second second second second second		
m 17 OI	ther expenses (Pa	irt IX, column (A), lines 11a-11	d, 11f-24e)			993	84,575
18 To	otal expenses. Add	d lines 13–17 (must equal Part	IX, column (A), line 25)			694	115,820
19 Re	evenue less expen	ises. Subtract line 18 from line	12		502,		171,075
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20 10 22 To	otal assets (Part X, otal liabilities (Part			· · ·	Construction of the second s	128	144,402
Net 22 Net	,	alances. Subtract line 21 from	line 20		3,029,		3,248,720
Part II	Signature I			<u>a a ser a s</u>			
			um, including accompanying schedule	es and statements	and to the best	of my knowle	edge and belief, it is
true, correct	t, and complete. Dec	claration of preparer (other than of	ficer) is based on all information of w	hich preparer has	any knowledge.	or my more	
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r or Paperwork Reduction Act Notice, see the separate instru

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-		ontains a response or note to any	line in this Part III	ر ۲ <u>۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰</u>
	Briefly describe the organization's miss EE SCHEDULE O			
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		in the second of the second	and the transfer of the second	
	and the set of the set	ana ana ana ang ang ang ang ang ang ang		
2	Did the organization undertake any sign	nificant program services during the year	which were not listed on the	
	prior Form 990 or 990-EZ?	The little of the test sectors with the		Yes X
	If "Yes," describe these new services of		and date to the party of	
3	Did the organization cease conducting,	or make significant changes in how it co	nducts, any program	
	services?			Yes X
	If "Yes," describe these changes on Sc			
4		rvice accomplishments for each of its thr		
		)(4) organizations are required to report t	he amount of grants and allocations t	o cthers,
	the total expenses, and revenue, if any,	, for each program service reported,		
I H M F A	ISTORY, INC. THROUGH ARKET RESEARCH, AND ROFIT ORGANIZATIONS ND SPECIAL PROJECTS	68,512 including grants of ERVATION, AND ENHANC H PUBLIC AWARENESS P JOINT PARTNERSHIPS , ADDITIONALLY, TO P RELATED TO MISSION BERSHIP SUPPORT FOR	EMENT OF FRIENDS O ROJECTS, SPECIAL E WITH OTHER NON-PRO ROVIDE CAPACITY FO SAN LUIS AND TO DE	VENTS, TOURS, FIT AND FOR- R GRANT FUNDING
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THE REPORT OF THE REPORT OF

## Porm 990 (2015) FRIENDS OF FLORIDA HISTORY, INC. 59-3753544 Part IV Checklist of Required Schedules

	. 7
Page	\$

20200			Type	L
1	Is the organization described In section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	[	Yes	No
~	complete Schedule A	1	X	x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		A
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 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		1	
	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 guasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.	14	1.1	- 12 ^{- 1} 14 - 2 - 1 - 1
3	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110	X	
C	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	110		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	110		X
e	Did the organization report an amount for other llabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11F	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			v
	"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		14a		~
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from granimaking, fundralsing, business, investment, and program service activities outside the United States, or aggregate			
		AAb	1	X
40	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>A</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		X
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		44
16		16		X
17	assistance to or for foreign individuals? If "Yes," complete Schedula F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
17	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			
.0		18		Х
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G. Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part II	19		x
gen and for success				-

## Form 990 (2015)

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-			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
Þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	205		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	244		
	to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	208		42
U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	ļ		
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	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		1	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		2	4.1
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
с	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			••
-	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		1	v
	complete Schedule N, Part II	32	-+	<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	1	х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	23		-
4		34	x	
35a	The second	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-		35b		
35	Section 501(c)(3) organizations, Did the organization make any transfers to an exempt non-charitable	1		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		T	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
		1	990	

Form 990 (2015)

DAA

NAME OF TAXABLE PARTY OF TAXABLE PARTY.

- <u>,</u>	Check if Schedule O contains a response or note to any line in this Part	V	and the second second			- 2
						. 1
					Yes	
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	10	7			T
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	16	0	125		1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			1.		1
	reportable gaming (gambling) winnings to prize winners?			10	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1				1
	Statements, filed for the calendar year ending with or within the year covered by this return	28	1		1	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			26	X	1
	Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	sel		20		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-37		3a	1.2.2	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	e desint access	3b	1	f
la .	At any time during the calendar year, did the organization have an interest in, or a signature or other	Duth or	The second Provide second	30		+-
	over, a financial account in a foreign country (such as a bank account, securities account, or other fi	nancial	ty			
	account)?			4a	1	1
	If "Yes," enter the name of the foreign country: ►		ningi sama	·		1
1	See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Account	ts	124	1.92	
ł	(FBAR).				·	
ia I	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		1
bl	Did any faxable party notify the organization that it was or is a party to a prohibited tax sheller transa	ction?	198 (197 550 - 188 - 18 9	5b		12
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	18	· · · · · · · · · · · · · · · · · · ·			-
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		3
	f "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	ere a sere a			-
	affs were not lay doductible?			6b		
	Organizations that may receive deductible contributions under section 170(c).		5 5 M 5 M 6	00		1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	a a a da		100	1	1
	and applicas provided to the payor?	joods		112	- Carlo	
	f "Yes," did the organization notify the donor of the value of the goods or services provided?	4.5.5	-1 •• Merris ••	7a		3
			and the second second	75		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	25				
	equired to file Form 8282?	per p		70		2
d 11	f *Yes," indicate the number of Forms 8282 filed during the year	7d	and the formation of the second s	1993	3.4	4.4
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		2
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			71		X
	the organization received a contribution of qualified Intellectual property, did the organization file Fo			7g		
	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
	ponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the	1		23.7	
	ponsoring organization have excess business holdings at any time during the year?			8		
S	ponsoring organizations maintaining donor advised funds.			133		
a D	id the sponsoring organization make any taxable distributions under section 4966?			9a		
0	tid the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	ection 501(c)(7) organizations. Enter.		. destroyed and the			1
a Ir	nitiation fees and capital contributions included on Part VIII, line 12	10a		1.4	See.	1
	cross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	105				5
5	ection 501(c)(12) organizations. Enter:					
G	ross income from members or shareholders	11a		A. Cal	- And	4
	ross income from other sources (Do not net amounts due or paid to other sources					No. A
a	gainst amounts due or received from them.)	115		1.	Cine.	
	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	Statement of the local division of the local		12a	COLUMN CONTRACT	14,000
		126	*** ** ***************		3.32	
	ection 501(c)(29) qualified nonprofit health insurance issuers.	(LAN)				
	the organization licensed to issue qualified health plans in more than one state?			13a	-	
	ote. See the Instructions for additional Information the organization must report on Schedule O.		and him y = - +			35
	nter the amount of reserves the organization is required to maintain by the states in which			····		-
		1741		1.	2.1	
	play the amount of meaning an hand	136		12.		1
	tertertertertertertertertertertertertert	13c		1.	200	
Di	id the organization receive any payments for indoor tanning services during the tax year?			14a 14b		X
	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<b>^</b>				

#### Form 990 (2015) FRIENDS OF FLORIDA HISTORY, INC. 59-3753544

Page 6

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 75 below, end to a transfer response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Part VI -... -..... 

Se	ction A. Governing Body and Management				Tu	1
	Take the surplus of estimates at the surplus in hade at the surplus of the terms		8		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<b>Q</b>	- **		124.5
	If there are material differences in voting rights among members of the governing body, or					1.17
	if the governing body delegated broad authority to an executive committee or similar			305	. And	1
L	committee, explain in Schedule O.	4.5	8	1. 14		
ь	Enter the number of voting members included in line 1a, above, who are independent	10	0	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1	1.1	x
	any other officer, director, trustee, or key employee?		200	2		A
3	Did the organization delegate control over management duties customarily performed by or under the direct					x
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	v	A
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4	X	x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		0.00	5		and the second of
6	Did the organization have members or stockholders?	- 90		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			-		ź
	one or more members of the governing body?			7a		<u>A</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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:		0.402	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			<u>8b</u>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					**
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<u></u>	9		X
Sec	tion B. Policles (This Section B requests information about policies not required by the Inter	nal R	evenue Co	de.)		
					Yes	No
10a	· · · · · · · · · · · · · · · · · · ·			10a		X
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?		(1,1) = (1,1) = (1,1)	10b	T	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the for	m?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			19143	Sec.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	e	1.12.11.1	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	flicts7	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		n es en e 🐨 🗌	120		v
13	Did the organization have a written whistleblower policy?			13	v	X
14	Did the organization have a written document retention and destruction policy?		-	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			12		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			2	Sant	v
a	The organization's CEO, Executive Director, or top management official	(		15a		X
ъ	Other officers or key employees of the organization		e 11 g	15b		<u>A</u>
	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			1.0	·	v
	with a taxable entity during the year?	din		16a	1.	X
ъ	If "Yes," dld the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax taw, and take steps to safeguard the				1.1.1.1	
0	organization's exempt status with respect to such arrangements?	· <u> </u>		16b	1	
	tion C. Disclosure					
17					1.00	3.72
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501	(0)(3)9	oniy)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
40	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	st polic	y, and			
50	financial statements available to the public during the tax year.	(a) 1				
20	State the name, address, and telephone number of the person who possesses the organization's books and record					
	NORABLE S. CURTIS KISER 500 SOUTH BRONOUGH STREET, STE 3		950	-24	5-63	200
and the second states of	ILLAHASSEE FL 3230	-1	000	and the local division of the local division		-
DAA				Form	990	(2015)

#### Form 990 (2015) FRIENDS OF FLORIDA HISTORY, INC. 59-3753544 Page 7 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII.

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

ta 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.

Gheck this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per waak (Tist any	(0 ) b0	la not x, uni	Po: check ess pr	C) sition more srson	ihan d is bolh or/truste	ane an	(D) Reportable companisation from the	(E) Reportable compensation from related organizations	(F) Estimated emount of other compensation
	hours for related organizations below cotted ilnet	Individual trustee or director	Institutional Joustee	Olficer	Key employee	Highest compensated employee	Former	organization (W-2/1095-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) LESTER ABBERGER				1.	1					The second s
VICE CHAIR	1.00	X		x				0	0	0
(2) CAROL BRYANT-MAI								•		
SECRETARY	1.00	x		x				0	0	0
(3) HONORABLE S. CUI	RTIS KISI	ER								
CHAIR_	1.00 0.00	x		x				0	0	0
(4) LT. GENERAL ROBE		GZ	N							
TREASURER	1.00	x		x				0	0	0
(5) DR. E. CHARLTON	PRATHER									
DIRECTOR	1.00	X						0	0	0
(6) MICHAEL B. REID	1 00									
DIRECTOR	1.00 0.00	x					_	0	0	0
(7) MELISSA SCHECHTE										
DIRECTOR	1.00	x						o	0	0
(8) DON SLESNICK	1 00		-							
DIRECTOR	1.00	x						0	0	0
(9) ROBERT BLOUNT	10 00				1					neril Augusting gaalmaning gaarden en g
EXECUTIVE DIRECTOR	40.00			x				0	51,515	25,598
(10)						1				
the constant is an example										
(11)							T			
DAA					l			<u></u>		Form 990 (2015)

Part VII	015) FRLENUS	OF FLORI	DA	H.	LS	LOI	KY,	1	NC. 59-375 and Highest Compensate		Page 8
	(A) Name and title	(B) Average hours per week (list any hours for	(d bc of	io nol x, uni hicar s	Po checi ess p ind a	(C) sition (more erson direction	s than is both cr/trust	one nan se)	(D) Reportable compensation from the ciganization	(E) Reportable compensation from related orgenizations (W-2/1086-MISC)	{F} Estimated amount of bitref compensation from the
		retated organizations below dotted line j	Individual Inustee or director	Institutional trustee	Officiar	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		erganization and related organizations
	n il tata d'actar tara				×						
• •											
	a sala a fa sala a fa sala a										
	5										
and the mean	5. 										
	10 - CANG AN 11 AG										
Total fi	al om continuation she dd lines 1b and 1c)	ets to Part VII, S	ectio	on A			. 1	A A A		51,515	25,598
Total n		cluding but not lin	niteo	i to t	hose	e list	ed ab	ove	) who received more than \$	\$100,000 of	Yes No
employ For any organiz Individu Did any	ee on line 1a? If "Yes," Individual listed on line atlon and related organ al	complete Schedi 1a, is the sum o izations greater t a receive or accru	ule J If rep han Je co	for sorta \$150	such ble ( ),000	indi comp 27 If	ividua pensa "Yes from	ation ," co any	yee, or highest compensation fr and other compensation fr implete Schedule J for such unrelated organization or i or such person	rom the h	3 X 4 X 5 X
Comple		e highest comper							ctors that received more th		
comper		(A) (A) business address	nper	nsati	on f	or th	e cale	endi		n the organization's tax year. B) n of services	(C) Compensation
<b></b>			3			7	-		a Martin Carlos and a star of the former of the first star of the	and an	
		<del></del>									
						,					
Total nu	mber of independent c I more than \$100,000 c	ontractors (includ	ing t	but n	iot lii	niteo	d to ti tion	hose	listed above) who	0	
		6				E.	L PO	- The section		· · · · · · · · · · · · · · · · · · ·	Form 990 (2015)

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# Form 990 (2015) FRIENDS OF FLORIDA HISTORY, INC. 59-3753544 Part VIII Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 1a	Federated campa	igns	1a	-		6	n her se dissessed	Contract for the
DUL D	Membership dues		15	5,280		「日本なななな		
e c	Fundraising event		10		all a star the start	A ALAN CALL		
d d	Related organizat		id					
e e	Government grants (cont	ibutions)	1e		1. 网络金属			
f	All other coalributions, git							
Ē	and similar amounts not i	ncluded above	1f	6,792				
-	Noncash contributions inc							A starting a second
o h	Total. Add lines 1	a-1f			12,072	2		
				Busn. Code				
2a	MUSEUM ADM				74,564			
Ь	ALL OTHER	PROGRAMS			4,862	4,86	2	
0								
2a b c d e f								
e	All other program							
	Total. Add lines 2:				79 426		the company of such	an a
3	Investment incom				10,140	1	1	T
ľ	and other similar a		Contraction in the second states in the		74,350			74,35
4	Income from inves	tment of tax-	exempt bond	proceeds >				1
5	Royalties						1	
		(i) Rea'		) Personal			Later States	- 7 - Sec 7 - 7 - 7 - 7
6a	Gross rents	172,0	063					
b	Less: rental exps.	23,9	992					
c	Rental inc. or (loss)	148,0	071		The second second			
d	Net rental income	or (loss)			148,071			148,07:
18	Gross amount from sales of assets	(i) Securities		(ii) Other	a second the			
	other than inventory	578,3	302					1
b	Less: cost or other				. Althouse by			
	basis & sales exps.	635,9				and an external state of the second se		
	Gain or (loss)	-57,6						
	Net gain or (loss)			Þ	-57,620	-57,620		
1	Gross income from fu	ndraising event	5					
1	(not including \$ of contributions report	od on linn dal	e					
	See Part IV, line 18				The the give			
	Less: direct expense		b					
	Net income or (loss		Salar development of the lateral party of the later	• >	<ul> <li>A state of the sta</li></ul>			nan a Malaziki Indrinoas
	Gross income from ga				0 (a. 12 S. 12-5 Ca			
	See Part IV, line 19		a					
	Less: direct expense		b					
	Net income or (loss		g activities					
10a	Gross sales of inve	ntory, less				A Carlos		
	returns and allowar	* * * * * * * * *	a	60,289		and a start of the second	a Standard and Standard	
	Less: cost of goods		ь	29,693				
C	Net income or (loss	And the second se	of inventory.		30,596			30,596
	Miscellane	aus Revenue	ta and the second s	Busn, Code	· 1997年1月1日 · 1998年1月1日			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
11a								
ь	· · · · · · · · · · · · · · · · · · ·							
c	х на колоницата на колоница А II – Абласти на колоницата на колоницата на колоницата на колоницата на колоницата на колоницата на колоницат							-
	All other revenue			L		State Contraction		
	LOCAL AND IMAS 11	D11-16					The state of the s	the state of the second

P	m 990 (2015) FRIENDS OF FLOR art IX Statement of Functional Ex	penses		53544	Page 1
Sec	tion 501(c)(3) and 501(c)(4) organizations must			implete column (A).	
	Check if Schedule O contains a res	(A)	the second s	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	(B) Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	ganaral expenses	expenses
1	Grants and other assistance to domestic organizations				and the stand of the
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
4	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	<u>├</u>			
5	organizations, foreign governments, and foreign				Stand State
	individuals, See Part IV, lines 15 and 16				Contraction of the second
4	Benefits paid to or for members			1. Y	
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees				
6	Compensation not included above, to disgualified			······································	
<i></i>	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	29,025		29,025	na n
8	Pension plan accruais and contributions (include		-		
200	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,220		2,220	
11	Fees for services (non-employees):				
a	Management				
Ь	Legal				
с	Accounting	12,958	11,014	1,296	648
d	Lobbying				
ę	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, fist line 11g expenses on Schedule O.)				
2	Advertising and promotion	20,803	17,683	2,080	1,040
3	Office expenses	4,180	3,553	418	209
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
~	for any federal, state, or local public officials	·····			
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates	2,848	2,517	221	110
23	Depreciation, depletion, and amortization	2,040	£, J1/		7.7.0
	Insurance	1. S. A. C. A. M. C. A.		Contraction of the source of	
4	Other expenses, Iterrize expenses not covered above (List miscellareous expenses in line 24e. If			Charles and	and the second
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule D.)			a ser an an an an an	
a	OTHER PROGRAM EXPENSES	15,746	15,746	Contraction of the second s	and the second
b	OTHER EXPENSES	12,625	10,648	1,407	570
c	SPECIAL EVENTS	7,552			7,552
d	LIVING HISTORY	5,130	5,130		
6	All other expenses	2,733	2,221	261	251
5	Total functional expanses, Add lines 1 through 24e	115,820	68,512	36,928	10,380
6	Joint costs. Complete this line only if the organization reported In column (B) joint costs from a combined educational campaign and fundraising solicitation. Check hare following SOP 98-2 (ASC 958-720)				

.

		Check if Schedule O contains a response or note	to any line in	this Part X			
	<u>.</u>				(A) Beginning of year		(B) End of year
	1	Cash-non-interest bearing			398,760	) 1	607,124
	2	Savings and temporary cash investments	296,438	3 2	364,651		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and former of	flcers, directo	rs,		1.90	400 201040-0
		trustees, key employees, and highest compensated employees.				133	
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section				1 de	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and					Reach Service
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary					
ψn		organizations (see instructions). Complete Part II of Schedule L				6	1
Assets	7					7	-
AS	8	Notes and loans receivable, nat			27,979		28,540
	9	Inventories for sale or use Prepaid expenses and deferred charges				0	
		Land, buildings, and equipment: cost or	[·····		1212 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	10000	
		other basis. Complete Part VI of Schedule D	10a	30,273			
	h	Less: accumulated depreciation	105	25,310	7,489	100	4,963
	11	Investments-publicly traded securities			1,427,235		1,219,805
	12	Investments-other securities. See Part IV, line 11		******	968,408		1,168,039
	13	Investments-program-related. See Part IV, line 11	************	500,300	13	1,100,000	
	14					14	
	15		an San Anna		·······	15	
	16	Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34	· · · · · · · · · · · · · · · · · · ·		3,126,309	1 months	3,393,122
-	17	Accounts payable and accrued expenses			9,491		22,052
	18	Grants navable		5/254	18	26/001	
	19	Grants payable Deferred revenue	11 1 × 10 × 100 × 1	87,637	- marine	122,350	
	20			20	122,000		
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of	······································	21			
10	22	Loans and other payables to current and former officers,	the life and			and the second	
ties	de de	trustees, key employees, highest compensated employe					
Liabilities		disqualified persons. Complete Part II of Schedule L			이번 사람들은 가지 공급적인 바람이다. 	22	ingen ingeligen die Kanton (namme). Name
Lia	23	Secured moderages and notes payable to unrelated third		23			
		Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties				24	and a second
		Other liabilities (including federal income tax, payables to		64			
	20	parties, and other liabilities not included on lines 17-24).					
			1		25		
	26	of Schedule D Total liabilities, Add lines 17 through 25	97,128		144,402		
	20	Organizations that follow SFAS 117 (ASC 958), check	and				
8		complete lines 27 through 29, and lines 33 and 34.					
DC	27	an a	1,487,918	27	1,707,457		
Jala		Unrestricted net assets		28			
	29		1,541,263	29	1,541,263		
n		Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [] and					
5		complete lines 30 through 34.					
ets	30	A	a na anti ang	30	Actual Construction of States and Construction		
155		Paid-in or capital surplus, or land, building, or equipment		31			
31	32	Retained earnings, endowment, accumulated income, or		32			
			3,029,181	33	3,248,720		
		Total net assets or fund balances Total liabilities and net assets/fund balances	3,126,309		3,393,122		
	44	retar includes and net assersitation palarices ,		المري وغير ومعدد ويعدد وريا		24	SIUSUILL

Form 990 (201	5) FRIENDS	OF	FLORIDA	HISTORY,	INC,	59-3753544	
Part XI	Reconciliatio	n of	Net Assets				
	Charle if Cabady	de O	apptoine a root	names or mate to		this Dest VI	

	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	286,895
2	Total expenses (must equal Part IX, column (A), line 25)	2	115,820
3	Revenue less expenses. Subtract line 2 from line 1	3	171,075
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,029,181
5	Net unrealized gains (losses) on investments	5	48,464
6	Donated services and use of facilities	6	s
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	3,248,720
P	in 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		S.S. 198. (5) A.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	and respondence of generations	
	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:		
	Separate basis X Consolidated basis Both consolidated and separate basis		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		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-1337		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.	1.1	3b
			Fort. 990 (2015)

# FRIENDS OF THE MUSEUMS OF FLORIDA HISTORY, INC. 500 South Bronough Street, G-2 850.245.6400 www.museumoffloridahistory.com

## FY 2017-2018 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 Day 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 Day
  - o Annual Children's Day
  - o Florida Heritage Month
  - Knott House Emancipation Day and other educational programs

- Traveling Exhibits Program (TREX)
- o 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 on June 20, 2017, 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 Florida History Day and Emancipation Day. One objective that has been accomplished this fiscal year is that a new exhibit (Fishing in Florida) was added to the TREX program. Also added was a new TREX component—exhibits to travel specifically to Florida airports. The Museum's 40th Anniversary started this fiscal year and will roll over into next fiscal year. The Friends are committed to supporting programming and a special exhibit related to the 40th Anniversary. The three-year plan for the Friends is to continue to increase non-state funding and expand awareness of the Museum statewide.

# Fiscal year 2017-18

- 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. Provide funding to continue to build up the Airport Traveling Exhibits (Airport TREX).
- 5. Participate in and support strategic planning for the Museum.
- 6. Develop an annual fundraising appeal to support designated Museum programs.

## Fiscal year 2018-19

- 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 through the Traveling Exhibits Program (TREX) and provide funding to add one new exhibit. Provide funding to continue to build up the Airport Traveling Exhibits (Airport TREX).
- 4. Expand the base of Museum members and contributors, and establish a group of benefactor level donors.
- 5. Establish specific development and fundraising goals based on the strategic plan.

## Fiscal year 2019-20

- 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. Provide funding to continue to build up the Airport Traveling Exhibits (Airport TREX).
- 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 on June 20, 2017, is 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 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)

Fo	rm S	990	Under section 501(c), 52	Organization Exempt From In 7, or 4947(a)(1) of the Internal Revenue Code (exc	ept private fou	ndations	
Dep Inte	oartment mal Rev	of the Treas renue Servic		r social security numbers on this form as it may t about Form 990 and its instructions is at www.irs			Open to Public Inspection
Ā			1 111011110111	p07/01/15, and ending 06/30/2			
В		applicable:		OF THE MUSEUMS OF FLORIDA		D Employ	yer identification number
		change	HISTORY	, INC.			
	Name cl		Doing business as	**************************************		59-3	3760777
		·	Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite		one number
	Initial ret Final ret		500 S. BRONOUGH ST City or town, state or province, country, and	ZIP or farsian postal code		850-	-245-6413
	terminat		TALLAHASSEE	FL 32399-0250		2-2-2-	064 477
	Amende	d return	F Name and address of principal officer:	ET 25222-0520	1	G Gross re	eceipts\$ 864,477
$\square$	Applicati	ion pending	JOHN A. BOUDET		H(a) Is this a gro	oup return fo	r subordinates 🚺 Yes X No
			500 S BRONOUGH S	T	H(b) Are all sub	ordinates in	Yes No
			TALLAHASSEE	FL 32399-0250			t. (see instructions)
	Toy ove	empt status:		✓ (insert no.)			, ,
	Website		WW.MUSEUMOFFLORID		H(c) Group exe	motion num	bar
<u></u> к			X Corporation Trust Associati		ear of formation: 2		M State of legal domicile: FL
	Part I		mmary		di or formation, ma		The other of legal dominie
*				most significant activities:		5 - 5) 	
Governance		TO E MUSE FLOR	NHANCE & PERPETUATE T UM OF FLORIDA HISTORY IDA AND IT'S VISITORS	HE HISTORIC PROPERTIES & MUS , DIVISION OF CULTURAL AFFAI	EUMS MAN RS FOR T	AGED HE PE	BY THE
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			of voting members of the governing t				12
Activities &	41	Number o	f independent voting members of the	e governing body (Part VI, line 1b)		4	12
ivit	5	Total nun	ber of individuals employed in calen	dar year 2015 (Part V, line 2a)		5	6
Act			ber of volunteers (estimate if necess			1 0	12
	7a 7	Total unre	elated business revenue from Part V	II, column (C), line 12		7a	0
	bl	Net unrel	ated business taxable income from F	orm 990-T, line 34		7b	0
		o		ont (on	Prior Yea		Current Year
Revenue	1		ons and grants (Part VII line 1h)			,537	45,669
ven			service revenue (Part VIII, nne 2g)	2. 4. and 7d)		,359	<u>46,027</u> 63,273
Re			nt income (Part VIII, column (A), lines	Contraction of the second seco		,421	114,198
			enue (Part VIII, column (A), lines 5, 6	equal Part VIII, column (A), line 12)		,499	269,167
			d similar amounts paid (Part IX, colu	(A) 1	220	, 399	203,107
			aid to or for members (Part IX, colur	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			0
6				fits (Part IX, column (A), lines 5–10)	78	.424	76,995
Expense	16aF	Professio	al fundraising fees (Part IX, column	(A), line 11e)		/	0
ber	b 1	Total func	raising expenses (Part IX, column (I)), line 25) ▶ 0			
Ĕ				u–11d, 11f–24e)	111	,220	110,693
	18 1	Fotal expe	enses Add lines 13–17 (must equal)	Part IX, column (A), line 25)	189	,644	187,688
	10 E		ess expenses. Subtract line 18 from			,855	81,479
Net Assets or Fund Balances					leginning of Curr	ent Year	End of Year
alar Mara	20 T	Fotal asse	ts (Part X, line 16)		1,069		1,108,835
AA	21 T	fotal liabi	ities (Part X, line 26)			,017	5,974
Ž.	22 N		or fund balances. Subtract line 21 f	rom line 20	1,065	,640	1,102,861
	art II		nature Block				
				s return, including accompanying schedules and state an officer) is based on all information of which prepare			my knowledge and belief, it is
		-			2 AU 2005		
Sig			nature of officer	Numerica State Statement - Net annual		Date	
Her	e		MONESIA T. BROWN	TREASU	RER		
		-	e or print name and title	Desperade cienchure	Date		if PTIN
	1	I FILLUTYDE	preparer's name	Preparer's signature	Date	Check	

	Print/Type prepa	rer's nar	me	Preparer's signature	Date	C	heck if	PTIN
Paid	MATTHEW R.	HAN	SARD			s	elf-employed	P00273516
Preparer	Firm's name	•	THOMSON BROCK	LUGER & COMPANY	1	Firm's El	N) 20	-2259573
Use Only			3375G CAPITAL	CIR NE				
	Firm's address	•	TALLAHASSEE, H	TL 32308-3736	F	Phone no	850	-385-7444
May the IR	S discuss this	s retur	n with the preparer shown ab	ove? (see instructions)		<u></u>		X Yes No
For Paperw	ork Reduction	Act N	lotice, see the separate instruc	tions.				Form 990 (2015)

For Paperwork Reduction Act Notice, see the separate instructions. DAA

	m 990 (2015) FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777	Page 2
P	Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1		
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
\$	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No
1	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
I Z F	(Code:)(Expenses \$ 95,323 including grants of \$)(Revenue \$ DEVELOPING AND PROVIDING STAFF SERVICES AND MERCHANDISE FOR THE AT THE MUSEUM OF FLORIDA HISTORY, FLORIDA HISTORIC CAPITOL MUSEU FLORIDA'S CAPITOL BUILDING, AND OTHER LOCATIONS DEEMED APPROPRIA DRGANIZATION AND THE DEPARTMENT OF STATE, DIVISION OF CULTURAL A	M, ATE BY THI
	2 · · · · · · · · · · · · · · · · · · ·	1 (3 5 ° C) 1 (2 7 (3 7 (2 7 ° C))) 1 (3 7 ° C) 1 (2 7
b	(Code:) (Expenses \$ 77,596 including grants of \$) (Revenue \$	46.027)
D	(Code:) (Expenses \$ 77,596 including grants of \$) (Revenue \$ DEVELOPING EXHIBITIONS AND PROGRAMS TO PROMOTE AND EDUCATE THE V TEMBERS OF THE MUSEUM.	46,027) VISITORS #
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	DEVELOPING EXHIBITIONS AND PROGRAMS TO PROMOTE AND EDUCATE THE VIEWBERS OF THE MUSEUM.	46,027) /ISITORS 4

Form 990 (2015) FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777 Part IV Checklist of Required Schedules

	art iv Oneckinst of Required Ocheddies			
		[Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1
2	complete Schedule A		X	+
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2		+
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Í	v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
~	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		ĺ –	1 37
_	"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	ļ		ļ
	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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	_11a	Х	
þ	The second s			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D; Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
ano no 1	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		-	
	Dat VIII lines to and 202 If IV/00 / complete Schoolule C. Dat II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x

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For	m 990 (2015) FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777		F	Page 4
P	art IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		2	
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 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	26		X
27	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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

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For	m 990 (2015) FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777		Р	age 🕻
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			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 and			ĺ –
	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 6	_		ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		X
b		3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5</u> a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				37
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.		v
6	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
c		7c		x
d	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	10		
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			21.27
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:			
а	Gross income from members or shareholders 11a	1.1.1		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	4		
-	Enter the amount of reserves on hand			37
ç		44.		
14a	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		<u>X</u>

Form 990 (2015) FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777

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

Se	ction 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 12	-		
	If there are material differences in voting rights among members of the governing body, or		1.11	
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b		_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Less to galaxy and a possible without and and a second a se			
	one or more members of the governing body?	7a		X
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 follo	wing:		
а	The governing body?	8a	X	_
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	nue Co	ode.)	
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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			10
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1 1		
	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 NONE			
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)	A 1 1 1 1 1 1 1 1 1 1 1		
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 🕱 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:			
	YSE CORNELISON 500 S. BRONOUGH ST.			
	LLAHASSEE FL 32399-0250 850	-245	5-64	13

FL 32399-0250 850-245-6413

Form 990 (2015) FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777

Page 7

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

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

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.

(A) Name and Title	(B) Average hours per week (list any hours for	box	k, unli icer a	Pos check ess pe nd a c	erson directo	than one is both an pr/trustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-271099-MISC)		organization and related organizations
(1) LESTER ABBERGER									
DIRECTOR	1.00 0.00	x					0	0	0
(2) STEPHEN R. BIRT									
DIRECTOR	1.00	x					0	0	0
(3) JOHN A. BOUDET									
CHAIRMAN	1.00 0.00	x		x			o	0	0
(4) MONESIA T. BROW	N								
TREASURER	1.00	x		x			0	0	0
(5) BILL CARLSON									<u></u>
DIRECTOR	1.00 0.00	x					0	0	0
(6) KATHY GUILDAY									
DIRECTOR	1.00 0.00	x					0	о	0
(7) PETER HARRIS			[
SECRETARY	1.00 0.00	x		x			0	о	0
(8) BILL HERRLE									
DIRECTOR	1.00	x					0	0	0
(9) JON C. MOYLE, J									
ENDOW. CHAIR	1.00	x		x			0	о	0
(10) LENA JUAREZ									
VICE-CHAIR	1.00	x		x			0	о	0
(11) LAURA ROGERS									
DIRECTOR	1.00 0.00	x					0	0	0
DAA									Form 990 (2015)

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Part VII Section A. Office (A) Name and tille	(B) Average hours per week (list any hours for	(de bo;	o not o x, unle	Po: check	(C) sition more arson	e than is bo	one th an stee)	(D) (D) Reportable compensation from the organization	Contin (E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the	f
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	employee	Former	(W-2/1099-MISC)	(organizatio and related organizatior	ł
(12) SAM VICKERS	1 00					1-0						
DIRECTOR	1.00	x						0	0			0
(13) JEANA BRUNSC	12.00			77					50.010			0
MUSEUM DIRECTOR (14) ELYSE CORNEL				X				0	52,019			0
DEVELOPMENT & FIN	30.00			x				0	39,010			0
					_							
					-					,		
1b Sub-total c Total from continuation she									91,029			
d Total (add lines 1b and 1c)									91,029			
2 Total number of individuals (in reportable compensation from				o the	se l	isteo	abo	ove) who received more th	an \$100,000 of			
3 Did the organization list any for									nsated		Ye	
 employee on line 1a? If "Yes," For any individual listed on lin organization and related orga 	e 1a, is the sum	of re	epor	table	e co	mpe	nsati	ion and other compensation	on from the		3	x
individual 5 Did any person listed on line	1a receive or ac	crue	com	ipen	satio	on fr	om a	iny unrelated organization	or individual		4	X
for services rendered to the or Section B. Independent Contractor		Yes,'	° con	nple	te S	cheg	dule	J for such person		<u></u>	5	X
1 Complete this table for your fir compensation from the organi	ve highest comp									ax vear.	e te st fe	
	(A) business address								B) of services		(C) Compens	sation
			-									-

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

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Form 990 (2015) FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777

Part VIII

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns	1a					
b	Membership dues	1b	7,285				
c	Fundraising events	1c					
d	Related organizations	1d					
e	Government grants (contributions)	1e					1
1	All other contributions, gifts, grants,						
	and similar amounts not included above	1f	38,384				
	Noncash contributions included in lines 1						
9 h	Total. Add lines 1a-1f		••••••	45,669			
	Total. Add lines ta-11		Busn. Code				
20	EDUCATION PROGRAMS		611710	30,827	30,827		
2a		· · · · · · · · · · · · · · · · · · ·	900099	15,200	15,200		· ·
a	EXHIBIT INCOME	needi oossa)	300033	15,200	15,200		
C	R		8				
d	То на каза каза каза село каза село каза		.				
е	Signal and a second second second						
	All other program service rev			10.000			
9	Total. Add lines 2a-2f			46,027			
3	Investment income (including						
	and other similar amounts)		🕨 📙	22,911			22,9
4	Income from investment of ta	x-exempt bo	ond proceed				
5	Royalties						
	(i) Real		(ii) Personal				
6a	Gross rents 16,	452					
b	Less: rental exps.						
		452					
	Net rental income or (loss)			16,452			16,4
	Gross amount from (i) Securities		(ii) Other				
	sales of assets	691					
h		0.51					
D	Less: cost or other basis & sales exps 504,	320					
				10 262	40 360		
	Net gain or (loss)			40,362	40,362		
8a	Gross income from fundraising eve	ents					
	(not including \$						
	of contributions reported on line 1c						
	See Part IV, line 18	. a					
	Less: direct expenses						
	Net income or (loss) from fund		nts 🕨				
	Gross income from gaming activitie	es.					
	See Part IV, line 19						
b	Less: direct expenses	b					
С	Net income or (loss) from gam	ning activitie	s 🕨				
10a	Gross sales of inventory, less						
	returns and allowances	a	188,374				
	Less: cost of goods sold	b	90,981				
	Net income or (loss) from sale	s of invento		97,393	97,393		
-	Miscellaneous Revenue		Busn. Code				
11a			900099	353	353		
h							
b							
с							
c d	All other revenue Total. Add lines 11a–11d			353			

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Form 990 (2015) FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (C) Management and general expenses (D) Fundraising expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. 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 disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 71,370 63,510 7,860 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 5,625 5,005 620 11 Fees for services (non-employees): a Management b Legal 13,048 11,611 1,437 c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 10,857 10,857 2,908 2,588 320 12 Advertising and promotion 13 Office expenses 2,954 2,629 325 14 Information technology Royalties 15 52 Occupancy 58 6 16 1,659 1,476 183 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 162 19 Conferences, conventions, and meetings 182 20 20 Interest Payments to affiliates 21 221 1,790 22 Depreciation, depletion, and amortization 2,011 Insurance 23 1,263 1,124 139 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.) EDUCATION PROGRAMS 37,060 37,060 a EXHIBIT EXPENSES 22,254 22,254 b 6,119 757 BANK FEES 6,876 С MEMBERSHIP EXPENSE 3,987 3,987 d e All other expenses 273 5,576 5,303 0 187,688 175,527 12,161 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here F if following SOP 98-2 (ASC 958-720)

Form 990 (2015) FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777 Part X Balance Sheet

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Pa		X Balance Sheet	5700777		Page I
1 01	16.4	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	223,550	1	649,154
	2	Savings and temporary cash investments	84,553		84,62:
	3	Pledges and grants receivable, net		3	· · · · · · · · · · · · · · · · · · ·
	4	Accounts receivable, net	10,998		8,673
		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	ł.		
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
2		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
τ̈́ ;	8	Inventories for sale or use	70,928	8	62,716
1	9	Prepaid expenses and deferred charges		9	
1	0a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 48,872			
	b	Less: accumulated depreciation 10b 41,363	9,520	10c	7,509
1	1	Investments—publicly traded securities	276,241	11	
12	2	Investments—other securities. See Part IV, line 11	393,867	12	296,162
1:	3	Investments-program-related. See Part IV, line 11	*	13	
14	4	Intangible assets		14	
1	5	Other assets. See Part IV, line 11		15	· · · · · · ·
16	6	Total assets. Add lines 1 through 15 (must equal line 34)	1,069,657	16	1,108,835
17	7	Accounts payable and accrued expenses	4,017	17	5,974
18	8	Grants payable		18	
19	9	Deferred revenue		19	
20	0	Tax-exempt bond liabilities		20	
21	1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	An and the second s
3 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	
24		Unsecured notes and loans payable to unrelated third parties		24	
25		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	4 017	25	5,974
26		Total liabilities. Add lines 17 through 25	4,017	26	5,914
		Organizations that follow SFAS 117 (ASC 958), check here ►X and			
07		complete lines 27 through 29, and lines 33 and 34.	346,371	27	372,390
27		Unrestricted net assets	719,269	28	350,471
27 28 29 30 31 32			119,209	29	380,000
29		Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and		23	
		complete lines 30 through 34.			
30				30	
31		Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		31	
		Retained earnings, endowment, accumulated income, or other funds		32	
122	. J.		1 0 65 6 4 0		1,102,861
32		Total net assets or fund balances	1,065,640	33	T'TAS'OUT

For	n 990 (2015) FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777			Pa	ige 1
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		69,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		87,	
3	Revenue less expenses. Subtract line 2 from line 1	3		81,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1,0		
5	Net unrealized gains (losses) on investments	5		44,	25
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	1,10	02,	861
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
Υ.	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	-
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate 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				
	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	×01002000			
	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-1332		3a		х
	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		

SCHEDULE A	Pub	lic Charity Statu	us and Pul	olic Support	OMB No. 1545-0047
(Form 990 or 990-EZ)		e if the organization is a se			
		4947(a)(1) nonexe	empt charitable tr	ust.	2015
Department of the Treasury		Attach to Form			Open to Public
Internal Revenue Service				ctions is at www.irs.gov/form990.	
Name of the organization	FRIENDS OF HISTORY, IN	THE MUSEUMS OF	' FLORIDA	Employer identit 59-3760	
Part I Reas			ions must com	olete this part.) See instru	
		ause it is: (For lines 1 through			
1 📃 A church, co	nvention of churches, or a	association of churches descr	ibed in section 17	0(b)(1)(A)(i).	
2 🗌 A school des	scribed in section 170(b)	1)(A)(ii). (Attach Schedule E	(Form 990 or 990-	EZ).)	
3 A hospital or	a cooperative hospital se	rvice organization described	in section 170(b)(1)(A)(iii).	
		ated in conjunction with a hos	pital described in s	section 170(b)(1)(A)(iii). Enter the	ne hospital's name,
city, and stat	3 6 8 9 7 6 8 9 7 8 9 7 6 8 7 6 8 7 6 7 6 7 6 7 6 7 6 7 6 7 6				
			wned or operated b	y a governmental unit described	lin
	(b)(1)(A)(iv). (Complete F		d in continu 170/h	(4)(4)(4)(4)	
		r governmental unit described		iental unit or from the general pu	ublic
	section 170(b)(1)(A)(vi).		ert norr a governm	iental and of non-the general pa	10110
		n 170(b)(1)(A)(vi). (Complete	Part II.)		
9 📃 An organizati	ion that normally receives	: (1) more than 33 1/3% of its	support from conti	ributions, membership fees, and	gross
receipts from	activities related to its ex	empt functions—subject to ce	ertain exceptions, a	ind (2) no more than 33 1/3% of	its
				ection 511 tax) from businesses	
· · · · ·	•	30, 1975. See section 509(and the set of the set	
		ed exclusively to test for public			
	-	•		inctions of, or to carry out the pu n 509(a)(2). See section 509(a)	
				complete lines 11e, 11f, and 11	
				organization(s), typically by givin	
			100	irectors or trustees of the support	8.
organization.	You must complete Par	t IV, Sections A and B.			
b Type II. A su	pporting organization sup	ervised or controlled in conne	ction with its suppo	orted organization(s), by having	
			same persons that	control or manage the supported	d
	· ·	art IV, Sections A and C.	12 12 19 19		
				h, and functionally integrated wit	.n,
		uctions). You must complete A supporting organization one		n with its supported organization	n(s)
				requirement and an attentivenes	
		st complete Part IV, Section	(C)		
		ved a written determination fro			
functionally in	tegrated, or Type III non-i	unctionally integrated support	ting organization.		
	of supported organization				07498
T		supported organization(s).	(b) In the second state		
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the organization listed in your governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
		above (see instructions))	document?	instructions)	instructions)
			Yes No		
(A)					
		· · · · · · · · · · · · · · · · · · ·			
(B)					
(C)					
(D)					
(E)					
Total					

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

Schedule A (Form 990 or 990-EZ) 2015

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.)

Se	ction A. Public Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41,494	242,526	39,960	24,537	45,669	394,186
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	152,534	152,381	138,488	144,826	147,150	735,379
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)	194,028	394,907	178,448	169,363	192,819	1,129,565
_6	Public support. Subtract line 5 from line 4.						1,129,565
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	194,028	394,907	178,448	169,363	192,819	1,129,565
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,082	34,827	30,293	39,458	39,363	172,023
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.)	719	435	5,031	4,635	353	11,173
11	Total support. Add lines 7 through 10						1,312,761
12	Gross receipts from related activities, etc					12	234,754
13	First five years. If the Form 990 is for th						
_	organization, check this box and stop he	ere			<u></u>	· · · <u>· · · · · · · · · · · · · · · · </u>	<u></u>
	tion C. Computation of Public S						
14	Public support percentage for 2015 (line	6, column (f) divide	ed by line 11, colu	mn (f))			86.04%
15	Public support percentage from 2014 Scl	hedule A, Part II, li	ne 14			15	86.76%
16a	33 1/3% support test-2015. If the orga						N 37
	box and stop here. The organization qua 33 1/3% support test-2014. If the orga	alifies as a publicly	supported organiz	ation	45 - 22 4/20/		>
D	check this box and stop here. The organ						
170	10%-facts-and-circumstances test-20						
1/ d	10% or more, and if the organization mee	-					
	Part VI how the organization meets the "f						
				•			
b	10%-facts-and-circumstances test—20						Contraction of the second s
5	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m						
	aumented execution			•			
18	Private foundation. If the organization d	id not check a box	on line 13, 16a, 10	6b, 17a, or 17b. c	heck this box and	see	
•	Instructions						
	Instructions		(x + y + y) + (x + y) +	1 = [-2, K] = 1, 1 = 1 = 1, 2 = 1 = 1, + 1	1 = 1/2 = 4 + 1/2 = 1 + 1/2 = 1/2 = 1/2	*****************	******

Schedule A (Form 990 or 990-EZ) 2015

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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 fax-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	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 line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(4/ 2011	(2) _ 0	(0) 2010	(4) 2011	(0) 2010	(1) / 0101
10a							
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	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	-			year as a section		
Sec	tion C. Computation of Public S	upport Perce	ntage				
15	Public support percentage for 2015 (line a	3, column (f) divide	ed by line 13, colu	umn (f))		15	%
<u>16</u>	Public support percentage from 2014 Sch						%
	tion D. Computation of Investme						
17	Investment income percentage for 2015 (13, column (f))			<u>%</u>
18	Investment income percentage from 2014						%
19a	33 1/3% support tests-2015. If the orga						
Ŀ	17 is not more than 33 1/3%, check this b						P 🛄
b	33 1/3% support tests—2014. If the orga line 18 is not more than 33 1/3%, check th						" ▶ □
20	Private foundation. If the organization di						·····
		a not one on a DOX	en mo 17, 100, 1		work and occ mol		

Schedule A (Form 990 or 990-EZ) 2015

Page 3

Supporting Organizations Part IV (Complete only if you checked a box in line 11 on 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. Al	Supporting	J Organizations	
---------	-------	------------	-----------------	--

- Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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 disgualified persons (as defined in line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit C from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b 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 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2015

Pa	rt 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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
	tion 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 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,			
	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		
ecti	ion D. All Type III Supporting Organizations		l	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	- T*		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).	-		
3	By reason of the relationship described in (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			
onti	supported organizations played in this regard.	3		
ecu	on E. Type III Functionally-Integrated Supporting Organizations	- 4 :).		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction of the second s	stions):		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see i	nstruction	ns).	
, ^	civities Test Answer (a) and (b) helow	Г	Voc	Ne
	ctivities 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			

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

Schedule A (Form 990 or 990-EZ) 2015 FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Page 6

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections 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):			1
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
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		3
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-inte	earated Typ	e III supporting organiza	ation (see

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777 Page 7 Page 7 Page 7

Pa	rt V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	izations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt	purposes		
2	Amounts paid to perform activity that directly furthers exempt pur			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of	supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	· · · · · · · · · · · · · · · · · · ·		
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 org	anization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 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 Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6	5		
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b	I BE ALL I			
С				
d	From 2013			
	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		2	
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			And
	and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	· · · · · · · · · · · · · · · · · · ·			
	Excess from 2013			
	Excess from 2013			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (F Part VI	Form 990 or 990-EZ) 2015 FRIENDS Supplemental Information. Pr III, line 12; Part IV, Section A, li B, lines 1 and 2; Part IV, Sectio 3a and 3b; Part V, line 1; Part V lines 2, 5, and 6. Also complete	rovide the explanation ines 1, 2, 3b, 3c, 4b, 4 on C, line 1; Part IV, So /, Section B, line 1e; F	s required by Part II, lir c, 5a, 6, 9a, 9b, 9c, 11 ection D, lines 2 and 3; Part V, Section D, lines	ne 10; Part II, line 17a or a, 11b, and 11c; Part IV Part IV, Section E, lines 5, 6, and 8; and Part V,	, Section 5 1c, 2a, 2b,
PART I	II, LINE 10 - OTHER I	NCOME DETAIL			
OTHER	INCOME	\$	11,173		
				and an all the state of the sta	
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$(\mathbf{a}_1,\mathbf{y}_1,\mathbf{y}_1,\mathbf{y}_1,\mathbf{y}_2,\mathbf{y}_1,\mathbf{y}_1,\mathbf{y}_2,\mathbf{y}_1,\mathbf{y}_1,\mathbf{y}_2,\mathbf{y}_1$					

			altantin et kalen eta tra gaga nastere eta		

Schedule B (Form 990, 990-EZ,	Schedule of Contributors	OMB	No. 1545-0047
or 990-PF) Department of the Treasury	► Attach to Form 990, Form 990-EZ, or Form 990-PF.	2	2015
Internal Revenue Service	Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at we		
Name of the organization FRIENDS OF T HISTORY, INC	HE MUSEUMS OF FLORIDA	Employer identificatio	on number
Organization type (check	one):		
Filers of:	Section:		
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 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 General Rule or a Special Rule . 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 sea 13, 16a, or 16b, and	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support f 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 great he amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Pa	Part II, line er of (1)	
contributor, during the	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from e year, total contributions of more than \$1,000 exclusively for religious, charitable, scie al purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II,	entific,	
contributor, during the contributions totaled during the year for an General Rule applies	escribed 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 re exclusively religious, charitable, etc., purpose. Do not complete any of the parts unles to this organization because it received nonexclusively religious, charitable, etc., con re during the year	eceived ss the	

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

	organization ENDS OF THE MUSEUMS OF FLORIDA	E 5	mployer identification numbe 9-3760777
Part I	Contributors (see instructions). Use duplicate copies o		9
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DALE EARNHARDT JR CHEVY 3127 W TENNESSEE ST TALLAHASSEE FL 32304	\$ 20,000	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ARI - 18		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4412,432,41		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>un 8</u>		\$	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 Payroli Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Form	DULE D 990)	Complete if the organi	Financial Statements zation answered "Yes" on Form 990,		OMB No. 1545-0047
		Part IV, line 6, 7, 8, 9, 10, 1	1a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b	2015	
	t of the Treasury venue Service	Information about Schedule D (Form	ach to Form 990. 990) and its instructions is at www.irs	s.gov/form990	Open to Public Inspection
lame of th	e organization			Employer Identifica	
FRI	ENDS OF T	HE MUSEUMS OF FLORIDA			
HISTORY, INC.				59-37607	
Part I	Organiza	tions Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts.	
	Complete	e if the organization answered "Yes"			
4 Tak	al number of end a		(a) Donor advised funds	(b) Funds an	nd other accounts
1 Tot 2 Aac	ar number at end o	of year			
3 Aac	pregate value of or	ants from (during year)			
4 Aac	pregate value et er	nd of year			
5 Did	the organization in	nform all donors and donor advisors in writing	that the assets held in donor advised		
		ation's property, subject to the organization's			Yes No
		nform all grantees, donors, and donor advisor			
		poses and not for the benefit of the donor or			
con	ferring impermissit	ble private benefit?			. Yes No
Part II	Conserva	ation Easements.			
	Complete	if the organization answered "Yes" of	on Form 990, Part IV, line 7.		
	5	ation easements held by the organization (ch			
	Preservation of lar	nd for public use (e.g., recreation or education	 Preservation of a historically im 	portant land area	
	Protection of natur		Preservation of a certified histor	ric structure	
L	Preservation of op	CONTRACT OF A RECEIPTION			
		ough 2d if the organization held a qualified co	nservation contribution in the form of a c		
		day of the tax year.			e End of the Tax Yea
a Tota	al number of conse	ervation easements		2a	-,
b Tota	al acreage restricte	d by conservation easements		2b	
		on easements on a certified historic structure		2c	· · · · · · · · · · · · · · · · · · ·
		on easements included in (c) acquired after 8/	17/06, and not on a		
		on easements modified, transferred, released,	, extinguished, or terminated by the orga	inization during the	e
	year 🕨		to receive at N		
		re property subject to conservation easement			
		have a written policy regarding the periodic ment of the conservation easements it holds?			Yes No
		urs devoted to monitoring, inspecting, handlin		on oncomonte du	
6 Staf	rand volunteer not	urs devoted to monitoring, inspecting, handlin	g or violations, and emorcing conservati	on easements du	ing the year
7 Amo	unt of expenses in	ncurred in monitoring, inspecting, handling of	violations, and enforcing conservation of	ncomente durina t	he vear
/ Anic		icurred in monitoring, inspecting, nanding of	violations, and enforcing conservation ea	asements during t	ne year
		on easement reported on line 2(d) above satis	fy the requirements of section $170(h)(A)$	(B)(i)	
		B)(ii)?			Yes No
		ow the organization reports conservation ease			
		lude, if applicable, the text of the footnote to t	contraction of the second s		
		ing for conservation easements.	C C		
Part III	Organizat	ions Maintaining Collections of Ar	t, Historical Treasures, or Oth	er Similar Ass	sets.
		if the organization answered "Yes" o		x	
a If the	e organization elect	ted, as permitted under SFAS 116 (ASC 958)	, not to report in its revenue statement a	ind balance sheet	
		reasures, or other similar assets held for pub			
publi	ic service, provide,	in Part XIII, the text of the footnote to its final	ncial statements that describes these ite	ms.	
b If the	e organization elect	ted, as permitted under SFAS 116 (ASC 958)	, to report in its revenue statement and t	palance sheet	
work	s of art, historical t	reasures, or other similar assets held for pub	lic exhibition, education, or research in fi	urtherance of	
publi	ic service, provide	the following amounts relating to these items:			
(i) F	Revenue included of	on Form 990, Part VIII, line 1	****	▶ \$	
(ii) A	Assets included in I	Form 990, Part X		▶ \$	
		ived or held works of art, historical treasures,			
	-	ired to be reported under SFAS 116 (ASC 95			
a Reve	enue included on F	orm 990, Part VIII, line 1		▶ \$	la estarra pota nas tea nos
b Asse	ts included in Forn	n 990, Part X Act Notice, see the Instructions for Form 9		> \$	e D (Form 990) 2015

Schedule D (Form 990) 2015 FRIE					Page 2					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):										
a Public exhibition d Loan or exchange programs										
b Scholarly research										
c Preservation for future generat										
	 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 									
XIII.										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar										
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes 🗌 No										
Part IV Escrow and Custodial Arrangements.										
Complete if the orga 990, Part X, line 21.	nization answered "Ye	es" on Form 990,	Part IV, line 9, o	r reported an	amount on Form					
1a Is the organization an agent, truste		ediary for contribution	ns or other assets not	t						
included on Form 990, Part X?					Yes No					
b If "Yes," explain the arrangement in	Part XIII and complete the	following table:								
					Amount					
c Beginning balance				10						
d Additions during the year				1d						
e Distributions during the year				1e						
f Ending balance2a Did the organization include an among the organization among the organization among the organization among	ount on Form 000, Bort V, li	no 21 for opprover	ustadial assount lish	1f	Yes No					
b If "Yes," explain the arrangement in	Part XIII. Check here if the									
Part V Endowment Funds										
Complete if the orga	nization answered "Ye		······································							
10 Designing of year belongs	(a) Current year 670,108	(b) Prior year 679,702	(c) Two years back 627, 383	(d) Three years bac 602,8						
 1a Beginning of year balance b Contributions 		079,702	027,303	002,0	500,001					
c Net investment earnings, gains, and										
losses	10 01 5	11,403	71,902	27,6	18 27,332					
d Grants or scholarships	in the second se									
e Other expenditures for facilities and										
programs	6,113	20,997	19,583	3,1	23 11,125					
f Administrative expenses										
g End of year balance		670,108	679,702	627,3	83 602,888					
2 Provide the estimated percentage o		ce (line 1g, column (a	a)) held as:							
a Board designated or quasi-endowm b Permanent endowment ► 55.6										
c Temporarily restricted endowment										
The percentages on lines 2a, 2b, an										
3a Are there endowment funds not in th		ation that are held a	nd administered for th	e						
organization by:					Yes No					
(i) unrelated organizations					3a(i) X					
(ii) related organizations					3a(ii) X					
b If "Yes" on line 3a(ii), are the related	organizations listed as requ	uired on Schedule R?			3b					
4 Describe in Part XIII the intended us		lowment funds.								
Part VI Land, Buildings, and	a Equipment.	" on Form 990	Part IV line 11a	See Form 00/	Port X line 10					
Description of property	(a) Cost or other ba			cumulated	(d) Book value					
trace throw or brokerd	(a) cost of outer ba	(other)		reciation	9-14 - 1211 1 JULY					
1a Land										
b Buildings										
c Leasehold improvements										
d Equipment		4	8,872	41,363	7,509					
e Other Total. Add lines 1a through 1e. (Column ((0-)		7,509					
I DIAL AGG UNES 13 INFOUGH 16. (COLUMN (u must equal Form 990. Pa	ILA, COUMP (B), line	1UC.)		1.509					

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777 Page 3 Part VII Investments-Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation: (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other OTHER MUTUAL FUND 296,162 INVESTMENTS (A) (B) (C) (D) (E) (F) (G) (H) 296,162 Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (c) Method of valuation: (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

{a} Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	•

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal i	ncome taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column	(h) must equal Form 990 Part X col (B) line 25	5)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(7) (8) (9)

Sch	edule D (Form 990) 2015 FRIENDS OF THE MUSEUMS OF	FLORIDA	59-37607	77	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial S			r Reti	
	Complete if the organization answered "Yes" on Form	990, Part IV,	line 12a.	,	000 000
1	seren and and a seren a self sere seren a s	*************		1	372,059
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	I.a. f	44.050		
	Net unrealized gains (losses) on investments	2a	-44,258	1	
b		2b	147,150	- 1	
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			100 000
e	Add lines 2a through 2d			2e	102,892
3	Subtract line 2e from line 1	and proceeding		3	269,167
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
and the second se	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5	269,167
Pa	Int XII Reconciliation of Expenses per Audited Financial S			er Re	eturn.
	Complete if the organization answered "Yes" on Form	990, Part IV, I	ine 12a.		
1				1	334,838
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1			
а	Donated services and use of facilities	2a	147,150		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d	Cililian e conservation		2e	147,150
3	Subtract line 2e from line 1	805 p		3	187,688
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			4c 5	187,688
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	.)		5	
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de 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	5	
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	.) Part IV, lines 1b	and 2b; Part V, line	5	
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de 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	5	
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de 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	5	
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line	5 4; Part	X, line
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line
5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line
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5 Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	.) Part IV, lines 1b provide any additi	and 2b; Part V, line onal information.	5 4; Part	X, line

Schedule D (Form 990) 2015

Sche	edule D (Forr art XIII S	m 990) 2015	FRIE	NDS O	F THE	E MUSE	EUMS	OF FI	LORIDA	<u> </u>	376077	7	Page 5
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Schedule D (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 o Complete to provide information for responses to specific q Form 990 or 990-EZ or to provide any additional inform Attach to Form 990 or 990-EZ. ation about Schedule O (Form 990 or 990-EZ) and its instructions	uestions on nation.	OMB No. 1545-0047 2015 Open to Public Inspection
Name of the organization FRIE	NDS OF THE MUSEUMS OF FLORIDA ORY, INC.	Employer Identificat	ion number
FORM 990, SCHEI	ITIONAL INFORMATION DULE R, PART II, B, THE STATE AGENC MUSEUMS OF FLORIDA.	Y IS RESPONSI	BLE FOR
· · · · · · · · · · · · · · · · · · ·	III, LINE 4D - ALL OTHER ACCOMPLIS TO SUPPORT THE MUSEUMS OF FLORIDA		
FORM 990, PART	VI, LINE 11B - ORGANIZATION'S PROC	ESS TO REVIEW	FORM 990
A CERTIFIED PUE	BLIC ACCOUNTING FIRM ORGANIZES AND	PREPARES THE	990 AND
RELATED SCHEDUI BEFORE FILING.	ES FOR REVIEW BY THE MUSEUM DIRECT	OR AND FINANC	IAL DIRECTO
	VI, LINE 12C - ENFORCEMENT OF CONFI		BASIS.
THE ORGANIZATIO	VI, LINE 19 - GOVERNING DOCUMENTS I N'S GOVERNING DOCUMENTS, FINANCIAL ICY ARE AVAILABLE UPON REQUEST.		
or Paperwork Reduction Act N	lotice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form S	990 or 990-EZ) (2015)

CHEDULE R Form 990) Complete if the 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. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.								
Name of the organization	FRIENDS OF THE MUSEUMS OF FLORIDA HISTORY, INC.					Employer ide 59-3760	entification number	
Part I Iden	tification of Disregarded Entities Complete if the	organization ar	nswered "Yes" o	n Form 990, P	art IV, line 33.			
N	(a) lame, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile or foreign cou		(d) al income End	(e) of-year assets	(f) Direct controlling entity	
(1)								
(2)								
(3)								
(4)								
(5)								
Part II Ider	ntification of Related Tax-Exempt Organizations or more related tax-exempt organizations during the	Complete if the tax year.	e organization a	nswered "Yes"	on Form 990, Pa	rt IV, line 34 l	pecause it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No	
	ISION OF CULTURAL AFFAIRS RONOUGH STREET 59-6001874 SEE FL 32399-0250	PROMOTION	FL	501C1		FDOS	x	
(2)								
(3)								
(4)	2013 53C 2010 1010 1010							
1. CONTRACTOR (1997)								
(5)								
Tan Dana and Da	duction Act Nation can the Instructions for Form 990					Cabad	ulo D (Form 000) 201/	

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Part III because it had one or more related organizations treated as a partnership during the tax year. (h) (i) (k) (b) (c) (d) (e) Predominant (f) (g) (i) (a) Direct controlling Name, address, and EIN of Primary activity Share of total Share of end-of-Dispro-Code V-UBI Legal Seneral or Percentage income (related, entity income year assets portionate amount in box 20 related organization domiale managing ownership unrelated, (state or alloc,? of Schedule K-1 partner? excluded from foreign (Form 1065) tax under sections 512-514) country) Yes No Yes No (1)(2) (3)(4) Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (d) (b) (c) (e) (1) (g) (h) (i) Section (a) Type of entity Percentage Name, address, and EIN of related organization Primary activity Legal domicile Direct controlling Share of total Share of 512(b)(13) (state or entity (C corp, S corp income end-of-year assets ownership controlled foreign country) or trust) entity? Yes No (1) (2) (3) (4)

Schedule R (Form 990) 2015 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.

Note. Complete line 1 if any entity	is listed in Parts II, III, or IV of this schedule.					Yes	No
	ganization engage in any of the following transactions with one o	r more related organizations lis	ted in Parts II–IV?				
	ities, (iii) royalties, or (iv) rent from a controlled entity				1a		х
b Gift, grant, or capital contributi	on to related organization(s)				1b		х
c Gift, grant, or capital contributi	on from related organization(s)				10		х
d Loans or loan guarantees to o	r for related organization(s)				1d		Х
e Loans or loan guarantees by r	elated organization(s)				1e		х
f Dividends from related organiz	zation(s)				1f		х
g Sale of assets to related organ	nization(s)			are the management of the second	1g		Х
h Purchase of assets from relate	ed organization(s)				1h		X
i Exchange of assets with relate	ed organization(s)				11		X
j Lease of facilities, equipment,	or other assets to related organization(s)				1j		Х
•							
k Lease of facilities, equipment,	or other assets from related organization(s)				1k		x x
 k Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) 							
m Performance of services or me	embership or fundraising solicitations by related organization(s)				1m		X
n Sharing of facilities, equipmer	t, mailing lists, or other assets with related organization(s)				1n	X	
o Sharing of paid employees wi	th related organization(s)			CARRENT CONTRACTOR	10	X	
				and all the state of the state			
p Reimbursement paid to relate	d organization(s) for expenses			176770-11-	1p		X
q Reimbursement paid by relate	ed organization(s) for expenses			and a character of the second s	1q		X
r Other transfer of cash or prop	erty to related organization(s)				1r		X
s Other transfer of cash or prop	erty from related organization(s)				. 1s		X
2 If the answer to any of the ab	ove is "Yes," see the instructions for information on who must co	mplete this line, including cove	red relationships and trai	nsaction thresholds.			
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining an	mount invo	lved	
		type (a-s)					
(1) FDOS,	DIVISION OF CULTURAL AFFAIRS	0	108,237	CASH VALUE			
(2)							
(3)							
(4)							
(5)							
	5-						
(6)	·				-		

Schedule R (Form 990) 2015 FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777

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) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all sec 501(organiz	ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	aging ner?	(k) Percentage ownership
(1)		country)	Sector is 312-314)	Yes	No			Yes	No		Yes	No	
(2)							5						
(3)								-			-		
·····													
(4)				-									
				ļ					ļ				
(5)													
(6)				+									
(7)													
(8)					-				-				+
(9)										1			
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(10)													
(11)													<u> </u>

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	Page 5
SCHEDULE R - ADDITIONAL INFORMATION	6.447 + 609 B +04 (2014 40204 -8)
NAME OF RELATED ORGANIZATION:	130
FLORIDA DEPARTMENT OF STATE, DIVISION OF CULTURAL AFFAIRS	
PRIMARY ACTIVITY: THE STATE AGENCY RESPONSIBLE FOR PROMOTING THE M	IUSEUMS OF
FLORIDA HISTORY.	
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Es de Managan des de la region de la tradición de Managan de Contraction de Managan de Loren de Managan de Loren de	
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Form 4562		Depreciation an					OMB No. 1545-0172
Department of the Treasury		Attach to you	r tax return.			1500	Attachment 47
Internal Revenue Service (99) Name(s) shown on return	RIENDS OF THE	orm 4562 and its separat				m4562	
	HISTORY, INC.	MODELOND OF F	HONTDA	•			50777
Business or activity to which this for					100		
INDIRECT DEF							
	To Expense Certain F						
	ou have any listed pro	perty, complete Part	V before y	ou complete	Part I.	1	F00 00
1 Maximum amount (se	e instructions)					1	500,00
2 Total cost of section	179 property placed in servic	e (see instructions)	· · · · · · · · · · · · · · · · · · ·			2	2,000,00
3 Threshold cost of sec 4 Reduction in limitatio	ction 179 property before red n. Subtract line 3 from line 2.	If zero or less, enter -0-	structions)			4	2,000,00
	ear. Subtract line 4 from line 1. If a					5	
6			ost (business us		Elected cost		
			-				
7 Listed property. Ente	r the amount from line 29			7			
8 Total elected cost of	section 179 property. Add am	nounts in column (c). lines	6 and 7	<u> </u>		8	
	Enter the smaller of line 5 or					9	
	ed deduction from line 13 of					10	
	tation. Enter the smaller of bu					11	
2 Section 179 expense	deduction. Add lines 9 and 1	0, but do not enter more t	han line 11	· <u>······</u>		12	
	ed deduction to 2016. Add lin			13			
	Part III below for listed prope				1. 1. 1		
	Depreciation Allowanc				listed p	roper	ty.) (See Instructio
	allowance for qualified proper					14	
5 Property subject to se	ee instructions) ection 168(f)(1) election					15	
6 Other depreciation (in	cluding ACRS)			•••••		16	2,010
	Depreciation (Do not in						
		Section A					
7 MACRS deductions for	or assets placed in service in	tax years beginning befor	e 2015			17	(
	ny assets placed in service during the						
Sect	ion B-Assets Placed in Se		ear Using tl	he General Dep	reciation	Syster	m
(a) Classification of prop	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Meth	od	(g) Depreciation deduction
9a 3-year property							
b 5-year property							
c 7-year property d 10-year property				· · · · · · · · · · · · · · · · · · ·			
e 15-year property							-
					•		
t 20-vear property				1 1			
f 20-year property g 25-year property			25 yrs.		S/L		
f 20-year property g 25-year property h Residential rental			25 yrs. 27.5 yrs.	MM	S/L S/L		
g 25-year property				MM MM			
g 25-year property h Residential rental property i Nonresidential real			27.5 yrs.		S/L		
g 25-year property h Residential rental property i Nonresidential real property			27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L		
g 25-year property h Residential rental property i Nonresidential real property Sectio	n C—Assets Placed in Serv	vice During 2015 Tax Yea	27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L preciatio	n Syste	эm
g 25-year property h Residential rental property i Nonresidential real property Sectio Da Class life	1 C—Assets Placed in Serv	/ice During 2015 Tax Yea	27.5 yrs. 27.5 yrs. 39 yrs. T Using the	MM MM MM	S/L S/L S/L S/L preciatio	n Syste	9m
g 25-year property h Residential rental property i Nonresidential real property Sectio Sectio Da Class life b 12-year	n C—Assets Placed in Serv	vice During 2015 Tax Yea	27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs.	MM MM MM Alternative De	S/L S/L S/L preciatio S/L S/L	n Syste	em.
g 25-year property h Residential rental property i Nonresidential real property Sectio Da Class life b 12-year c 40-year		vice During 2015 Tax Yea	27.5 yrs. 27.5 yrs. 39 yrs. T Using the	MM MM MM	S/L S/L S/L S/L preciatio	n Syste	əm
g 25-year property h Residential rental property i Nonresidential real property Sectio Da Class life b 12-year c 40-year Part IV Summary	(See instructions.)	vice During 2015 Tax Yea	27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs.	MM MM MM Alternative De	S/L S/L S/L preciatio S/L S/L		em
g 25-year property h Residential rental property i Nonresidential real property Sectio Da Class life b 12-year c 40-year Part IV Summary Listed property. Enter	(See instructions.) amount from line 28		27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs.	MM MM Alternative De MM	S/L S/L S/L preciatio S/L S/L	n Syste	9 m
g 25-year property h Residential rental property i Nonresidential real property Sectio Da Class life b 12-year c 40-year Part IV Summary I Listed property. Enter 2 Total. Add amounts fr	(See instructions.) amount from line 28 om line 12, lines 14 through 1	17, lines 19 and 20 in colu	27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs.	MM MM Alternative De MM	S/L S/L S/L preciatio S/L S/L	21	
g 25-year property h Residential rental property i Nonresidential real property Sectio Da Class life b 12-year c 40-year Part IV Summary I Listed property. Enter 2 Total. Add amounts fr here and on the appro	(See instructions.) amount from line 28 om line 12, lines 14 through p priate lines of your return. Pa	17, lines 19 and 20 in colu	27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs. mn (g), and l ions—see in	MM MM Alternative De MM	S/L S/L S/L preciatio S/L S/L		em 2 , 010
g 25-year property h Residential rental property i Nonresidential real property Sectio Da Class life b 12-year c 40-year Part IV Summary Listed property. Enter Total. Add amounts fr here and on the appro For assets shown abo	(See instructions.) amount from line 28 om line 12, lines 14 through 1	17, lines 19 and 20 in colu irtnerships and S corporat ng the current year, enter	27.5 yrs. 27.5 yrs. 39 yrs. ar Using the 12 yrs. 40 yrs. mn (g), and l ions—see in	MM MM Alternative De MM	S/L S/L S/L preciatio S/L S/L	21	

2002063 Friends of the Museums of Florida Federal Asset Report 59-3760777 FYE: 6/30/2016

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Form 990, Page 1

Asset	Description	Date I <u>n Service</u>	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other	· Depreciation:							
	Comark Printer	11/30/03	1,303		1,303	5 MO S/L	1,303	0
	Sold/Scrapped: 7/01/15	11,50,05	1,505		1,505	5 110 5/12	1,505	ů
2	Lions-Software	11/30/03	7,421		7,421	3 MO S/L	7,421	0
10.22	Sold/Scrapped: 7/01/15							
3	Renovations	6/30/05	8,599		8,599		2,304	286
4	Computers	11/30/03	5,544		5,544	5 MO S/L	5,544	0
	Sold/Scrapped: 7/01/15							0.00
5	Replace & Upgrade Microsoft Retail Mgmt		4,498		4,498	5 MO S/L	2,249	899
6	Lions Comm - Scanner/ Receipt Printer	11/30/03	12,273		12,273	5 MO S/L	12,273	0
7	Sold/Scrapped: 7/01/15 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 0
0	Sold/Scrapped: 7/01/15	5720702	1,400		1,400	5 140 5/2	1,400	v
9	Pallet Jack	5/11/10	1,493		1,493	5 MO S/L	1,493	0
10	Display Units - Capitol Shop	6/30/03	1,346		1,346	10 MO S/L	1,346	0
11	Saton Évents	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			10 MO S/L	1,272	0
14	20" Video Screen	4/15/06	9,170			10 MO S/L	8,482	688
15	Acrylic Shelving	5/09/07	985		985	10 MO S/L	805	98
16	Plastic Shelving	3/31/08	389		389	10 MO S/L	282	39
	Total Other Depreciation		76,820		76,820		67,301	2,010
		-						
	Total ACRS and Other Depreci	iation _	76,820	_	76,820		67,301	2,010
		-		-				
			76.000		7 (000		(7.20)	2 010
	Grand Totals		76,820		76,820		67,301 27,949	2,010
	Less: Dispositions and Transfer Less: Start-up/Org Expense	3	27,949 0		27,949 0		27,949	0
				-				
	Net Grand Totals	=	48,871	=	48,871		39,352	2,010

2002063 Friends of the Museums of Florida 59-3760777 AMT A FYE: 6/30/2016 Form

AMT Asset Report Form 990, Page 1

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		Date		Bus Sec Basis			
Asset	Description	In Service	Cost	<u>% 179Bonus</u> for Depr	PerConv Meth	Prior	Current
Other	Depreciation:	20 V 1002		2 - 4 set			
1	Comark Printer Sold/Scrapped: 7/01/15	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
_	Sold/Scrapped: 7/01/15	(120/05	0 500	0.500	20 10 57	2 204	796
3	Renovations Computers	6/30/05 11/30/03	8,599 5,544	8,599 5,544	30 MO S/L 5 MO S/L	2,304 5,544	286 0
	Sold/Scrapped: 7/01/15	/ /				,	000
5	Replace & Upgrade Microsoft Retail Mgmt Lions Comm - Scanner/ Receipt Printer	12/31/12 11/30/03	4,498 12,273	4,498 12,273	5 MO S/L 5 MO S/L	2,249 12,273	899 0
Ŭ	Sold/Scrapped: 7/01/15						
7	Sales Kiosk	7/01/02 5/28/02	20,000	20,000 1,408	10 MO S/L 5 MO S/L	20,000 1,408	0
0	Dell Computers Sold/Scrapped: 7/01/15	5/26/02	1,408	1,406	5 MO SIL	1,408	Ŭ
9	Pallet Jack	5/11/10	1,493	1,493	5 MO S/L	1,493	0
10 11	Display Units - Capitol Shop Saton Events	6/30/03 8/13/03	1,346 303	1,346 303	10 MO S/L 10 MO S/L	1,346 303	0
12	Book shelf unit (Newood)	2/09/04	816	816	10 MO S/L	816	0
13 14	Newwood 20" Video Screen	8/26/04 4/15/06	1,272 9,170	1,272 9,170	10 MO S/L 10 MO S/L	1,272 8,482	0 688
14	Acrylic Shelving	5/09/07	9,170	985	10 MO S/L	805	98
16	Plastic Shelving	3/31/08	389	389	10 MO S/L	282	39
	Total Other Depreciation	-	76,820	76,820		67,301	2,010
	Total ACRS and Other Depreci	ation	76,820	76,820		67,301	2,010
		-					
	Grand Totals		76,820	76,820		67,301	2,010
	Less: Dispositions and Transfer	·s _	27,949	27,949		27,949 _	0
	Net Grand Totals	=	48,871	48,871		39,352	2,010

2002063 Friends 59-3760777 FYE: 6/30/2016		Adjustment R	Report	04/07/2017 8:25 AM Page 1
Form <u>Unit</u> <u>Asset</u>	Description There are no assets that meet the crit	Tax eria of this report	AMT	AMT Adjustments/ <u>Preferences</u>

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	Form 990 Two Year	Cor	nparison Report	t	2014 & 2015
	For calendar year 2015, or tax year begin	nning	07/01/15 .e	nding 06/30/16	
	me FRIENDS OF THE MUSEUMS OF FLORID			Тахрау	er Identification Number
	HISTORY, INC.		2014	2015	Differences
	d Contributions side system	1.	16,684		
	 Contributions, gifts, grants Membership dues and assessments 	2.	7,853		
	2 Coverse and search finding and search	3.	1,055	1,205	-500
e	3. Government contributions and grants		51,359	46,027	-5,332
nu	4. Program service revenue	4.			
e	5. Investment income	5.	24,781	22,911	-1,8/0
e <	6. Proceeds from tax exempt bonds	6.	7 401	40.000	20.001
¢	7. Net gain or (loss) from sale of assets other than inventory	7.	7,401		
	8. Net income or (loss) from fundraising events	8.	2,723		-2,723
	9. Net income or (loss) from gaming	9.	100 071	0.7.000	0.050
	10. Net gain or (loss) on sales of inventory	10.	100,651		
	11. Other revenue	11.	15,047		
	12. Total revenue. Add lines 1 through 11	12.	226,499	269,167	42,668
	13. Grants and similar amounts paid	13.			1
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	78,424	76,995	-1,429
e	17. Professional fundraising fees	17.			, <u>, , , , , , , , , , , , , , , , , , </u>
×	18. Other professional fees	18.	18,509	23,905	5,396
ш	19. Occupancy, rent, utilities, and maintenance	19.		58	58
	20. Depreciation and Depletion	20.	2,645	2,011	-634
	21. Other expenses	21.	90,066	84,719	-5,347
ł	22. Total expenses. Add lines 13 through 21	22.	189,644	187,688	-1,956
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	36,855	81,479	44,624
	24. Total exempt revenue	24.	226,499	269,167	42,668
t	25. Total unrelated revenue	25.			
5	26. Total excludable revenue	26.	201,962	223,498	21,536
Ig	27. Total assets	27.	1,069,657	1,108,835	39,178
5	28. Total liabilities	28.	4,017	5,974	1,957
	29. Retained earnings	29.	1,065,640	1,102,861	37,221
	30. Number of voting members of governing body	30.	12	12	
5	31. Number of independent voting members of governing body	31.	12	12	
	32. Number of employees	32.	9	6	
- 1	33. Number of volunteers	33.	12	12	

Form 990			Tax R	eturn History			2015
lame	FRIENDS OF HISTORY, I	THE MUSEUMS	OF FLORIDA		· · · · · · · · · · · · · · · · · · ·		dentification Number
		2011	2012	2013	2014	2015	2016
Contributions, ait	fts, grants			34,377	16,684	38,384	
Membership due	es			5,583	7,853	7,285	
Program service	revenue			62,348	51,359	46,027	
	DSS			5,014	7,401	40,362	
Investment incor				14,555	24,781	22,911	
	enue (income/loss)			835	2,723		
	(income/loss)					5	
				126,230	115,698	114,198	
				248,942	226,499	269,167	
Grants and simil	lar amounts paid						
	or for members						
Compensation o	of officers, etc.						
Other compensa	ation			81,717	78,424	76,995	
Professional fee	es			21,952	18,509	23,905	
Occupancy cost	s					58	
	d depletion			2,717	2,645	2,011	
Other expenses				151,754	90,066	84,719	
Total expenses	5 			258,140	189,644	187,688	
Excess or (Defi	icit)			-9,198	36,855	81,479	
- Carlo monta anno 1, marca 1, 6 , 19 marca	- Westersteinen -						
Total exempt re-	venue			248,942	226,499	269,167	
Total unrelated	revenue						
Total excludable	e revenue			208,982	201,962	223,498	
				1,064,438	1,069,657	1,108,835	
Total Liabilities				8,084	4,017	5,974	
Net Fund Balan	ices			1,056,354	1,065,640	1,102,861	

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2002063 Friends of 59-3760777 FYE: 6/30/2016	the Museums of Florida 4/7/2017 8:25 AM Federal Statements Page 1
Descript	Taxable Interest on Investments
Descript	tion Unrelated Exclusion Postal Acquired after US Obs (\$ or %). \$ 22,911 14 22,911 14

Federal Statements

Page 2

Description	Total Expenses	Program Service	Management & General	Fund Raising
GRANT EXPENSES TOTAL	\$ <u>10,857</u> \$ <u>10,857</u>	\$ <u>10,857</u> \$ <u>10,857</u>	\$ \$0	\$\$
	Form 990, Part IX, Line 24	e - All Other Expenses	<u>.</u>	<u> </u>
Description	Total Expenses	Program Service	Management & General	Fund Raising
KNOTT HOUSE EXPENSES LICENSES & PERMITS OTHER VOLUNTEER PROGRAM	\$ 2,608 1,570 503 488	\$ 2,608 1,397 448 488	\$ 173 55	Ş
HOSPITALITY TOTAL	407 \$ 5,576	362 \$5,303	\$ <u>273</u>	\$

Federal Statements

	Schedule A,	Part II, Line 12	
	Description		Amount
DUCATION PROGRAMS CXHIBIT INCOME MISCELLANEOUS GALE OF INVENTORY TOTAL			\$ 30,827 15,200 353 <u>188,374</u> \$ 234,754
TOTAL			

FRIENDS OF THE STATE LIBRARY AND ARCHIVES OF FLORIDA INC. 500 South Bronough Street Tallahassee, FL 32399 850.245.6604 info.florida.gov/about-us/friends

Fiscal Year 2017-2018 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 goals.

Results Obtained:

Together with the Division of Library and Information Services, the Friends provided a number of enriching 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 various publicity materials, helping to educate the public and draw attention to Florida's documentary history and library services and education.

Throughout the year the Friends made possible 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 the *Treasure Hunters* book series, by James Patterson, with Chris Grabenstein and Mark Shulman, to members of the public 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 2017-2020 (July 1, 2017 – June 30, 2020)

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
 - State agencies
 - Economic development initiatives
 - E-Government projects
 - Florida Library Youth Program
 - Library Directors Meeting
 - 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.
 - Statewide Summer Reading Program
 - Library of Congress
 - National Book Festival
 - 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.

- o Outreach
- Marketing
- o Florida Memory
- Partnerships
- American Archives Month
- National organizations
- o Constituents
- National Book Festival
- Florida Library Youth Program
- 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
 - Florida Memory Program
 - Outreach programs
 - State agencies
 - 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. 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, *Florida Statutes*, 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 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</u> Income Tax Form (Form 990)

The Friends of the State Library and Archives of Florida Inc., for the 2016 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 2016 tax year.

Form 990-N Department of the Treasury Internal Revenue Service	Electronic Notice (e-Postcard) for Tax-Exempt Organization not Required to File Form 990 or 990-EZ	OMB No. 1545-2085
		2016
		Open to Public Inspection
A For the 2016 Calendar year, or tax year beginning 2016-01-01 and ending 2016-12-31		
B Check if available	C Name of Organization: FRIENDS OF THE STATE LIBRARY	D Employee Identification
Terminated for Business	AND ARCHIVES OF FLORIDA INC	Number 20-3900938
Gross receipts are normally \$50,000 of E Website:	or less In Finding South Bronough Street, In The above the same of Principal Officer: Jenurifer Womble	у.
	500 South Bronough Street,	•
	Tallahassee, FL, US, 32399	
Privacy Act and Paperwork Reduction Act N the: We ask of the information formation form is form to arry but the Internative weather was of the United States. You are required to give us the information was not do ensure that you an comparing with base lates.		
The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a		

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104. The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes. Note: This image is provided for your records only. Do Not mall this page to the IRS. The IRS will not accept this filling via paper. You must file your Form 990-N (e-Postcard) electronically.