

RON DESANTIS Governor **CORD BYRD**Secretary of State

August 5, 2022

The Honorable Ron DeSantis Governor of Florida PL-05 The Capitol Tallahassee, Florida 32399-0001

Dear Governor DeSantis:

Pursuant to section 20.058(3), Florida Statutes, I have attached the reports provided by each of the Department's five 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 Arts and Culture, while helping sustain and foster recognition of the arts in Florida. This organization continues to provide critical support for the Division of Arts and Culture as well as the Office of International Affairs activities and programs. Citizens for Florida Arts, Inc will continue its support for the Office of International Affairs until the Florida International Affairs Foundation is fully operational. 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.

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 visitor's 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.

Florida International Affairs Foundation, Inc.

Florida International Affairs Foundation's mission is to supplement the programs and services of the Florida Department of State's Office of International Affairs (OIA) within the Division of Arts and Culture, by fostering, creating, and enhancing diplomatic and cultural relationships and facilitating consular relations between the state and all foreign governments doing business in Florida. It is the agency's recommendation to continue the partnership with the Florida International Affairs Foundation, Inc.

Sincerely,

Cord Byrd Secretary of State

Enclosure(s) CB/ps

CITIZENS FOR FLORIDA ARTS, INC.

329 N. Meridian Street Tallahassee, FL 32301 850.245.6470

https://dos.myflorida.com/cultural/about-us/partners/citizens-for-florida-arts-inc/

FY 2021-2022 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 Department of State Division of Arts and Culture and temporarily, with the social and protocol aspects of the Office of International Affairs, while helping to provide assistance, funding and promotional support in recognition of the arts, culture and intergovernmental programs in Florida.

Results Obtained:

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

- Citizens for Florida Arts, Inc. has partnered with the Division of Arts and Culture to implement the Division's statewide strategic plan Citizens for Florida Arts, Inc. regularly hosts public events that heighten visibility for Division's programming.
- Citizens for Florida Arts, Inc. also has an ongoing partnership with the Division of Arts and Culture 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.

The organization collected sponsorships for the Office of International Affairs in preparation for the Consular Corps Summit in efforts of cultivating strong international relationships that are mutually beneficial to consular countries and to Florida as well as to strengthen international partnerships, cultural exchanges and build strong diplomatic relationships. Pursuant to Chapter 2020-93, Section 288.8165, Florida Statutes, the Department of State has formed a new Citizen Support Organization (Florida International Affairs Foundation, Inc.) as of January 10, 2022, for the purpose and benefits of intergovernmental programs and initiatives of the Office of International Affairs. The summit was held on June 13, 2022.

III. Three Year Plan

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

- Continued support for statewide celebrations such as the Florida Artists Hall of Fame Inductions, Hispanic Heritage Month and Black History Month.
- Support statewide gathering for arts and culture initiatives with a concentration on rural community development and fostering more Local Arts Agencies.
- Support for the planning of the Division's' new strategic plan through 2025.

I. <u>Code of Ethics</u>

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

PREAMBLE

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

STANDARDS

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

1. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

9. Failure to Observe CSO Code of Ethics

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

II. Financial Report

The Citizens for Florida Arts Inc. submitted IRS Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations not required to File Form 990 or 990EZ for tax year 2020 (submitted during the fiscal year ending in 2021. 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 2020 tax year.

Form 990-N Electronic Notice (e-Postcard) OMB No. 1545-2085

Department of the Treasury Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 999 Et

One to Public Inspection

Organ to Public Inspection

aduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United State formation. We need it to ensure that other complying with times have. Privacy Act and Paperwork Reduction Act Notice: We ask for the info the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that

has form that is subject to the Paperwork Reduction Act unless the form displays a s instructions m (subject retained as long as their contents may become material in the confidentiality of the Form 990-N is covered in code section 6104. The organization is not required to provide information required valid OMB control number. Books or records relating to a formation of the second part of the second edules will viv depending on the individual circumstances. The estimated average times

all his page to the IRS. The IRS will not accept this filing via paper. You must file Note: This image is provided for your records only. Do Not your Form 990-N (e-Postcard) electronically.

A For the 2020 Calendar year, or tax year beginning 2020-07-01 and ending 2021-06-30

B Check if available

Terminated for Business
Gross receipts are normally \$50,000 or less

<u>C Name of Organization: CITIZENS FOR FLORIDA ARTS INC</u> D Employee Identification 329 N Meridian Street,

Number <u>56-2583251</u>

Tallahassee, FL, US, 32301

F Name of Principal Officer: Janeen Mason

329 N Meridian Street, Tallahassee, FL, US, 32301

E Website:

Friends of Florida History, Inc.

Division of Historical Resources R.A. Gray Building, Suite 420 500 South Bronough Street Tallahassee, FL 32399-0250 850.245.6300 www.flheritage.com

FY 2022-2023 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, through prudent stewardship and non-state financial support, the archaeology, historic sites, historic preservation sites, museums, and programs of the Florida Division of Historical Resources (including, but not limited to, Mission San Luis, The Grove Museum, Miami Circle, and Florida Main Street) for the people of Florida and its visitors.

Results Obtained

Friends of Florida History, Inc., board members accomplish their mission through financial support for Florida Division of Historical Resources museums (Mission San Luis and The Grove Museum), programs, and facilities. During FY 2021-2022, Friends of Florida History raised funds, non-cash contributions, and in-kind donations of goods and services for Mission San Luis (education and membership programs), The Grove Museum (education and membership programs), Florida Main Street Program (2021 Preservation on Main Street Conference, 2022 Florida Main Street Capitol Day, Place Economics Technical Assistance for Next Step Communities, 2022 Florida Main Street Winter and Spring Quarterly Meetings) as well as activities organized by the Bureau of Historic Preservation (education programs and 2022 Historic Preservation Month) and the Bureau of Archaeological Research (education programs).

Throughout FY 2021-2022, Friends of Florida History, Inc., provided advice on Division programming.

III. Three Year Plan

To solicit, receive, hold, invest, 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, 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 Friends of Florida History, Inc. 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

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1. Prohibition of Solicitation or Acceptance of Gifts

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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

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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

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

Please see attached IRS Form 990 for the 2020 tax year.

Filing Instructions

Friends of Florida History, Inc.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2021

Date Due: May 15, 2022

Remittance: None is required. Your Form 990 for the tax year ended 6/30/21 shows no

balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return

electronically. Sign the IRS e-file Authorization and mail it as soon as possible

to:

Thomson Brock Luger & Company

3375G Capital Cir NE Tallahassee, FL 32308-3736

Other: Initial and date the copies of the IRS e-file Signature Authorization and the Form

990. Retain them for your records. If previously signed and returned no further

action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing

of your return.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

0

| Departm | nent o | t the | Treasur | y |
|---------|--------|-------|---------|---|
| nternal | Reve | nue (| Service | |

| Α | For the 20 | $120~\mathrm{c}$ alendar year, or tax year beginning $~07/01/20~$, and ending $~06/3$ | 30/21 | | |
|---------------------|-----------------------------|--|-----------------------|---|-------------------------------|
| B (| Check if applica | ble: C Name of organization | | D Employe | identification number |
| | Address change | FRIENDS OF FLORIDA HISTORY, INC. | | | |
| $\overline{\sqcap}$ | Name change | Doing business as | | | 753544 |
| 一 | _ | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone | number 2 45-6332 |
| = | Initial return | 500 SOUTH BRONOUGH STREET, STE 305 City or town, state or province, country, and ZIP or foreign postal code | | 850- | 243-0332 |
| Ш | Final return/ terminated | | | | 1 504 457 |
| | Amended return | TALLAHASSEE FL 32399 | | G Gross reco | eipts\$ 1,534,457 |
| H | | P Name and address of principal officer. | H(a) Is this a gr | oup return for su | pordinates? Yes X No |
| Ш | Application pen | · LEGIER PEDERGER | | | □, □ |
| | | 500 SOUTH BRONOUGH STREET, STE 305 | H(b) Are all s | ubordinates incl | uded? Yes No |
| | | TALLAHASSEE FL 32399 | If "N | o," attach a list. | See instructions |
| 1 | Tax-exempt s | | | | |
| J | Website: u | WWW.MISSIONSANLUIS.ORG | H(c) Group ex | cemption number | |
| K F | orm of organiz | ation: X Corporation Trust Association Other u | L Year of formation: | 2002 | M State of legal domicile: FL |
| F | Part I | Summary | | | |
| | 1 Brief | ly describe the organization's mission or most significant activities: | | | |
| a | S | EE SCHEDULE O | | | |
| anc anc | | | | | |
| ž | | | | | |
| Governance | 2 Che | ck this box u if the organization discontinued its operations or disposed of more that | | | |
| ত প্ | 3 Num | ber of voting members of the governing body (Part VI, line 1a) | | | 8 |
| | 4 Num | ber of independent voting members of the governing body (Part VI, line 1b) | | 4 | 8 |
| iţie | | I number of individuals employed in calendar year 2020 (Part V, line 2a) | | | 0 |
| Activities | | number of volunteers (estimate if necessary) | | | 24 |
| ⋖ | | I unrelated business revenue from Part VIII, column (C), line 12 | | | 0 |
| | b Net u | nrelated business taxable income from Form 990-T, Part I, line 11 | | 7b | 0 |
| | | | Prior Y | | Current Year |
| | 8 Cont | ributions and grants (Part VIII, line 1h) | | 52,090 | 134,419 |
| Revenue | 9 Proc | ram service revenue (Part VIII, line 2g) | | 55,972 | Č |
| š | 10 Inve | stment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0,748 | 401,251 |
| æ | 11 Othe | er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 37,886 | -1,139 |
| | | I revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 6,696 | 534,531 |
| | | nts and similar amounts paid (Part IX, column (A), lines 1–3) | | , , , , , , | 001,001 |
| | | efits paid to or for members (Part IX, column (A), line 4) | | | 0 |
| | | ries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | | 0 |
| ses | 16a Profe | essional fundraising fees (Part IX, column (A), line 11e) | | | 0 |
| xpenses | h Tota | of fundraising expanses (Part IX, column (A), line 11e) | | | |
| Ä | 17 Othe | al fundraising expenses (Part IX, column (D), line 25) u 7,720 er expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | | 15,572 | 239,176 |
| | | I expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | 5,572 | 239,176 |
| | | enue less expenses. Subtract line 18 from line 12 | | 88,876 | 295,355 |
| - 9 | | | Beginning of Co | | End of Year |
| Net Assets or | 20 Tota | I assets (Part X, line 16) | 4 00 | 6,754 | 4,772,868 |
| ASS | 21 Tota | LP-LPP - (Dest)/ Per 00) | | 57,368 | 30,641 |
| Set | 21 Total | assets or fund balances. Subtract line 21 from line 20 | | 9,386 | 4,742,227 |
| | Part II | Signature Block | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | -, |
| | | | tamanta and to the he | at of mary leads | uladae and balief it is |
| | • | es of perjury, I declare that I have examined this return, including accompanying schedules and stated complete. Declaration of preparer (other than officer) is based on all information of which preparer. | | • | wiedge and belief, it is |
| | | | , | | |
| Q:- | , | Signature of officer | | Date | |
| Sig | | | \ TD | Date | |
| He | ਸ ਦ | LESTER ABBERGER CHA | JTL | | |
| | Det | | Date | 1. | , DTINI |
| Da: | 4 | nt/Type preparer's name Preparer's signature | Date | Check | L if PTIN |
| Pai | noror PAG | THEW R. HANSARD | | self-em | |
| | | m's name } THOMSON BROCK LUGER & COMPANY | | Firm's EIN } | 20-2259573 |
| US | e Only | 3375G CAPITAL CIR NE | | | 050 205 5444 |
| | Firr | m's address } TALLAHASSEE, FL 32308-3736 | | Phone no. | 850-385-7444 |

2002062 05/12/2022 3:26 PM Pg 5

| Under section 501/c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) | 2020 |
|---|----------------|
| May the IRS discuss this return with the prepare shows and security numbers on this form as it may be made public. | Open to Public |
| For Paperwork Reduction Act Notice, see the separate instruminansgov/Form990 for instructions and the latest information. | Inspection |
| DAA | - |

| | | ge z |
|----|---|-------------|
| Pa | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: SEE SCHEDULE O | |
| | | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | No |
| _ | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | N |
| | services? If "Yes," describe these changes on Schedule O. | NO |
| 4 | 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. | |
| | | |
| | (Code:) (Expenses \$ 216,016 including grants of \$) (Revenue \$ TO ENHANCE AND PERPETUATE, THROUGH PRUDENT STEWARDSHIP AND NON-STATE |) |
| | FINANCIAL SUPPORT, THE ARCHAEOLOGY, HISTORIC SITES, MUSEUMS, FOLKLIFE, | |
| | HISTORIC PRESERVATION SITES AND PROGRAMS OF THE FLORIDA DIVISION OF | |
| | HISTORICAL RESOURCES (INCLUDING, BUT NOT LIMITED TO, MIAMI CIRCLE, FLORIDA | . |
| | FOLKLIFE PROGRAM, FLORIDA MAIN STREET) AND THE OFFICE OF EXTERNAL AFFAIRS | |
| | (MISSION SAN LUIS AND THE GROVE MUSEUM) FOR THE PEOPLE OF FLORIDA AND ITS | |
| ' | ISITORS. | |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | |
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| 4d | Other program services (Describe on Schedule O.) | |
| | Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses u 216,016 | |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|-------------|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | 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 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | • | | |
| | complete Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | - | | |
| | and it was all and a second of the first of the second of | 10 | х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | 22 | |
| • | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| u | complete Schodule D. Port VI | 440 | х | |
| h | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more | 11a | 22 | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 446 | | х |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | 11b | | Λ |
| · | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 44. | | 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 | 11c | | Λ |
| - | reported in Dart V. line 400 lf IlVee II complete Calculula D. Dart IV. | 44.1 | | v |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11d | v | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11e | Х | |
| - | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | | v | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f | Х | |
| | Schedule D, Parts XI and XII | 40 | v | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 12a | Х | |
| _ | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | | | v |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 13 | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 14a | | Х |
| | 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 | 4 | | v |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 14b | | X |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | | | 3,5 |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 15 | | X |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | | | ٠, |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 16 | | X |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions | | | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 17 | | X |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | | ,. |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 18 | | X |
| | If "Yes," complete Schedule G, Part III | | | |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20 a | | Х |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | | |
| | | 21 | | X |

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 X Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 Х Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. X 38 Part 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 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? ...

Page 5

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

| Sec | tion A. Governing Body and Management | | | | 1 | |
|----------|--|-----------|---------------------------------------|-------------|-----|----|
| | | | ı | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | <u>1a</u> | 8 | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | | | |
| | committee, explain on Schedule O. | | _ | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 8 | 4 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | | | |
| | any other officer, director, trustee, or key employee? | | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | | | |
| | | | | 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 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | 1_ | | ٠, |
| h | 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, | | | l | | ٠, |
| | stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea | | | 7b | | X |
| 8 | The reversion had 2 | , | | | v | |
| a | Fook committee with outbority to get an habelf of the governing hadd? | | | 8a | X | |
| р 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | 8b | Х | |
| 3 | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | | | v |
| 500 | tion B. Policies (This Section B requests information about policies not required by the Intern | | | 9 | | X |
| Sec | siton B. Folicies (This Section B requests information about policies not required by the intern | iai Ne | veriue Coo | <i>ie.)</i> | Yes | No |
| 100 | Did the ergenization have level charters, branches, or effiliates? | | | 10a | 162 | X |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | IUa | | 22 |
| 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 | | |
| 110 | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing | | | 11a | Х | |
| 11a b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 116 10111 | · · · · · · · · · · · · · · · · · · · | - Tia | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | | Х |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris | e to co | nflicts? | 12b | | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 0 10 00 | | 120 | | |
| • | describe in Schedule O how this was done | | | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | | х |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | | х |
| b | Other officers or key employees of the organization | | | 15b | | Х |
| | 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 | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | | | |
| | organization's exempt status with respect to such arrangements? | | | 16b | | |
| Sec | etion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed u NONE | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Se | ction 50 |)1(c) | | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the control of the conflict of interesting the conflict of the conflict | st polic | y, 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 record | ds u | | | | |
| L | ESTER ABBERGER 500 SOUTH BRONOUGH STREET, STE | | | | | |

850-245-6332

FL 32399

TALLAHASSEE

Form 990 (2020) FRIENDS OF FLORIDA HISTORY, INC.

59-3753544

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. See instructions for the order in which to list the persons above.

| (A) Name and title | (B) Average hours per week (list any hours for | off | x, unle | Pos check ess pe | rson i lirecto | than on s both a r/trustee | an e) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and |
|-----------------------|---|-----------------------|-----------------------|------------------------|-------------------|----------------------------------|----------|--|---|--|
| | related organizations below dotted line) | Individual trustee or | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | () | (| related organizations |
| (1) MELISSA SCHECHT | ER 1 00 | | | | | | | | | |
| SECRETARY | 1.00 | X | | х | | | | 0 | 0 | 0 |
| (2) LESTER ABBERGER | | ^ | | Λ | | | | <u> </u> | <u> </u> | 0 |
| (-, | 1.00 | | | | | | | | | |
| CHAIR | 0.00 | X | | Х | | | | 0 | 0 | 0 |
| (3) DON SLESNICK | 1.00 | | | | | | | | | |
| VICE CHAIR | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (4) LEROY COLLINS, | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (5) KATELYN WONSOCK | 1.00 | | | | | | | | | |
| TREASURER | 0.00 | X | | Х | | | | 0 | 0 | 0 |
| (6) AMANDA MURPHY | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (7) RAMON MAURY | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) JAYMES TURNBULL | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (9) TIMOTHY PARSONS | 40.00 | | | | | | | | | |
| DIVISION DIRECTOR | 0.00 | | | Х | | | | 92,449 | 0 | 21,973 |
| (10) | | | | | | | | | | |
| | | | | | | | | | | |
| (11) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | Form QQQ (2020) |

| Pa | rt VII Section A. Officers | , Directors, Trus | stees | s, Ke | у Еі | mplo | yees | s, a | nd Highest Compensated | Employees (continued) | | | |
|----|---|--|--------------------------|-----------------------|-----------------------|--------------|---|---|---|-----------------------|---|-----------------------|-----------|
| | (A) Name and title | Name and title Average hours per week (list any) Average hours per week (list any) | | | is both | an ee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the | | | | |
| | | hours for related organizations below dotted line) | Individual trustee or | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | - | anization d organi | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Subtotal | | | | | | | u | 92,449 | | | 2 | 1,973 |
| 2 | Total from continuation sheet Total (add lines 1b and 1c). Total number of individuals (increportable compensation from | cluding but not lir | nited | l to t | | | | u u oove | 92,449 e) who received more than \$ | 100,000 of | | 2 | 1,973 |
| 3 | Did the organization list any fo | rmer officer, dire | ector. | trus | tee. | kev | emp | love | ee. or highest compensated | | | , | res No |
| 4 | employee on line 1a? If "Yes," For any individual listed on line organization and related organ | complete Schede 1a, is the sum | <i>ule</i> . of re | <i>I for</i> porta | <i>such</i> able (| ind comp | <i>ividu</i> pens | al [*] atioi | n and other compensation fr | om the | | 3 | X |
| 5 | individual Did any person listed on line 1 | a receive or acc | | comp | ensa | ation | from | an | v unrelated organization or i | ndividual | | 4 | X |
| | for services rendered to the or | ganization? If "Ye | | | | | | | | | | 5 | X |
| 1 | ion B. Independent Contracto Complete this table for your five | e highest compe | | | | | | | | | | | |
| | compensation from the organiz | zation. Report col (A) I business address | mpei | nsati | on fo | r the | e cal | enda | | (B) | | Comm | (C) |
| | Name and | i business address | | | | | | | Descrip | tion of services | | Comp | pensation |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | T | | | | | |
| 2 | Total number of independent or received more than \$100,000 | contractors (included) | ling I | but r | ot lir | mited | d to t | hos | e listed a bove) who | 0 | | | |

59-3753544 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) Related or exempt function revenue (C) Revenue excluded from tax under sections 512-514 business revenue Gifts, Grants ilar Amounts 1a Federated campaigns 1a **b** Membership dues 6,419 c Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 128,000 1g 97,305 g Noncash contributions included in lines 1a-1f..... h Total. Add lines 1a–1f..... 134,419 Program Service f All other program service revenue g Total. Add lines 2a–2f..... Investment income (including dividends, interest, and 118,146 118,146 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (i) Real 6a Gross rents b Less: rental expenses 6b 250 -250 c Rental inc. or (loss) d Net rental income or (loss) -250 -250 7a Gross amount from sales of assets 1,275,426 other than inventory b Less: cost or other Other Revenue 992,321 basis and sales exps. 283,105 7c c Gain or (loss) d Net gain or (loss) 283,105 283,105 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities... **10a** Gross sales of inventory, less returns and allowances 10a 6,466 **b** Less: cost of goods sold 10b 7,355 c Net income or (loss) from sales of inventory -889 -889 All other revenue Total. Add lines 11a–11d

534,531

283,105

117,007 Form **990** (2020

Total revenue. See instructions

Part IX Statement of Functional Expenses

| | otatomont or ranotional Ex | P011000 | | | |
|---------|---|---------------------------------------|------------------------------|-------------------------------------|--------------------------|
| Sect | ion 501(c)(3) and 501(c)(4) organizations must c | | | plete column (A). | |
| | Check if Schedule O contains a response | · · · · · · · · · · · · · · · · · · · | his Part IX | | |
| | not include amounts reported on lines 6b, Rb, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | ехрепаса | general expenses | ехрепаса |
| • | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| 2 | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| 3 | G | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| • | trustees, and key employees | | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 10 | Other employee benefits Payroll taxes | | | | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | A | 17,675 | 15,024 | 1,767 | 884 |
| d | | , | , | , | |
| е | D (' ' ' ' ' ' ' ' ' ' O D (N/ !' 47 | | | | |
| f | Investment management fees | | | | |
| q | | | | | |
| Ū | (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | 4,954 | 4,211 | 495 | 248 |
| 13 | Office expenses | 2,491 | 2,118 | 248 | 125 |
| 14 | Information technology | , | , | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 8,900 | 7,565 | 890 | 445 |
| 23 | Insurance | 0,000 | . 7000 | | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | FL MAIN STREET SUPPLIES | 79,630 | 79,630 | | |
| b | UTILITIES | 71,252 | 60,564 | 7,125 | 3,563 |
| c | LANDSCAPING | 45,825 | 38,951 | 4,583 | 2,291 |
| d | LIVING HISTORY | 4,387 | 4,387 | -,555 | _, |
| e | All other evenesses | 4,062 | 3,566 | 332 | 164 |
| 25 | Total functional expenses. Add lines 1 through 24e | 239,176 | 216,016 | 15,440 | 7,720 |
| 26 | Joint costs. Complete this line only if the | 233,110 | 210,010 | 10,110 | 1,120 |
| | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here u if following SOP 98-2 (ASC 958-720) if | | | | |

| | | | | (A) Beginning of year | | (B) End of year | | | |
|----------------------|--|---|----------|---------------------------------|----------|-----------------|--|--|--|
| 1 | Cash—non-interest-bearing | | | 249,735 | 1 | 269,350 | | | |
| 2 | | | | 832,722 | 2 | 779,028 | | | |
| 3 | | , | 3 | , | | | | | |
| 4 | | | | 5,075 | 4 | | | | |
| 5 | | | - | | | | | | |
| | trustee, key employee, creator or founder, substantial co | | | | | | | | |
| | controlled entity or family member of any of these person | 5 | | | | | | | |
| 6 | | | | | - | | | | |
| | under section 4958(f)(1)), and persons described in sect | | | | 6 | | | | |
| 7 | | | | | 7 | | | | |
| 8 | | | | 42,994 | 8 | 38,351 | | | |
| 9 | | | | 3,308 | 9 | 48 | | | |
| 10 | a Land, buildings, and equipment: cost or other | | | | | | | | |
| . | basis. Complete Part VI of Schedule D | 10a | 93.379 | | | | | | |
| | b Less: accumulated depreciation | 10b | 61,726 | 26,742 | 10c | 31,653 | | | |
| 11 | | | • | 2,926,178 | 11 | 3,654,438 | | | |
| 12 | Investments—other securities See Part IV line 11 | | | | 12 | 5,001,100 | | | |
| 13 | Investments—program-related See Part IV line 11 | Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11 | | | | | | | |
| 14 | | | | | 13 14 | | | | |
| 15 | | | | | 15 | | | | |
| 16 | |) | | 4,086,754 | 16 | 4,772,868 | | | |
| 17 | | | | 8,358 | 17 | 36 | | | |
| 18 | | 5,555 | 18 | | | | | | |
| 19 | | 49,010 | 19 | 21,930 | | | | | |
| 20 | | | | | 20 | | | | |
| 21 | | Schedule D | | | 21 | | | | |
| | | | | | | | | | |
| 22 | trustee, key employee, creator or founder, substantial co | | 5% | | | | | | |
| | controlled entity or family member of any of these person | | | | 22 | | | | |
| 23 | | | | | 23 | | | | |
| 24 | | | | | 24 | | | | |
| 25 | | | | | | | | | |
| | parties, and other liabilities not included on lines 17-24). | Complete Part | : X | | | | | | |
| | of Schedule D | | | | 25 | 8,675 | | | |
| 26 | Total liabilities. Add lines 17 through 25 | | | 57,368 | 26 | 30,641 | | | |
| | Organizations that follow FASB ASC 958, check here | u X | | , | | , | | | |
| : | and complete lines 27, 28, 32, and 33. | | | | | | | | |
| 27 | | | | 2,487,123 | 27 | 3,199,964 | | | |
| 27 28 | | | | 1,542,263 | 28 | 1,542,263 | | | |
| | Organizations that do not follow FASB ASC 958, che | ck here u | <u> </u> | · | | · · | | | |
| | and complete lines 29 through 33. | | | | | | | | |
| 29 | · | | | | 29 | | | | |
| 30 | | fund | | | 30 | | | | |
| 31 | | | | | 31 | | | | |
| 29 30 31 32 | Total net assets or fund balances | | | 4,029,386 | 32 | 4,742,227 | | | |
| 33 | | | | 4,086,754 | 33 | 4,772,868 | | | |

Form **990** (2020)

Schedule O.

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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 on Schedule O and describe any steps taken to undergo such audits

Form **990** (2020)

3a

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FRIENDS OF FLORIDA HISTORY, INC. Employer identification number 59-3753544

| Pa | art I | Rease | on for Public Charity | Status. (All organizations | must co | mplete | this part.) See instruction | S. |
|--------------|--|---|---------------------------------|---|------------------------------------|------------|----------------------------------|----------------------------------|
| The | he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) | | | | | | | |
| 1 | П | A church, coi | nvention of churches, or asse | ociation of churches described in | section | 170(b)(1 |)(A)(i). | |
| 2 | П | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | |
| 3 | П | | , , , , , | ce organization described in sect | | | i). | |
| 4 | Н | • | | in conjunction with a hospital de | , | ,,,,,,, | • | spital's name. |
| • | ш | city, and state | , | m conjunction with a mospital at | | | | phare riarrie, |
| 5 | | • | | f a college or university owned o | r operate | d by a go | wornmontal unit described in | |
| 5 | Ш | - | | = | ii operate | u by a gc | verrimental unit described in | |
| _ | \Box | | (b)(1)(A)(iv). (Complete Part | , | -ti 470 | VL\/4\/A\ | 6.3 | |
| 6 | \ | | | overnmental unit described in se | | | • • | |
| 7 | X | | | substantial part of its support from | n a gover | nmental i | unit or from the general public | |
| | | | section 170(b)(1)(A)(vi). (Co | • / | 11. | | | |
| 8 | Н | - | | 170(b)(1)(A)(vi). (Complete Part I | | | | |
| 9 | Ш | | | cribed in section 170(b)(1)(A)(ix | | | | • |
| | | | or a non-land-grant college o | f agriculture (see instructions). E | nter the n | ame, city | , and state of the college of | |
| | | university: | | | | | | |
| 10 | Ш | - | • |) more than 33 1/3% of its support | | | | 5 |
| | | • | | pt functions, subject to certain ex d unrelated business taxable inc | | . , | | |
| | | | - |), 1975. See section 509(a)(2). (| • | | • | |
| 11 | | | • | exclusively to test for public safet | | | | |
| 12 | Н | _ | - | exclusively for the benefit of, to pe | | | | as of |
| 12 | Ш | • | ě . | ons described in section 509(a)(| | | | .5 OI |
| | | | | nat describes the type of supporti | | | | 12g. |
| | а | | • | erated, supervised, or controlled by | | | • | • |
| | _ | | | er to regularly appoint or elect a | | | | |
| | | | • ,, , | omplete Part IV, Sections A an | | | | |
| | b | \neg | 0 0 | pervised or controlled in connecti | | s support | ed organization(s), by having | |
| | - | | | ting organization vested in the sa | | | . , , , | i |
| | | | ion(s). You must complete | • • | | | 3 | |
| | С | Type III | functionally integrated. A s | upporting organization operated | in connec | tion with, | and functionally integrated with | 1, |
| | | | | tructions). You must complete F | | | | |
| | d | Type III | non-functionally integrated | . A supporting organization opera | ated in co | nnection | with its supported organization(| (s) |
| | | that is no | ot functionally integrated. The | organization generally must sat | isfy a dist | ribution r | equirement and an attentivenes | s |
| | | requireme | ent (see instructions). You n | nust complete Part IV, Sections | s A and [|), and Pa | rrt V. | |
| | е | | | eived a written determination from | | | a Type I, Type II, Type III | |
| | | | | n-functionally integrated supporting | ng organi | zation. | | |
| | f | | mber of supported organization | | | | | |
| | g | | ollowing information about th | | I | | Г | |
| (i) | | e of supported | (ii) EIN | (iii) Type of organization (described on lines 1–10 | | | (v) Amount of monetary | (vi) Amount of |
| | org | anization | | above (see instructions)) | listed in your governing document? | | support (see instructions) | other support (see instructions) |
| | | | | | Yes | No | | , |
| (A) | | | | | | | | |
| 6.7 | | | | | | | | |
| (B) | | | | | | | | |
| (0) | | | | | | | | |
| (C) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (D) | | | | | | | | |
| /E\ | | | | | 1 | | | |
| (E) | | | | | | | | |
| T - 1 | | | | | | | | |
| Tota | l | | | | | | | |

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

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

| Sec | tion A. Public Support | | | | | | | | |
|----------|---|---|----------------------|----------------------|--------------------|----------------|----------|--------------------|--|
| Caler | ndar year (or fiscal year beginning in) u | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 202 | 20 | (f) Total | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 17,181 | 62,126 | 22,403 | 52,090 | 3: | 5,634 | 189,434 | |
| 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 | 502,203 | 370,929 | 351,871 | 325,333 | 21 | 9,735 | 1,770,071 | |
| 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) | 519,384 | 433,055 | 374,274 | 377,423 | 255,369 | | 1,959,505 | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | | 1,959,505 | |
| | tion B. Total Support | | | 1 | | | | | |
| Caler | ndar year (or fiscal year beginning in) u | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 202 | 20 | (f) Total | |
| 7 | Amounts from line 4 | 519,384 | 433,055 | 374,274 | 377,423 | 25 | 5,369 | 1,959,505 | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 302,343 | 227,584 | 229,148 | 163,786 | 118,146 | | 1,041,007 | |
| 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.) | 5,359 | 7,979 | 10,761 | 33,399 | 6,466 | | 63,964 | |
| 11 | Total support. Add lines 7 through 10 | | | | | | | 3,064,476 | |
| 12 | Gross receipts from related activities, etc. | (see instructions) | | | | | 12 | 212,428 | |
| 13 | First 5 years. If the Form 990 is for the or | ganization's first, se | cond, third, fourth, | or fifth tax year as | a section 501(c)(3 | 5) | | | |
| | organization, check this box and stop here | | | | | | | | |
| Sec | tion C. Computation of Public Su | | | | | | | | |
| 14 15 | Public support percentage for 2020 (line 6, Public support percentage from 2019 Sche | column (f) divided I dule A, Part II, line | by line 11, column | (f)) | | | 14 15 | 63.94 % 61.45 % | |
| 16a | 33 1/3% support test-2020. If the organi | zation did not check | the box on line 13 | 3, and line 14 is 33 | 1/3% or more, che | eck this | | | |
| | box and stop here. The organization quali | fies as a publicly su | upported organizati | on | | | | ► X | |
| b | 33 1/3% support test—2019. If the organi | zation did not check | a box on line 13 | or 16a, and line 15 | is 33 1/3% or more | e, check | | | |
| | this box and stop here. The organization of | | | | | | | ▶ ∟ | |
| 17a | 10%-facts-and-circumstances test—2020 | | | | | | | | |
| | 10% or more, and if the organization mee | | | | | | | | |
| | Part VI how the organization meets the "fa organization | | | | | | | > [| |
| b | 10%-facts-and-circumstances test—201 | If the organizatio | n did not check a b | oox on line 13, 16a, | , 16b, or 17a, and | line | | | |
| | 15 is 10% or more, and if the organization | | | | | | | | |
| | in Part VI how the organization meets the | | | | | • | | ▶ □ | |
| 18 | organization | not check a box or | | 17a or 17h check | this hox and see | | | F | |
| 10 | instructions | | | | | | | > | |

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

| (Complete | only if you checked the box of | n line 10 of Part I or if the organization failed to qualify under I | Part II. |
|--------------|------------------------------------|--|----------|
| If the organ | nization fails to qualify under th | e tests listed below, please complete Part II.) | |

| <u></u> | stion A Dublic Compant | 9000000 | | o.o.i., p.oa.oo oo | | | | |
|-----------|--|----------|----------------------|--------------------|----------|----------------|----|-----------|
| | ction A. Public Support ndar year (or fiscal year beginning in) u | (a) 2016 | (h) 2017 | (a) 2019 | (4) 2010 | (a) 20′ | 20 | (f) Total |
| Cale 1 | ndar year (or fiscal year beginning in) u Gifts, grants, contributions, and membership fees | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 202 | 20 | (f) Total |
| • | received. (Do not include any "unusual grants.") | | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | |
| С | | | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | | |
| | | | | | | | | |
| | ction B. Total Support | T | T | T | T | | | |
| | endar year (or fiscal year beginning in) u | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 202 | 20 | (f) Total |
| | Amounts from line 6 | | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| С | Add lines 10a and 10b | | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | |
| 14 | First 5 years. If the Form 990 is for the or organization, check this box and stop here | | econd, third, fourth | • | , , , | • | | |
| Sec | ction C. Computation of Public Su | | | | | | | |
| 15 | Public support percentage for 2020 (line 8, | | | | | | 15 | % |
| 16 | Public support percentage from 2019 Sche | | | | | <u></u> | 16 | %_ |
| Sec | ction D. Computation of Investme | | | | | | | |
| 17 | Investment income percentage for 2020 (lii | | | column (f)) | | | 17 | % |
| 18 | Investment income percentage from 2019 S | | | | | | 18 | <u>%</u> |
| 19a | 33 1/3% support tests—2020. If the organ | | | | | | | ▶ □ |
| L | 17 is not more than 33 1/3%, check this bo | | - | | | | | ▶ ⊔ |
| b | 33 1/3% support tests—2019. If the organ line 18 is not more than 33 1/3%, check this | | | | | | | ▶ □ |
| 20 | Private foundation. If the organization did | | = | | | - | | . — |
| | 9 | | | | | | | |

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

| | | Yes | No |
|------|------------|----------|-----------|
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| | 10a | | |
| | 10b | | |
| 4 (F | orm 99 | 0 or 990 | -EZ) 2020 |

| | t IV Supporting Organizations (continued) | <u>-</u> | | r age 3 |
|-------|---|----------|-----|---------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 100 | 110 |
| a | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| u | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in line 11a above? | 11b | | |
| C | A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i> | | | |
| · | detail in Part VI . | 11c | | |
| Secti | on B. Type I Supporting Organizations | 1 | | |
| 0001 | on Britypo i dupporting digamentone | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | 103 | 140 |
| • | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| | on on type in eappering organizations | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 100 | 110 |
| • | 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 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| | 71 11 0 0 | | 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 line 2, above, did the organization's supported organizations have | | | |
| • | a significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Secti | on 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). | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc | tions). | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | 01 | | |
| _ | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 3a | | |
| | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | Ja | | |

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.

| Schedu | e A (Form 990 or 990-EZ) 2020 FRIENDS OF FLORIDA HISTORY, | INC | <u> 59-3753</u> ! | 5 44 Page 6 |
|------------|--|---------|---|-----------------------------|
| Part | Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | nizat | ions | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. | 20, 19 | 970 (explain in Part VI). Se | е |
| | instructions. All other Type III non-functionally integrated supporting organizations must | comple | ete Sections A through E. | |
| Section | on 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 F | 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 | | |
| Secti | on 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): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section | on C – Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for 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 integrated Ty | /pe III | supporting organization | |

Schedule A (Form 990 or 990-EZ) 2020

(see instructions).

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

Schedule A (Form 990 or 990-EZ) 2020

| Part VI | III, line 12; Par | I Information. Prt IV, Section A, li | rovide the exp nes 1, 2, 3b, 3 | lanations requ sc, 4b, 4c, 5a | , 6, 9a, 9b, 9c, 11 | ne 10; Part II, line 17a c a, 11b, and 11c; Part I | or 17b; Part V, Section |
|---------|-------------------|---|-----------------------------------|----------------------------------|---------------------|---|----------------------------|
| | 3a, and 3b; Pa | art V, line 1; Part | V, Section B, I | ine 1e; Part \ | | ; Part IV, Section E, line s 5, 6, and 8; and Part \ e instructions.) | |
| PART I | |) - OTHER | · | • | | | |
| OTHER | INCOME | | | \$ | 63,964 | | |
| - | | | | | | | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number 59-3753544 FRIENDS OF FLORIDA HISTORY, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located \boldsymbol{u} Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u (ii) Assets included in Form 990, Part X u \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Assets included in Form 990, Part X

| Sche | edule D (Form 990) 2020 FRIENDS | OF FLORIDA | HISTORY, I | NC. 59-3 | 3753544 | Page 2 |
|-------|---|--------------------------------|-------------------------|------------------------------------|----------------------|---------------------|
| Pa | art III Organizations Maintainin | g Collections of | Art, Historical Tr | easures, or Othe | r Similar Assets | (continued) |
| 3 | Using the organization's acquisition, access collection items (check all that apply): | sion, and other records, | check any of the follo | owing that make signif | icant use of its | |
| а | Public exhibition | d \square | Loan or exchange pro | ogram | | |
| b | H | | | | | |
| C | H_{\bullet} | | | | | |
| 4 | Provide a description of the organization's | collections and explain | how they further the | organization's exempt _l | ourpose in Part | |
| _ | XIII. | | f aut | | | |
| 5 | During the year, did the organization solicit | | · | • | | □ vaa □ Na |
| Da | art IV Escrow and Custodial A | | art of the organization | s conection? | | Yes No |
| 1 6 | Complete if the organization | • | on Form 990 Pa | rt IV line 9 or ren | orted an amount o | on Form |
| | 990, Part X, line 21. | | | · | onca an amount c |) |
| 1a | Is the organization an agent, trustee, custo | | | | | |
| | included on Form 990, Part X? | | | | | Yes No |
| b | If "Yes," explain the arrangement in Part XI | III and complete the following | owing table: | | | |
| | | | | | | Amount |
| С | Beginning balance | | | | 1c | |
| | Additions during the year | | | | | |
| е | Distributions during the year | | | | | |
| f | Ending balance | | | | 1f | |
| | Did the organization include an amount on | | | | | ☐ Yes ☐ No |
| | If "Yes," explain the arrangement in Part XI art V Endowment Funds. | II. Check here if the exp | pianation has been pr | ovided on Part XIII | | |
| Г | Complete if the organization | on answered "Ves" | on Form 000 Pai | rt IV line 10 | | |
| | Complete ii the organizatio | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| 10 | Paginning of year balance | 2,106,263 | 2,106,263 | | | |
| | Beginning of year balance | 2,100,203 | 2,100,203 | 2,100,203 | 2,100,20. | 1,000 |
| | Contributions Net investment earnings, gains, and | | | | | 1,000 |
| · | | | | | | |
| Ч | losses Grants or scholarships | | | | | |
| | Other expenditures for facilities and | | | | | |
| | programs | | | | | |
| f | Administrative expenses | | | | | |
| g | End of year balance | 2,106,263 | 2,106,263 | 2,106,263 | 2,106,263 | 3 2,106,263 |
| 2 | Provide the estimated percentage of the cu | | | <u> </u> | , , | , , |
| | Board designated or quasi-endowment u | | (19, 22.2 (2,) | | | |
| | Permanent endowment u 73.22 % | | | | | |
| C | Term endowment u % | | | | | |
| | The percentages on lines 2a, 2b, and 2c sl | hould equal 100%. | | | | |
| 3a | Are there endowment funds not in the poss | session of the organizat | ion that are held and | administered for the | | |
| | 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 organ | izations listed as require | ed on Schedule R? | | | 3b |
| 4_ | Describe in Part XIII the intended uses of t | he organization's endov | vment funds. | | | |
| Pa | art VI Land, Buildings, and Eq | - | | | | |
| | Complete if the organization | on answered "Yes" | on Form 990, Pa | rt IV, line 11a. See | Form 990, Part > | K, line 10. |
| | Description of property | (a) Cost or other b | * * | , , |) Accumulated | (d) Book value |
| | | (investment) | (oth | ner) | depreciation | |
| 1a | Land | | | | | |
| b | Buildings | | | | | |
| | Leasehold improvements | | | | | |
| | Equipment | | | 00 070 | 64 =64 | 24 4== |
| | Other | | | 93,379 | 61,726 | 31,653 |
| Total | I. Add lines 1a through 1e. (Column (d) mus | st equal Form 990, Part | X, column (B), line 1 | Oc.) | u | 31,653 |

| | lavortments Other Counities | JORI, INC. | 39 3733344 | raye • |
|-----------------|--|------------------------|--|----------------|
| Part VII | Investments – Other Securities. | own 000 Dowt IV line | 14h Can Farm 000 Daw | V line 40 |
| | Complete if the organization answered "Yes" on F | | | |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of vocation (c) Method (c | |
| <u> </u> | | | Cost of end-of-year | TIAIREL VAIUE |
| (1) Financial (| derivatives Id equity interests | | | |
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| | n (b) must equal Form 990, Part X, col. (B) line 12.) u | | | |
| Part VIII | Investments - Program Related. | | | |
| | Complete if the organization answered "Yes" on F | orm 990, Part IV, line | <u>e 11c. See Form 990, Part</u> | X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of v | |
| | | | Cost or end-of-year | market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column | n (b) must equal Form 990, Part X, col. (B) line 13.) u | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" on Fe | orm 990, Part IV, line | e 11d. See Form 990, Part | X, line 15. |
| | (a) Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 15.) | | u | |
| Part X | Other Liabilities. | | | |
| | Complete if the organization answered "Yes" on Fe | orm 990, Part IV, line | e 11e or 11f. See Form 99 | 0, Part X, |
| | line 25. | | | |
| 1. | (a) Description of liability | | | (b) Book value |
| (1) Federal | income taxes | | | |
| | IDABLE ADVANCE | | | 8,675 |
| (3) | | | | -, |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column | n (b) must equal Form 990, Part X, col. (B) line 25.) | | u | 8,675 |
| 1 | , | | | 3,013 |

| Schedule D (Fo | orm 990) 2020 1 | FRIENDS OF | FLORIDA | HISTORY, | INC. | 59-3753544 | Page 5 |
|----------------|---------------------------------|-----------------|-------------|----------|------|------------|--------|
| Part XIII | orm 990) 2020 1 Supplemental | I Information (| (continued) | | | | |
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SCHEDULE M (Form 990)

Noncash Contributions

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

u Attach to Form 990.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

 $u\,$ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 59-3753544 FRIENDS OF FLORIDA HISTORY, INC.

| Pa | art I Types of Property | | | | | | | |
|-----|---|--------------|-----------------------------|---|---------------------------|--------|-----|----|
| | | (a) | (b) | (c) | (d) | | | |
| | | Check if | Number of contributions or | Noncash contribution | Method of determining | | | |
| | | applicable | items contributed | amounts reported on Form 990, Part VIII, line 1g | noncash contribution amou | ınts | | |
| 1 | Art — Works of art | | | , , , , | | | | |
| 2 | Art — Historical treasures | | | | | | | |
| | | | | | | | | |
| 3 | Art — Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household | | | | | | | |
| | goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities — Publicly traded | | | | | | | |
| 10 | Securities — Closely held stock | | | | | | | |
| 11 | Securities — Partnership, LLC, | | | | | | | |
| | or trust interests | | | | | | | |
| 12 | Securities — Miscellaneous | | | | | | | |
| 13 | Qualified conservation | | | | | | | |
| | contribution — Historic | | | | | | | |
| | structures | | | | | | | |
| 14 | Qualified conservation contribution | | | | | | | |
| | — Other | | | | | | | |
| 15 | Real estate — Residential | | | | | | | |
| 16 | Real estate — Commercial | | | | | | | |
| 17 | Real estate — Other | | | | | | | |
| | | | | | | | | |
| 19 | Collectibles | | | | | | | |
| | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other u () | х | 1 | 97,305 | FACE MASKS, SANI | TT 7.F | IR. | |
| 26 | Other u () | | _ | 5.7555 | CLOTH, PINESTRAW | | | |
| 27 | Other u () | | | | MARINE EQUIPMENT | | | |
| 28 | Otheru (| | | | | | | |
| 29 | Number of Forms 8283 received by t | ho organiz | ration during the tay year | for contributions for | | | | |
| 23 | - | _ | = | | 29 | | | |
| | which the organization completed Fo | IIII 0203, F | Part IV, Donee Acknowle | agement | 29 | | Yes | No |
| | - | | | | | | 162 | No |
| 30a | 0 , , | - | | | = | | | |
| | 28, that it must hold for at least three | - | | ontribution, and which isn't r | equired | | | 37 |
| | to be used for exempt purposes for the | | olding period? | | | 30a | | X |
| b | If "Yes," describe the arrangement in | Part II. | | | | | | |
| 31 | Does the organization have a gift according | ceptance p | olicy that requires the rev | view of any nonstandard | | | | |
| | contributions? | | | | | 31 | | X |
| 32a | Does the organization hire or use this | | | | | | | |
| | contributions? | | • | | | 32a | | X |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an am | ount in co | lumn (c) for a type of pro | perty for which column (a) i | is checked. | | | |
| | describe in Part II. | | (-) .s. a .ypo o. pio | ,, | | | | |
| | GOODING III I GIV III | | | | | | | |

| Schedule IVI (FOII | m 990) 2020 | FRIEND | S OF F | LORIDA | HISTOR | Y, INC. | 5 | 9-3753544 | | Page Z |
|--------------------|---------------------|---------------------------------------|-------------------|----------------------------|--------------|-------------|-------------|--------------|--|---------------|
| Part II | Supplen the orga | n ental Info nization is re | rmation. F | Provide the Part L colu | information | required by | Part I, lin | es 30b, 32b, | and 33, and whethe ber of items receive | er d |
| | or a con | nbination of | both. Also | complete t | his part for | any additio | nal inform | ation. | | α , |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 **2020**

Department of the Treasury Internal Revenue Service $\begin{array}{c} u \quad \text{Attach to Form 990 or 990-EZ.} \\ u \quad \text{Go to $www.irs.gov/Form990} \end{array} \text{ for the latest information.} \\ \end{array}$

Open to Public Inspection

Name of the organization

FRIENDS OF FLORIDA HISTORY, INC.

Employer identification number 59-3753544

| FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES |
|---|
| 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. |
| |
| FORM 990 - ORGANIZATION'S MISSION |
| 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. |
| |
| FORM 990 - ADDITIONAL INFORMATION |
| FORM 990, SCH D, PG 1, PART II, LINE 1B - THE STATE AGENCY IS RESPONSIBLE |
| FOR PROMOTING FRIENDS OF FLORIDA HISTORY. |
| FORM 990 - ORGANIZATION'S ADDITIONAL WEBSITES |
| THEGROVEMUESEUM.COM |
| FLHERITAGE.COM |
| |
| FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 |
| THE 990 IS PROVIDED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING. IF |
| THEY ARE IN AGREEMENT WITH THE CONTENTS, IT IS ACCEPTED FOR FILING. |
| |
| |

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

Schedule O (Form 990 or 990-EZ) 2020

Page 2

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service Name of the organization u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

| FRIENDS OF FLORIDA HISTORY, INC. | 59-37535 | 544 | | | | | |
|--|--------------------------------|---|----------------------------|--|-------------------------------|-----------------------------|---------------------------------|
| Part I Identification of Disregarded Entities. Complete if the | e organization answ | vered "Yes" on Fo | orm 990, Part IV, | line 33. | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicil or foreign c | le (state Tota | (d) al income E | (e) End-of-year assets | (f) Direct con entity | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the | Complete if the org | ganization answe | red "Yes" on For | m 990, Part IV, I | ine 34, because | 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 | Section : controlle | (g) 512(b)(13) ed entity? |
| (1) FDOS, DIV. OF HISTORICAL RESOURCES 500 S. BRONOUGH STREET 59-6001874 | • • • | | | | | | |
| TALLAHASSEE FL 32399-0250 (2) | PROMOTION | FL | 501C 1 | | FDOS | | Х |
| (3) | | | | | | | |
| | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| | 1 | 1 | | 1 | | 1 | |

| Schedule R | R (Form 990) 2020 FRIENDS OF FLORIDA | | | | 753544 | | | | | | | | | | Page 2 |
|------------|---|-----------------------------|---|---|---|---|-------------------------------------|-----------------------------|----------------------|---------------------------|---------------|--|--------|---------------|---|
| Part III | Identification of Related Organization because it had one or more related or | ons Taxable ganizations to | as a reated | Partnership. | Complete if the ship during the | organizatio tax year. | n answered " | Yes" on | Form | า 99 | 0, Part | IV, line | 34, | | |
| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state o foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of tot income | al Share | (g) of end-of- assets | Dis porti allo | spro- ionate oc.? | amou of Sc | (i) le V—UBI nt in box 20 chedule K-1 rm 1065) | | aging ner? | (k) Percentage ownership |
| <u>(1)</u> | | | | | | | | | 163 | NO | | | 163 | NO | |
| | | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | | |
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| (4) | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Part IV | Identification of Related Organization line 34, because it had one or more re | ons Taxable | as a | Corporation of treated as a | or Trust. Comp | lete if the o | I rganization ar the tax vear | swered | "Yes | s" or | n Form | 990, Pa | rt IV, | | |
| | (a) Name, address, and EIN of related organization | (b) Primary activ | | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of tota income | I | | (g) Share of f-year | of assets | (h Percer owner | ntage | 5 | (i) Section 512(b)(13) controlled entity? |
| (1) | | | | | | | | | | | | | | Ye | es No |
| | | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | | |
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| (3) | | | | | | | | | | | | | | | |
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| (4) | | | | | | | | | | | | | | | |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Tare Transactions Than Related Organizations Complete in the Organization and | | | 1, 665, 61 66. | | | | | | | |
|--|------------------------------|----------------------------|----------------------------|-------------|-----|----|--|--|--|--|
| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No | | | | |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more relat | | | | | | | | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | X | | | | |
| b Gift, grant, or capital contribution to related organization(s) | | | | 1b | | Х | | | | |
| c Gift, grant, or capital contribution from related organization(s) | | | | 1c | | Х | | | | |
| d Loans or loan guarantees to or for related organization(s) | | | | 1d | | Х | | | | |
| e Loans or loan guarantees by related organization(s) | | | | 1e | | Х | | | | |
| | | | | | | | | | | |
| f Dividends from related organization(s) | | | | 1f | | Х | | | | |
| g Sale of assets to related organization(s) | | | | 1g | | Х | | | | |
| h Purchase of assets from related organization(s) | | | | 1h | | Х | | | | |
| i Exchange of assets with related organization(s) | | | | | | | | | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | Х | | | | |
| | | | | | | | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | X | | | | |
| I Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | | Х | | | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | | Х | | | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | | | | |
| o Sharing of paid employees with related organization(s) | | | | | | | | | | |
| | | | | | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | | | | | | | |
| q Reimbursement paid by related organization(s) for expenses | | | | 1q | | Х | | | | |
| | | | | | | | | | | |
| r Other transfer of cash or property to related organization(s) | | | | 1r | | Х | | | | |
| s Other transfer of cash or property from related organization(s) | | | | 1s | | Х | | | | |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this | line, including covered rela | ationships and transaction | thresholds. | | | | | | | |
| (a) | (b) | (c) | (d) | | | | | | | |
| Name of related organization | Transaction type (a-s) | Amount involved | Method of determining amou | unt involve | ed | | | | | |
| | , γρο (α ο) | | | | | | | | | |
| | | | | | | | | | | |
| (1) FDOS, DIV. OF HISTORICAL RESOURCES | 0 | 219,735 | CASH VALUE | | | | | | | |
| | | | | | | | | | | |
| (2) | | | | | | | | | | |
| | | | | | | | | | | |
| (3) | | | | | | | | | | |
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| (4) | | | | | | | | | | |
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| (5) | | | | | | | | | | |
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| (6) | | | | | | | | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign | income (related, unrelated, excluded from tax under | Are all | tion (c)(3) | (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 partr | aging er? | (k) Percentage ownership |
|--------------------------------------|-----------------------------|--|---|---------|----------------|---------------------------------|--|-------------------|----------------------------|---|-----------------------|--------------|--------------------------------|
| | | country) | sections 512-514) | Yes | No | | | Yes | No | | Yes | No | <u> </u> |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | <u> </u> |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
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| (11) | | | | | | | | | | | | | |
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| Part VII | Suppl | emental | Information | on. | | strony, lestions on | | See instructions. | Page 5 |
|----------|-------|---------|-------------|---------|---------|---------------------|----------|-------------------|----------|
| SCHEDU | | | | L INFOR | | | | | |
| NAME (| OF RE | LATED | ORGANI | ZATION: | FLORIDA | A DEPAR | MENT OF | STATE, DIV | ISION OF |
| HISTO | RICAL | RESOUR | RCES, I | THE OFF | CE OF | EXTERNA) | L AFFAIF | RS | |
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Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Identifying number Name(s) shown on return FRIENDS OF FLORIDA HISTORY, INC. 59-3753544 Business or activity to which this form relates INDIRECT DEPRECIATION Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1,040,000 1 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 2,590,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 8,923 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2020 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (e) Convention (f) Method (a) Depreciation deduction (business/investment use period service only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property S/L 25-year property 25 yrs. 27.5 yrs. MM S/L Residential rental property MM 27.5 yrs. S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. S/L 30-year MM S/L 30 yrs. 40-year 40 yrs. MM S/L Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 8,923 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions ... For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

59-3753544

FYE: 6/30/2021

Form 990, Page 1

05/12/2022 3:26 PM Page 1

| Asset | Description | Date In <u>Service</u> | Cost | Bus Sec <u>% 179B</u> onus | Basis for Depr | PerConv Meth | Prior | Current |
|----------|--|---------------------------|----------------|-------------------------------|-------------------|-----------------------------|--------------|---------|
| Other | Depreciation: | | | | | | | |
| 1 | Security Equipment Gift Shop | 5/28/09 | 641 | | 6 | 541 5 MO S/L | 641 | 0 |
| 2 | Shop Equipment | 10/28/10 | 6,703 | | 6,7 | 03 5 MO S/L | 6,703 | 0 |
| 3 | 2 Printers and Cash Draws | 10/28/10 | 1,000 | | 1,0 | | 1,000 | 0 |
| 4 | Furniture for Gift Shop | 9/04/07 | 1,287 | | 1,2 | | 1,287 | |
| 5 | Mirror | 10/06/09 | 399 | | | 99 7 MO S/L | 399 | |
| 6 | Haverty's Dining Table and 4 Chairs | 10/05/09 | 600 | | | 600 7 MO S/L | 600 | |
| 7 | 2 Fountains | 10/06/09 | 4,199 | | 4,1 | | 4,199 | |
| 8 | Consoles | 10/06/09 | 2,224 | | 2,2 | | 2,224 | |
| 9 | Lowe's Refrigerator & Icemaker | 10/30/09 | 941 | | | 41 5 MO S/L | 941 | |
| 10 | 8 Benches | 1/08/10 | 2,107 | | 2,1 | | 2,107 | |
| 11 | Conference Room Table | 1/08/10 | 1,344 | | 1,3 | | 1,344 | |
| 12 | Exhibit Cases | 5/31/10 | 3,558 | | 3,5 | | 3,558 | |
| 13 | Case Cover Over Exhibit | 5/31/10 | 650 | | | 550 5 MO S/L | 650 | |
| 14 | Exhibit Cases | 6/30/10 | 3,558 | | 3,5 | | 3,558 | |
| 15 | Conference Recorder | 5/15/06 | 740 | | | 40 10 MO S/L | 740 | |
| 16 | Television | 8/21/15 | 322 | | | 22 5 MO S/L | 312 | |
| 17 | Macbook Pro | 6/22/17 | 1,046 | | 1,0 | | 628 | |
| 18 | Dell Computer | 6/27/17 | 1,800 | | 1,8 | | 1,080 | |
| 19 | 200 Chairs | 6/26/17 | 5,334 | | 5,3 | 34 7 MO S/L | 2,286 | |
| 20 | Portable Shed | 12/12/16 | 10,778 | | 10,7 | | 5,517 | |
| 21 | Listening System | 6/22/17 | 1,186 | | 1,1 | | 712 | |
| 22 | Buffalo and Blackbear Furs | 2/02/17 | 1,160 | | 1,1 | | 566 | |
| 23 | Samsung 4.2-cu ft Washer | 7/12/17 | 599 | | | 99 7 MO S/L | 257 | |
| 24 | Southeast Portable Shed | 7/20/17 | 19,434 | | 19,4 | | 8,098 | |
| 25 | Epson Home Cinema 1040 Projector | 7/07/17 | 599 | | | 99 5 MO S/L | 359 | |
| | Lavalier Wireless System | 8/28/17 | 899 | X | | 99 5 MO S/L | 509 | |
| 28 29 | PastPerfect Software - Living History | 10/31/17 12/12/18 | 2,006 3,495 | Λ | | 0 3 MOAmort 95 7 MO S/L | 2,006 791 | |
| 30 | Workshop Shed Electrical Gallery Equipment | 11/08/18 | 960 | | 3,4 | 95 / MO S/L 960 7 MO S/L | 228 | |
| 31 | Marine buoys & Reef balls | 10/22/20 | 13,810 | | 13,8 | | 220 | |
| 31 | • | 10/22/20 | | | | | | |
| | Total Other Depreciation | - | 93,379 | | 91,3 | <u>73</u> | 53,300 | 8,923 |
| | | | 93,379 | | | | | |
| | Total ACRS and Other Depreciation | | | | 91,3 | 73 | 53,300 | 8,923 |
| | | | 93,379 | | | | | |
| | Grand Totals | | | | 91.3 | | 53.300 | |
| | Less: Dispositions and Trans | siers | 0 | | | 0 | (| ~ |
| | Less: Start-up/Org Expense | - | 0 | | | 0 | | |
| | Net Grand Totals | <u>-</u> | 93,379 | | 91,3 | 73 | 53,300 | 8,923 |

59-3753544 FYE: 6/30/2021 FL Asset Report Form 990, Page 1 05/12/2022 3:26 PM Page 1

| Asset | Description | Date In <u>Service</u> | Cost | Basis for Depr | FL Prior | FL Current | Federal Current | Difference Fed - FL |
|-------|---------------------------------------|---------------------------|--------|-------------------|---------------|---------------|--------------------|------------------------|
| Other | Depreciation: | | | | | | | |
| 1 | Security Equipment Gift Shop | 5/28/09 | 641 | | 641 | | | 0 0 |
| 2 | Shop Equipment | 10/28/10 | 6,703 | | 6,703 | | | 0 0 |
| 3 | 2 Printers and Cash Draws | 10/28/10 | 1,000 | | 1,000 | | • | 0 0 |
| 4 | Furniture for Gift Shop | 9/04/07 | 1,287 | | 1,287 | (| | 0 0 |
| 5 | Mirror | 10/06/09 | 399 | | 399 | | | 0 0 |
| 6 | Haverty's Dining Table and 4 Chairs | 10/05/09 | 600 | | 600 | | • | 0 0 |
| 7 | 2 Fountains | 10/06/09 | 4,199 | | 4,199 | |) | 0 0 |
| 8 | Consoles | 10/06/09 | 2,224 | | 2,224 | |) | 0 0 |
| 9 | Lowe's Refrigerator & Icemaker | 10/30/09 | 941 | . 941 | 941 | (|) | 0 0 |
| 10 | 8 Benches | 1/08/10 | 2,107 | 2,107 | 2,107 | (|) | 0 0 |
| 11 | Conference Room Table | 1/08/10 | 1,344 | 1,344 | 1,344 | |) | 0 0 |
| 12 | Exhibit Cases | 5/31/10 | 3,558 | 3,558 | 3,558 | (|) | 0 0 |
| 13 | Case Cover Over Exhibit | 5/31/10 | 650 | | 650 | |) | 0 0 |
| 14 | Exhibit Cases | 6/30/10 | 3,558 | 3,558 | 3,558 | (|) | 0 0 |
| 15 | Conference Recorder | 5/15/06 | 740 | 740 | 740 | (|) | 0 0 |
| 16 | Television | 8/21/15 | 322 | 322 | 312 | 10 |) 1 | 0 0 |
| 17 | Macbook Pro | 6/22/17 | 1.046 | 1.046 | 628 | 209 | 20 | 9 0 |
| 18 | Dell Computer | 6/27/17 | 1,800 | 1,800 | 1,080 | 360 | 36 | 0 |
| 19 | 200 Chairs | 6/26/17 | 5,334 | | 2,286 | | | |
| 20 | Portable Shed | 12/12/16 | 10,778 | | 5,517 | | | |
| 21 | Listening System | 6/22/17 | 1.186 | | 712 | | | |
| 22 | Buffalo and Blackbear Furs | 2/02/17 | 1,160 | , | 566 | | | |
| 23 | Samsung 4.2-cu ft Washer | 7/12/17 | 599 | | 257 | | | |
| 24 | Southeast Portable Shed | 7/20/17 | 19,434 | | 8,098 | | | |
| 25 | Epson Home Cinema 1040 Projector | 7/07/17 | 599 | | 359 | | , | |
| | Lavalier Wireless System | 8/28/17 | 899 | | 509 | | | |
| | PastPerfect Software - Living History | 10/31/17 | 2,006 | | 2,006 | | | $0 \qquad 0$ |
| 29 | Workshop Shed Electrical | 12/12/18 | 3,495 | | 791 | | | |
| 30 | Gallery Equipment | 11/08/18 | 960 | | 228 | | | |
| 31 | Marine buoys & Reef balls | 10/22/20 | 13,810 | | 220 | | | |
| 31 | <u>.</u> | 10/22/20 | | | | | | |
| | Total Other Depreciation | - | 93,379 | 91,373 | 53,300 | 8,923 | 8,92 | 30 |
| | TALLACTIC LOG D | | 93,379 | 01.072 | 52.200 | 0.000 | 0.00 | |
| | Total ACRS and Other Depreciation | | | 91,373 | 53,300 | 8,923 | 8,923 | 3 0 |
| | Constant | | 00.5== | 04.055 | *0 *** | | 0.00 | |
| | Grand Totals Less: Dispositions | | 93 379 | 0 | 53 300 0 | (|) | 0 0 |
| | Less: Start-up/Org Expense | - | | , | | | - | 00 |
| | Net Grand Totals | - | 93,379 | 91,373 | 53,300 | 8,923 | 8,92 | 0 |

59-3753544 FYE: 6/30/2021 AMT Asset Report Form 990, Page 1 05/12/2022 3:26 PM Page 1

| Asset | Description | Date In Service | Cost | Bus Sec % 179Bonus | Basis for Depr P | erConv Meth | Prior | Current |
|------------|---|---------------------|--------------|-----------------------|---------------------|-------------|---------------------------------------|---------|
| | | | | | | | | |
| Othor | Dannaciation | | | | | | | |
| Other 1 | Depreciation: Security Equipment Gift Shop | 5/28/09 | 0 | | (| 0 0 HY | (|) 0 |
| 2 | Shop Equipment | 10/28/10 | 0 | | (| | (| |
| 3 | 2 Printers and Cash Draws | 10/28/10 | 0 | | | 0 0 HY | (| |
| 4 | Furniture for Gift Shop | 9/04/07 | ő | | (| | (| |
| 5 | Mirror | 10/06/09 | ŏ | | | 0 HY | Č | |
| 6 | Haverty's Dining Table and 4 Chairs | 10/05/09 | 0 | | | 0 HY | Č | |
| 7 | 2 Fountains | 10/06/09 | 0 | | (| | Č | 0 |
| 8 | Consoles | 10/06/09 | 0 | | (| 0 HY | (| 0 |
| 9 | Lowe's Refrigerator & Icemaker | 10/30/09 | 0 | | (| 0 HY | (| 0 |
| 10 | 8 Benches | 1/08/10 | 0 | | (| | (| , |
| 11 | Conference Room Table | 1/08/10 | 0 | | | 0 0 HY | (| |
| 12 | Exhibit Cases | 5/31/10 | 0 | | (| | C | |
| 13 | Case Cover Over Exhibit | 5/31/10 | 0 | | (| | (| |
| 14 | Exhibit Cases | 6/30/10 | 0 | | (| | (| |
| 15 | Conference Recorder | 5/15/06 | 0 | | (| | (| |
| 16 | Television | 8/21/15 | 322 | | 322 | | 312 | |
| 17 | Macbook Pro | 6/22/17 | 1,046 | | 1,046 | | 628 | |
| 18 | Dell Computer | 6/27/17 | 1,800 | | 1,800 | | 1,080 | |
| 19 | 200 Chairs | 6/26/17 | 5,334 | | 5,334 | | 2,286 | |
| 20 21 | Portable Shed | 12/12/16 6/22/17 | 10,778 | | 10,778 | | 5,517 712 | |
| 21 | Listening System Buffalo and Blackbear Furs | 6/22/17 2/02/17 | 1,186 | | 1,186 | | 712 566 | |
| 23 | Samsung 4.2-cu ft Washer | 2/02/17 7/12/17 | 1,160 599 | | 1,160 599 | | 257 | |
| 23 24 | Southeast Portable Shed | 7/12/17 | 19,434 | | 19,434 | | 8,098 | |
| 25 | Epson Home Cinema 1040 Projector | 7/20/17 | 19,434 | | 19,434 | | 359 | |
| | Lavalier Wireless System | 8/28/17 | 899 | | 899 | | 509 | |
| 29 | Workshop Shed Electrical | 12/12/18 | 3,495 | | 3,495 | | 791 | |
| 30 | Gallery Equipment | 11/08/18 | 960 | | 960 | | 228 | |
| 31 | Marine buoys & Reef balls | 10/22/20 | 0 | | (| | (| |
| | 2 | | | | | - | | |
| | Total Other Depreciation | _ | 47,612 | | 47,612 | <u> </u> | 21,343 | 7,082 |
| | Total ACRS and Other Depr | eciation _ | 47,612 | | 47,612 | 2 | 21,343 | 7,082 |
| | • | _ | | | | - | · · · · · · · · · · · · · · · · · · · | |
| | Grand Totals | 0 | 47.612 | | 47.612 | | 21.343 | |
| | Less: Dispositions and Trans | iers _ | 0 | | | <u>)</u> | | 0 |
| | Net Grand Totals | _ | 47,612 | | 47,612 | 2 | 21,343 | 7,082 |

59-3753544

Bonus Depreciation Report Form 990, Page 1

05/12/2022 3:26 PM Page 1

FYE: 6/30/2021

| Asset | Property Description | Date In Service | Tax Cost | Bus Pct | Tax Sec 179 Exp | Current Bonus | Prior Bonus | Tax - Basis for Depr |
|-------|---------------------------------------|--------------------|-------------|------------|--------------------|------------------|----------------|-------------------------|
| 28 | PastPerfect Software - Living History | 10/31/17 | 2,006 | 2,006 | | 0 | 2,006 | 0 |
| | | Grand Total | 2,006 | - , | 0 | 0 | 2,006 | 0 |

59-3753544

2002062 Friends of Florida History, Inc. 59-3753544 Depreciation Adjustment Report

05/12/2022 3:26 PM

Page 1

| FYE: 6/30/2021 | All Busin | ess Activities | |
|-----------------|--|------------------|------------------------------------|
| Form Unit Asset | Description | TaxAMT | AMT Adjustments/ Preferences |
| | There are no assets that meet the criteria | a of this report | |
| | | | |
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FYE: 6/30/2021

2002062 Friends of Florida History, Inc.
59-3753544 FL Future Depreciation Report

Form 990, Page 1

05/12/2022 3:26 PM FYE: 6/30/22

Page 1

| Asset | Description | Date In Service | Cost | FL |
|---------|---------------------------------------|--------------------|--------|-------|
| Other I | Depreciation: | | | |
| 1 | Security Equipment Gift Shop | 5/28/09 | 641 | 0 |
| 2 | Shop Equipment | 10/28/10 | 6,703 | 0 |
| 3 | 2 Printers and Cash Draws | 10/28/10 | 1,000 | Õ |
| 4 | Furniture for Gift Shop | 9/04/07 | 1,287 | 0 |
| 5 | Mirror | 10/06/09 | 399 | 0 |
| 6 | Haverty's Dining Table and 4 Chairs | 10/05/09 | 600 | 0 |
| 7 | 2 Fountains | 10/06/09 | 4,199 | 0 |
| 8 | Consoles | 10/06/09 | 2,224 | 0 |
| 9 | Lowe's Refrigerator & Icemaker | 10/30/09 | 941 | 0 |
| 10 | 8 Benches | 1/08/10 | 2,107 | 0 |
| 11 | Conference Room Table | 1/08/10 | 1,344 | 0 |
| 12 | Exhibit Cases | 5/31/10 | 3,558 | 0 |
| 13 | Case Cover Over Exhibit | 5/31/10 | 650 | 0 |
| 14 | Exhibit Cases | 6/30/10 | 3,558 | 0 |
| 15 | Conference Recorder | 5/15/06 | 740 | 0 |
| 16 | Television | 8/21/15 | 322 | 0 |
| 17 | Macbook Pro | 6/22/17 | 1,046 | 209 |
| 18 | Dell Computer | 6/27/17 | 1,800 | 360 |
| 19 | 200 Chairs | 6/26/17 | 5,334 | 762 |
| 20 | Portable Shed | 12/12/16 | 10,778 | 1,540 |
| 21 | Listening System | 6/22/17 | 1,186 | 237 |
| 22 | Buffalo and Blackbear Furs | 2/02/17 | 1,160 | 166 |
| 23 | Samsung 4.2-cu ft Washer | 7/12/17 | 599 | 86 |
| 24 | Southeast Portable Shed | 7/20/17 | 19,434 | 2,776 |
| 25 | Epson Home Cinema 1040 Projector | 7/07/17 | 599 | 120 |
| 26 | Lavalier Wireless System | 8/28/17 | 899 | 180 |
| 28 | PastPerfect Software - Living History | 10/31/17 | 2,006 | 0 |
| 29 | Workshop Shed Electrical | 12/12/18 | 3,495 | 499 |
| 30 | Gallery Equipment | 11/08/18 | 960 | 137 |
| 31 | Marine buoys & Reef balls | 10/22/20 | 13,810 | 2,762 |
| | Total Other Depreciation | | 93,379 | 9,834 |
| | Total ACRS and Other Depreciation | | 93,379 | 9,834 |
| | Grand Totals | | 93,379 | 9,834 |

Form **990**

Event Income and Deduction Worksheet

Description GIFT SHOP SALES

2020

Name

FRIENDS OF FLORIDA HISTORY, INC.

Taxpayer Identification Number 59-3753544

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

| Income & Expense Summary: | Expense Details - Indirect Expense: |
|--|---|
| 1. Gross receipts or sales 1. 6,466 | Advertising and promotion |
| 2. Advertising income 2. | Office |
| 3. Circulation income 3. | Printing/publication/postage |
| 4. Other income 4. | Info technology/Maintenance |
| 5. Returns and allowances 5. | Royalties & License Fees |
| 6. Contributions received 6. | Occupancy/Real Estate Taxes |
| 7. Total revenue. Add lines 1 through 6 7. 6,466 | Travel & Repairs |
| 8. Cost of Goods Sold 8. 7,355 | Travel/entertainment (officials) |
| 9. Employment Expense 9. | Conferences/meetings |
| 10. Fees for services 10. | Interest |
| 11. Indirect Expense 11. | Insurance |
| 12. Depreciation Expense | Total Indirect Expense |
| 13. Exempt Activity Expense 13. | |
| 14. Fundraising Expense 14. | Expense Details - Depreciation Expense: |
| 15. Total expenses. Add lines 8 through 14 15. 7, 355 | On investment property |
| 16. Net Income/Loss. Line 7 minus Line 15 16. | On non-investment property |
| | Amortization |
| | Depletion |
| Expense Details - Cost of Goods Sold: | Total Depreciation Expense |
| Beginning inventory 42,994 | |
| Purchases 2,712 | Expense Details - Exempt Activity Expense: |
| Labor | Repairs and Maintenance |
| Section 263A costs | Bad debts |
| Other costs | Taxes/licenses |
| Ending inventory 38,351 | Charitable contributions |
| Total Cost of Goods Sold 7,355 | Dividend recd deductions |
| | Readership costs |
| Expense Details - Employment Expense: | Other expenses |
| Compensation of officers | Total Exempt Activity Expense |
| Other salaries and wages | |
| Pension plan contributions | Expense Details - Fundraising Expense: |
| Other employee benefits | Cash prizes |
| Payroll taxes | Non-cash prizes |
| Total Employment Expense | Rent and facility costs |
| | Food & beverages (Part II only) |
| Expense Details - Fees for Services: | Entertainment (Part II only) |
| Management | Other direct expenses |
| Legal | Total Fundraising Expense |
| Accounting | |
| Lobbying | |
| Professional fundraising | |
| Investment management | |
| Other | |
| Total Fees for Services | |
| Information is indicated for use on Form 990-T, Schedule A: | Allocation of Expense to Program Service Accomplishments: |
| Part V, Debt Financing | First |
| Part VI, Controlled Org Income | Second |
| Part VII, Investments for C(7)(9)(17) | Third |
| Part VIII, Exploited Activities | All other |
| Part IX Advertising Income | |

Form 990 I wo Tear Comparison Report

For calendar year 2020, or tax year beginning

07/01/20 , ending 06/30/21

2019 & 2020

Name

Taxpayer Identification Number

| FRIENDS | \mathbf{OF} | FLORIDA | HISTORY. | INC. |
|---------|---------------|---------|----------|------|

59-3753544

| E | RIENDS OF FLORIDA HISTORY, INC. | | | 59-3 | 753544 |
|-------------|---|-----|-----------|-----------|-------------|
| | | | 2019 | 2020 | Differences |
| | 1. Contributions, gifts, grants | 1. | 46,382 | 128,000 | 81,618 |
| | 2. Membership dues and assessments | 2. | 5,708 | 6,419 | 711 |
| | 3. Government contributions and grants | 3. | | | |
| e | 4. Program service revenue | 4. | 55,972 | | -55,972 |
| _ | 5. Investment income | 5. | 90,574 | 118,146 | 27,572 |
| > | 6. Proceeds from tax exempt bonds | 6. | | | |
| R e | 7. Net gain or (loss) from sale of assets other than inventory | 7. | -79,826 | 283,105 | 362,931 |
| | 8. Net income or (loss) from fundraising events | 8. | | | |
| | 9. Net income or (loss) from gaming | 9. | | | _ |
| | 10. Net gain or (loss) on sales of inventory | 10. | 14,930 | -889 | -15,819 |
| | 11. Other revenue | 11. | 72,956 | -250 | -73,206 |
| | 12. Total revenue. Add lines 1 through 11 | 12. | 206,696 | 534,531 | 327,835 |
| | 13. Grants and similar amounts paid | 13. | | | |
| | 14. Benefits paid to or for members | 14. | | | |
| S | 15. Compensation of officers, directors, trustees, etc. | 15. | | | |
| S | 16. Salaries, other compensation, and employee benefits | 16. | | | |
| e | 17. Professional fundraising fees | 17. | | | |
| α× | 18. Other professional fees | 18. | 15,825 | 17,675 | 1,850 |
| | 19. Occupancy, rent, utilities, and maintenance | 19. | | | |
| | 20. Depreciation and Depletion | 20. | 8,401 | 8,900 | 499 |
| | 21. Other expenses | 21. | 221,346 | 212,601 | -8,745 |
| | 22. Total expenses. Add lines 13 through 21 | 22. | 245,572 | 239,176 | -6,396 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 23. | -38,876 | 295,355 | 334,231 |
| | 24. Total exempt revenue | 24. | 206,696 | 534,531 | 327,835 |
| | 25. Total unrelated revenue | 25. | | | |
| on | 26. Total excludable revenue | 26. | 154,606 | 400,112 | 245,506 |
| nati | 27. Total assets | 27. | 4,086,754 | 4,772,868 | 686,114 |
| Information | 28. Total liabilities | 28. | 57,368 | 30,641 | -26,727 |
| | 29. Retained earnings | 29. | 4,029,386 | 4,742,227 | 712,841 |
| ther | 30. Number of voting members of governing body 31. Number of independent voting members of governing body | 30. | 7 | 8 | |
| δ | 31. Number of independent voting members of governing body | 31. | 7 | 8 | |
| | 32. Number of employees | 32. | 0 | 0 | |
| | 33. Number of volunteers | 33. | 224 | 24 | |

59-3753544 FYE: 6/30/2021

Federal Statements

5/12/2022 3:26 PM Page 1

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

| Description | <u>E</u> : | Total xpenses | Program <u>Service</u> | Management & <u>General</u> | | Fund <u>Raising</u> | | |
|--|------------|------------------|---------------------------|-----------------------------|-----|------------------------|-----|--|
| OTHER EXPENSES OTHER PROGRAM EXPENSES | \$ | 3,316 746 | \$ 2,820 746 | \$ | 332 | \$ | 164 | |
| TOTAL | \$ | 4,062 | \$ 3,566 | \$ | 332 | \$ | 164 | |

59-3753544 FYE: 6/30/2021

Federal Statements

5/12/2022 3:26 PM Page 2

Schedule A. Part II. Line 8(e)

| | Description | _ | Amount |
|------------|-------------|----|---------|
| INVESTMENT | INCOME | \$ | 118,146 |
| TOTAL | | \$ | 118,146 |

FRIENDS OF THE MUSEUMS OF FLORIDA HISTORY, INC.

500 South Bronough Street, G-2 850.245.6400

www.museumoffloridahistory.com

FY 2022-2023 REPORT

I. Statutory Authority or Executive Order Creating Organization

Section 267.0721, 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:
 - Florida History Day
 - o Annual Children's Day
 - Florida heritage activities
 - Knott House Emancipation Day and other educational programs

- Traveling Exhibits Program (TREX)
- Museum exhibits programming
- Volunteer Development and Recognition Program
- ENDOWMENTS. The Corporation shall manage the John Charles Knott Endowment and the James R. Knott Endowment 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. The Corporation shall manage the State of Florida Cultural Endowment Fund and administer the same for purposes consistent with the agreement between the Division of Historical Resources and the Friends of the Museums of Florida History, Inc., including day-to-day expenses related to museum programming. 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 6, 2022, 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 20th of May. The FMFH succeeded with several aspects of the plan for the 2021-22 fiscal year. The CSO provided funds to bring a temporary exhibit (*Spirits of the Passage: The Story of the Transatlantic Slave Trade*) to the Museum of Florida History and supported educational programming as well. Florida History Day and Children's Day both returned as in-person events during the year and drew large groups of families and students. The overall three-year plan for the Friends is to continue to increase non-state funding and expand awareness of the Museum statewide as well as to update traveling exhibits to make them more marketable to museums throughout the state.

- 1. Continue to 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. Continue to promote the Director's Society membership program.
- 4. Expand corporate sponsorship of Museum of Florida History and Knott House Museum programs.
- 5. Enhance TREX program by refurbishing or adding one new exhibit.
- 6. Provide financial support to help plan, renovate and update permanent exhibits.

- 7. Provide financial support to update audio tour of Museum of Florida History.
- 8. Transition Florida History Shop website to new content management system in line with industry standards for gift shops.

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 6, 2022, 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 meeting no later than 15 days after the vote.

9. Failure to Observe CSO Code of Ethics

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

V. <u>Current Federal Internal Revenue Service Return of Organization Exempt from Income</u>

<u>Tax form(Form 990)</u>

Return of Organization Exempt From Income Tax

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

2020 Open to Public

OMB No. 1545-0047

u Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service u Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21C Name of organization FRIENDS OF THE MUSEUMS OF FLORIDA D Employer identification number Check if applicable: HISTORY, INC. Address change Doing business as 59-3760777 Name change Number and street (or P.O. box if mail is not delivered to street address) 850-245-6413 500 S. BRONOUGH ST Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated TALLAHASSEE FL 32399-0250 431,203 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending LAURA ROGERS 500 S BRONOUGH ST H(b) Are all subordinates included? TALLAHASSEE FL 32399-0250 If "No." attach a list. See instructions **X** 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or Tax-exempt status: WWW.MUSEUMOFFLORIDAHISTORY.COM Website: u H(c) Group exemption number U X Corporation Trust Association L Year of formation: 2001 M State of legal domicile: FL K Form of organization: Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO ENHANCE & PERPETUATE THE HISTORIC PROPERTIES & MUSEUMS MANAGED BY THE Governance MUSEUM OF FLORIDA HISTORY, DIVISION OF CULTURAL AFFAIRS FOR THE PEOPLE OF FLORIDA AND IT'S VISITORS. 2 Check this box u if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 11 Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of volunteers (estimate in sessary) 8 11 7a 7a Total unrelated business revenue from Part b Net unrelated business taxable income from Prior Year **Current Year** 37,68718,233 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 23,911 34,035 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 34,181 25,171 79,19411 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 25,085 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 174,973 102,524 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) $6,0\overline{29}$ 57,071 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 99,366 88,386 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 156,437 94,415 19 Revenue less expenses. Subtract line 18 from line 12 18,536 8,109 Beginning of Current Year End of Year Se 1,533,535 1,472,991 **20** Total assets (Part X, line 16) 6,553 4,270 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 466,438 529,265 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign

ROBINSON Here THOMAS DEVELOPMENT DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check Paid self-employed P00273516 MATTHEW R. HANSARD **Preparer** THOMSON BROCK LUGER & **COMPANY** 20-2259573 Firm's name Firm's EIN } **Use Only** 3375G CAPITAL CIR NE TALLAHASSEE, 850-385-7444 FL32308-3736

May the IRS discuss this return with the preparer shown above? See instructions

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

No

X Yes

57,017

Total program service expenses u

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Form **990** (2020)

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | ., |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | _ | | • |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | v |
| 7 | "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, | 6 | | Х |
| ′ | the any irremport historic land areas or historic atwastures? If "Ven." complete School de D. Dord II | | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | 7 | | Λ |
| Ü | complete Schedule D, Part III | | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | 8 | | Λ |
| 3 | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt position conjugat If "Van" complete School de D. Dort IV | | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 9 | | Λ |
| | an in green and compared 2.15 (f) (so " accomplete Colombia D. Port V | 40 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | Λ | |
| • • | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| - | complete Schoolule D. Port VII | 11a | x | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more | 11a | 21 | |
| - | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | 110 | | |
| | 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 | | х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 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 | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| 16 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| 17 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions | | | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 17 | | 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? | 18 | | Х |
| | If "Yes," complete Schedule G, Part III | | | |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | Х |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 20b | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | | |
| | | 21 | | X |

Form 990 (2020) FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 X 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 complete Schedule N, Part II X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 X 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 X

| Part 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 | |
| Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 4 | | | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | | | | |
| Did the organization comply with backup withholding rules for reportable payments to vendors and | | | | | | |
| reportable gaming (gambling) winnings to prize winners? | | | 1c | Х | | |
| | Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and | Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and | Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and | Check if Schedule O contains a response or note to any line in this Part V Yes Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | | | Yes | No | |
|----------|---|--------|-----|------------|-----|---------------------|--|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1 1 | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 8 | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | S? | | 2b | х | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | |
| 3a | | | | За | | х | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C | | | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other at | | | | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial | accoun | t)? | 4a | | х | |
| b | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | Х | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | on? | | 5b | | Х | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | | |
| | | | | 6a | | X | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | s or | | | | | |
| _ | | | | 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 go | ods | | | | | |
| | 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 | | | |
| С | | | | | | | |
| | required to file Form 8282? | | | 7c | | X | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con | | | 7e | | X | |
| f | | | | | | | |
| g | - · · · · · · · · · · · · · · · · · · · | | | | | | |
| h | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | - | | | | | |
| 9 | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | | |
| а | | | | 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: | | | \dashv | | | |
| а | Gross income from members or shareholders | 11a | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | | | | |
| | against amounts due or received from them.) | 11b | | | | | |
| 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 | 12b | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 1 | | | |
| а | | | | 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 | . 46! | | | | | |
| С | the organization is licensed to issue qualified health plans Enter the amount of reserves on hand | 13b | | | | | |
| | | 13c | | | | v | |
| 14a b | | | | 14a 14b | | X | |
| 15 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera | | | 140 | | | |
| . • | excess parachute payment(s) during the year? | | | 15 | | х | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment in | ncome' | ? | 16 | | х | |
| | If "Yes," complete Form 4720, Schedule O. | _ | | | | | |
| | • | | | For | 990 |) (2020) | |

Form 990 (2020) FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year ______ 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 11 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? X 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? X 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b X 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 on Schedule O...... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a X 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 X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed u **NONE** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records \boldsymbol{u}

THOMAS ROBINSON

TALLAHASSEE

20

DAA

500 S. BRONOUGH ST.

FL 32399-0250 850-245-6413

Form 990 (2020) 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

Employees Highest Compensated **Employees**

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

| (A) | (B) | | | (C) | | (D) | (E) | (F) |
|----------------------|--|-----|------------------------|--------|---|---|--|--|
| Name and title | Average hours per week (list any hours for | box | o not che x, unless | persor | re than one i is both an tor/trustee) | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and |
| | related organizations below dotted line) | | | | | , , | ` , | related organizations |
| (1) LESTER ABBERGER | 1.00 | | | | | | | |
| | | | | | | | | • |
| DIRECTOR | 0.00 | X | | | | 0 | 0 | 0 |
| (2) BILL HERRLE | 1.00 | | | | | | | |
| DIRECTOR | 0.00 | x | | | | 0 | 0 | 0 |
| (3) STEPHEN R. BIRTI | MAN 1.00 | | | | | | | |
| DIRECTOR | 0.00 | x | | | | 0 | 0 | 0 |
| (4) LENA JUAREZ | 1.00 | | | | | | | |
| DIRECTOR | 0.00 | x | | | | 0 | o | 0 |
| (5) MONESIA T. BROWN | | 22 | | | | <u> </u> | V | <u> </u> |
| DIRECTOR | 0.00 | x | | | | 0 | o | 0 |
| (6) KATHY GUILDAY | 1.00 | 22 | | | | · · | V | <u> </u> |
| VICE-CHAIR | 0.00 | x | 2 | , | | 0 | o | 0 |
| (7) JON C. MOYLE, J | | 22 | | • | | <u> </u> | V | U |
| DIRECTOR | 0.00 | x | | | | 0 | 0 | 0 |
| (8) LAURA ROGERS | 1.00 | | | | | - | | - |
| CHAIR | 0.00 | Х | 2 | ζ | | 0 | 0 | 0 |
| (9) JOHN A. BOUDET | 1.00 | | | | | | | |
| DIRECTOR | 0.00 | x | | | | 0 | 0 | 0 |
| (10) LISA C BARTON | 20.00 | | | | | | | |
| MUSEUM DIRECTOR | 0.00 | | 2 | 2 | | 0 | 66,155 | 0 |
| (11) ANDREW COLLINS | 1.00 | | | | | | | |
| TREASURER | 0.00 | X | 3 | ζ | | 0 | 0 | 0 |

| | 2022 9:19 AM Pg 11 (2020) FRIENDS (| | | | | | | | | | | Р | age 8 |
|---|--|---|---|-----------------------|---------|--------------|------------------------------|-------------------------|-------------------------------|--|--|------------------|-------|
| Part VII | (A) Name and title | (B) Average hours per week | (C) Position (do not check more than or box, unless person is both a officer and a director/trustee | | | | | one an | an from the | (E) Reportable compensation from related organizations | Estimated of o | | |
| | | (list any hours for related organizations below dotted line) | Individual trustee or | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizatior | S | |
| (12) I | DENNIS MOORE | 1.00 | x | | | | | | 0 | 0 |) | | (|
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | 66 155 | | | |
| to Subtotal u 66,155 Total from continuation sheets to Part VII, Section A u d Total (add lines 1b and 1c) u 66,155 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of | | | | | | | | | | | | | |
| | table compensation from | • | | | nose | IISIE | eu ab | ove) |) who received more than : | \$100,000 01 | | Yes | No |
| 3 Did to | he organization list any fo | rmer officer, dire | ector | , trus | stee, | key ind | empl | loyee | e, or highest compensated | | 3 | 100 | X |
| 4 For a organ | employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | | | | | | | | | | | х |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | | | | | | | | | | X | | |
| | . Independent Contractor plete this table for your five | | ensat | ted in | ndep | ende | ent co | ontra | actors that received more the | han \$100.000 of | | | |
| compensation from the organization. Report compensation for the cale (A) | | | | | | | | | (B) | | | (C) Compensation | |
| Name and business address | | | | | | | | Description of services | | | ompensal | uUI I | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (A) (C) Related or exempt function revenue Revenue excluded from tax under sections 512-514 Total revenue Unrelated business revenue Gifts, Grants nilar Amounts 1a Federated campaigns 1a **b** Membership dues 1b 12,846 **c** Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e Contributions, and Other Sim **f** All other contributions, gifts, grants, and similar amounts not included above 1f 5,387 1g g Noncash contributions included in lines 1a-1f..... \$ h Total. Add lines 1a-1f..... 18,233 21,747 21,747 611710 EDUCATION PROGRAMS Program Service Revenue 12,288 900099 12,288 EXHIBIT INCOME f All other program service revenue 34,035 g Total. Add lines 2a–2f..... Investment income (including dividends, interest, and 21,881 21,881 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a b Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 322,201 other than inventory b Less: cost or other Other Revenue 318,911 7b basis and sales exps. 3,290 7c c Gain or (loss) d Net gain or (loss) 3,290 3,290 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a 34,801 **b** Less: cost of goods sold 10b 9,768 c Net income or (loss) from sales of inventory 25,033 25,033 900099 MISCELLANEOUS 52 52 11a d All other revenue **Total.** Add lines 11a–11d 52 Total revenue. See instructions 62,410 21,881 102,524

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) (C) (D) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ... Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,594 5,594 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 435 435 Payroll taxes 10 Fees for services (nonemployees): Management Legal b 16,921 16,921 Accounting Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees **g** Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 604 604 12 394 394 Office expenses 13 Information technology 14 Royalties 15 Occupancy 16 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 145 145 19 20 Interest Payments to affiliates 21 1,019 1,019 22 Depreciation, depletion, and amortization 538 538 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 34,909 34,909 EXHIBIT EXPENSES EDUCATION PROGRAMS $18,\overline{379}$ 18,379 MERCHANT SERVICE FEES 5,972 5,972 c 3,743 OTHER 3,743 3,729 5,762 2,033 e All other expenses 57,017 37,398 0 Total functional expenses. Add lines 1 through 24e 94,415 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here u

following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X. (B) (A) Beginning of year End of year 289,162 287,991 Cash—non-interest-bearing Savings and temporary cash investments 80,319 2 80,327 2 Pledges and grants receivable, net 3 3 1,085 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Assets Notes and loans receivable, net 7 92,670 92,091 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 52,534 basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 8,281 10c 7,262 968,110 1,032,500 Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 33,364 33,364 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 1,472,991 1,533,535 16 16 Accounts payable and accrued expenses _____ 6,553 17 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties _____ 23 Unsecured notes and loans payable to unrelated third parties _____ 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D **Total liabilities.** Add lines 17 through 25 26 6,553 4,270 Organizations that follow FASB ASC 958, check here u | X | Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 432,859 430,478 27 1,033,579 1,098,787 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here u and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 1,466,438 1,529,265 32 32 Total liabilities and net assets/fund balances 33 1,472,991 1,533,535

Form **990** (2020)

| _ | art XI Reconciliation of Net Assets | | | | gc 12 | | |
|----|---|----|------|------|-------------|--|--|
| | 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 | 1(| 02,5 | 524 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 94,4 | 415 | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | Ţ | 54, | 718 | | |
| 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 on Schedule O) | 9 | | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | | |
| | 32, column (B)) | 10 | 1,52 | 29,2 | <u> 265</u> | | |
| Pa | art XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Щ. | | |
| | | | | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: | | | | | | |
| | 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 | | Х | | |
| | 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 | Х | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | | | |
| | Schedule O. | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | | |
| | Single Audit Act and OMB Circular A-133? | | 3a | | Х | | |
| 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 on Schedule O and describe any steps taken to undergo such audits | | 3b | | | | |

Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

FRIENDS OF THE MUSEUMS OF FLORIDA Employer identification number Name of the organization HISTORY 59-3760777 INC Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (vi) Amount of (v) Amount of monetary (described on lines 1-10 listed in your governing organization other support (see support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D)

(E)

Total

59-3760777

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | • | Í | | |
|----------------------|---|---|--------------------------|----------------------|---------------------------|----------------|----------|--------------------|
| Caler | dar year (or fiscal year beginning in) u | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 202 | 20 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 276,950 | 41,862 | 30,475 | 37,687 | 18 | 8,233 | 405,207 |
| 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 | 147,789 | 166,379 | 174,519 | 151,422 | | 3,708 | 803,817 |
| 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) | 424,739 | 208,241 | 204,994 | 189,109 | 183 | 1,941 | 1,209,024 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | | 1,209,024 |
| Sec | tion B. Total Support | | | | | | | |
| Caler | dar year (or fiscal year beginning in) u | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 202 | 20 | (f) Total |
| 7 | Amounts from line 4 | 424,739 | 208,241 | 204,994 | 189,109 | 183 | 1,941 | 1,209,024 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 28,939 | 35,399 | 36,766 | 33,630 | 21,881 | | 156,615 |
| 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.) | 360 | 353 | 357 | 254 | | 53 | 1,377 |
| 11 | Total support. Add lines 7 through 10 | | | | | | | 1,367,016 |
| 12 | Gross receipts from related activities, etc. | (see instructions) | | | | | 12 | 717,127 |
| 13 | First 5 years. If the Form 990 is for the or | ganization's first, se | | | | | | _ |
| | organization, check this box and stop here | | | | | | | |
| Sec | tion C. Computation of Public Su | | | | | | | |
| 14 15 | Public support percentage for 2020 (line 6, Public support percentage from 2019 Sche | column (f) divided dule A, Part II, line | by line 11, column 14 | (f)) | | | 14 15 | 88.44 % 87.41 % |
| 16a | 33 1/3% support test—2020. If the organi | zation did not chec | k the box on line 1 | 3, and line 14 is 33 | 3 1/3% or more, ch | eck this | | _ |
| b | box and stop here. The organization quali 33 1/3% support test—2019. If the organi | , , | | | 5 is 33 1/3% or mo | | | <u>x</u> |
| | this box and stop here. The organization of | qualifies as a public | cly supported organ | nization | | | | ▶ □ |
| 17a | 10%-facts-and-circumstances test—2020 | - | | | | | | |
| | 10% or more, and if the organization mee | | | | | | | |
| | Part VI how the organization meets the "fa organization | | • | • | | | | ▶ □ |
| b | 10%-facts-and-circumstances test—201 | | | | | | | |
| | 15 is 10% or more, and if the organization | meets the "facts-a | nd-circumstances" | test, check this bo | x and stop here. I | Explain | | |
| | in Part VI how the organization meets the | "facts-and-circumst | ances" test. The o | rganization qualifie | s as a publicly sup | ported | | |
| | organization | | | | | | | > |
| 18 | Private foundation. If the organization did instructions | not check a box or | n line 13, 16a, 16b | , 17a, or 17b, chec | k this box and see | | | |
| | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2020

Page 3

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

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

| Sec | tion A. Public Support | | | · | | | | |
|--------|--|-----------------------|----------------------|-----------------------|---------------------|----------------|----|-----------|
| Cale | ndar year (or fiscal year beginning in) u | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 202 | :0 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | | |
| | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | | |
| С 8 | Add lines 7a and 7b Public support. (Subtract line 7c from | | | | | | | |
| Ü | line 6.) | | | | | | | |
| Sec | tion B. Total Support | • | • | • | • | | | |
| Cale | endar year (or fiscal year beginning in) u | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 202 | .0 | (f) Total |
| 9 | Amounts from line 6 | | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | | |
| С | Add lines 10a and 10b | | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | |
| 14 | First 5 years. If the Form 990 is for the or organization, check this box and stop here | | | , or fifth tax year a | | | | ▶ □ |
| Sec | tion C. Computation of Public Su | | | | | | | |
| 15 | Public support percentage for 2020 (line 8, | , column (f), divided | d by line 13, colum | n (f)) | | | 15 | % |
| 16 | Public support percentage from 2019 Sche | | | | | | 16 | % |
| Sec | tion D. Computation of Investme | | | | | | | |
| 17 | Investment income percentage for 2020 (li | ine 10c, column (f) | , divided by line 13 | , column (f)) | | | 17 | % |
| 18 | Investment income percentage from 2019 S | Schedule A, Part III | I, line 17 | | | | 18 | % |
| 19a | 33 1/3% support tests—2020. If the orga | inization did not ch | eck the box on line | 14, and line 15 is | more than 33 1/3% | 6, and line | | |
| | 17 is not more than 33 1/3%, check this be | ox and stop here. | The organization of | qualifies as a public | cly supported organ | nization | | ▶ ∟ |
| b | 33 1/3% support tests—2019. If the orga | | | | | | | . — |
| | line 18 is not more than 33 1/3%, check the | | = | | | _ | | |
| 20 | Private foundation. If the organization did | d not check a box | on line 14, 19a, or | 19b, check this box | and see instruction | ons | | ▶ ∟ |

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

| | | Yes | No |
|------|---------------|----------|-----------|
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| | lle A (Form 990 or 990-EZ) 2020 FRIENDS OF THE MUSEUMS OF FLORIDA 59-376077 | 7 | | Page 5 |
|---------|---|----------|-----|--------|
| Par | t IV Supporting Organizations (continued) | | | |
| 11 | Has the organization accorded a gift or contribution from any of the following persons? | | Yes | No |
| 11 a | Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| u | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in line 11a above? | 11b | | |
| | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI . | 11c | | |
| Secti | on B. Type I Supporting Organizations | | | 1 |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| • | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | 2 | | |
| Secti | supervised, or controlled the supporting organization. ion C. Type II Supporting Organizations | | | 1 |
| | on or type it eapperting 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 | | |
| Secti | on 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 line 2, above, did the organization's supported organizations have | | | |
| | a significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| Secti | supported organizations played in this regard. Type III Functionally-Integrated Supporting Organizations | 3 | | |
| 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. <i>Complete line 3 below.</i> | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc | ctions). | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | ´ | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| _ | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI . | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 0, | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Schedu | ie A (Form 990 or 990-EZ) 2020 FRIENDS OF THE MUSEUMS OF F | LOR: | IDA 59-3760 | 777 Page 6 |
|--------|---|--------|---|--------------------------------|
| Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | nizat | | · · |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. | 20, 19 | 970 (explain in Part VI). Se | e |
| | instructions. All other Type III non-functionally integrated supporting organizations must | comple | ete Sections A through E. | |
| Secti | on 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 F | 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 | | |
| Secti | on 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): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for 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 | | |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Schedule A (Form 990 or 990-EZ) 2020

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

(see instructions).

FRIENDS OF THE MUSEUMS OF FLORIDA

Page 7

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

Schedule A (Form 990 or 990-EZ) 2020

| Schedule A (Form Part VI | III, line 12; Part B, lines 1 and 2 3a, and 3b; Par | Information. Prov IV, Section A, line I; Part IV, Section | vide the explanates 1, 2, 3b, 3c, 4b, C, line 1; Part IV, Section B, line 1 | ions required by o, 4c, 5a, 6, 9a, , Section D, line e; Part V, Sect | y Part II, line 10; 9b, 9c, 11a, 11b es 2 and 3; Part I ion D, lines 5, 6, | Part II, line 17a or o, and 11c; Part IV, V, Section E, lines and 8; and Part V, uctions.) | Section 1c, 2a, 2b, | |
|--|---|---|---|---|---|--|------------------------|--|
| PART II, LINE 10 - OTHER INCOME DETAIL | | | | | | | | |
| OTHER | INCOME | | | \$ 1 | ,377 | | | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

2020
Open to Public Inspection

Name of the organization Employer identification number FRIENDS OF THE MUSEUMS OF FLORIDA HISTORY, 59-3760777 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located u Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 _______u (ii) Assets included in Form 990, Part X u \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 _______u **b** Assets included in Form 990, Part X

| Sche | | OF THE MUSE | | | | 60777 | | | | age 2 |
|-------|---|---------------------------|---------------------------|------------------|-------------|---------------------|---------------|-------------|---------|--------------|
| Pa | rt III Organizations Maintainin | g Collections of A | Art, Historical Tre | asures, or | Other | Similar Asse | ets (d | continu | ed) | |
| 3 | Using the organization's acquisition, accessicollection items (check all that apply): | on, and other records, | check any of the follow | ving that make | e significa | nt use of its | | | | |
| а | Public exhibition | d 🗍 l | oan or exchange prog | ıram | | | | | | |
| b | Scholarly research | е 🗌 (| Other | | | | | | | |
| С | Preservation for future generations | _ | | | | | | | | |
| 4 | Provide a description of the organization's of | collections and explain h | now they further the or | ganization's ex | xempt pui | pose in Part | | | | |
| | XIII. | • | · | | | | | | | |
| 5 | During the year, did the organization solicit | or receive donations of | art, historical treasures | s, or other sim | ilar | | | | | |
| | assets to be sold to raise funds rather than | to be maintained as pa | ort of the organization's | collection? | | | | Ye | s 「 | No |
| Pa | rt IV Escrow and Custodial A | | | | | | | | , | |
| | Complete if the organizatio | n answered "Yes" | on Form 990, Part | : IV, line 9, | or repor | ted an amou | nt on | Form | | |
| | 990, Part X, line 21. | | | | • | | | | | |
| 1a | Is the organization an agent, trustee, custoo | dian or other intermedia | ry for contributions or | other assets n | ot | | | | | |
| | included on Form 990, Part X? | | | | | | | Υe | s | No |
| b | If "Yes," explain the arrangement in Part XII | | | | | | | | | |
| | | | | | | | | Amount | | |
| С | Beginning balance | | | | | 1c | | | | |
| d | Additions during the year | | | | | 1d | | | | |
| е | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 1f | | | | |
| 2a | Did the organization include an amount on I | Form 990, Part X, line 2 | 21, for escrow or custo | dial account lia | ability? | | | Ye | s | No |
| | If "Yes," explain the arrangement in Part XII | | | | | | | | | 1 |
| Pa | rt V Endowment Funds. | | | | | | | | | |
| | Complete if the organization | n answered "Yes" | on Form 990, Part | IV, line 10. | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years | back | (d) Three years ba | ack | (e) Four | years I | oack |
| 1a | Beginning of year balance | 968,110 | 961,987 | 945 | 6,075 | 945, | 218 | (| 83, | 010 |
| b | Contributions | | | | | | | | | |
| | Net investment earnings, gains, and | | | | | | | | | |
| | losses | 79,889 | 27,378 | 33 | 3,230 | 24, | 967 | | 29, | 055 |
| d | Grants or scholarships | | | | | | | 2 | 240, | 000 |
| | Other expenditures for facilities and | | | | | | | | | |
| | programs | 15,499 | 21,255 | 16 | 3,318 | 25, | 110 | | 6, | 847 |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | 1,032,500 | 968,110 | 961 | .,987 | 945, | 075 | 9 | 945, | 218 |
| 2 | Provide the estimated percentage of the cur | rent year end balance | (line 1g, column (a)) he | eld as: | | | | | | |
| а | Board designated or quasi-endowment u | % | | | | | | | | |
| b | Permanent endowment u 58.11 % | | | | | | | | | |
| С | Term endowment u 41.89 % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sh | ould equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the poss | ession of the organizati | on that are held and a | dministered for | r the | | | _ | | |
| | organization by: | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | | X |
| | (II) Deleted approximations | | | | | | | 3a(ii) | | X |
| b | If "Yes" on line 3a(ii), are the related organization | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | ne organization's endow | ment funds. | | | | | | | |
| Pa | rt VI Land, Buildings, and Equ | uipment. | | | | | | | | |
| | Complete if the organizatio | - | on Form 990, Part | IV, line 11a | a. See F | orm <u>9</u> 90, Pa | <u>rt X</u> , | line 10 | <u></u> | |
| | Description of property | (a) Cost or other ba | asis (b) Cost or ot | her basis | (c) Ad | ccumulated | | (d) Book | value | |
| | | (investment) | (other | •) | dep | reciation | | | | |
| 1a | Land | | | | | | | | | |
| b | Buildings | | | | | | | | | |
| С | Leasehold improvements | | | | | | | | | |
| d | Equipment | | 5 | 52,534 | | 45,272 | | | 7,2 | 262 |
| e | Other | | | | | | | | | |
| Total | Add lines 1a through 1e. (Column (d) musi | t equal Form 990, Part | X, column (B), line 10 | c.) | | u | | · · · · · · | 7,2 | 262 |

| Part VII | Form 990) 2020 FRIENDS OF THE MUSEUM: Investments - Other Securities. | S OF FLORIDA | 59-3760777 | Page \$ |
|------------------------------------|---|----------------------------------|--------------------------------|------------------|
| I dit VII | Complete if the organization answered "Yes" on F | form 990. Part IV. line | 11b. See Form 990. Pa | art X, line 12. |
| | (a) Description of security or category | (b) Book value | (c) Method of | |
| | (including name of security) | , , | Cost or end-of-year | ar market value |
| (1) Financial | derivatives | | | |
| | eld equity interests | | | |
| | | | | |
| | | | | |
| . (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col. (B) line 12.) u | | | |
| Part VIII | Investments - Program Related. | • | | |
| | Complete if the organization answered "Yes" on F | Form 990, Part IV, line | 11c. See Form 990, Pa | art X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of | valuation: |
| | | | Cost or end-of-year | ar market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) u | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" on F | orm 990, Part IV, line | 11d. See Form 990, Pa | |
| | (a) Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | n (b) must equal Form 990, Part X, col. (B) line 15.) | | 11 | |
| Part X | Other Liabilities. | | u | |
| I dit X | Complete if the organization answered "Yes" on F | Form 990, Part IV, line | 11e or 11f. See Form 9 | 990, Part X, |
| | line 25. | | | |
| 1. | (a) Description of liability | | | (b) Book value |
| | income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | n /h) must aqual Form 000 Part V cal /P) lina 25 \ | | ** | |
| | n (b) must equal Form 990, Part X, col. (B) line 25.) | | | the |
| ∠. Liability for | uncertain tax positions. In Part XIII, provide the text of the footn | iole lo line organization's fina | anciai statements that reports | u i C |

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

| Sche | dule D (Form 990) 2020 FRIENDS OF THE MUSEUMS OF FI | LORIDA | 59-376077 | 7 | Page 4 |
|---------|--|-----------------|------------------------|---------|---------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statem | | • | urn. | |
| | Complete if the organization answered "Yes" on Form 990, F | | | | 200 051 |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 320,951 |
| 2 a | Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments | 2a | 54,718 | | |
| a b | Donated services and use of facilities | 2b | 163,709 | | |
| C | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 218,427 |
| 3 | Subtract line 2e from line 1 | | | 3 | 102,524 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| C | Add lines 4a and 4b Tatal revenue Add lines 3 and 4a (This must accept Form 000 Part Line 12) | | | 4c 5 | 102,524 |
| - Da | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | 102,524 |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, F | | | eturn. | |
| 1 | Total companies and leaves are evaluated financial extensions. | · | | 1 | 258,124 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | 163,709 | | |
| b | Prior year adjustments | | • | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 163,709 |
| 3 | Subtract line 2e from line 1 | | | 3 | 94,415 |
| 4 | 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 | 4a | | | |
| h | Other (Describe in Part VIII) | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| | Other (Describe in Part XIII.) Add lines 4a and 4b | 4b | | 4c | 94 415 |
| с 5 | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 4b | | 4c 5 | 94,415 |
| 5 Pa | Other (Describe in Part XIII.) 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. | 4b | | 5 | 94,415 |
| 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | /, lines 1b and | 2b; Part V, line 4; Pa | 5 | 94,415 |
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| 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT 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 4; Pa | 5 | 94,415 |
| 5 Pa | Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) IT 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 4; Pa | 5 | 94,415 |
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| Schedule D (F | Form 990) 2020 🛚 🗜 | KIENDS OF | THE MUSE | SOMS OF | FLORIDA | 59-3760777 | Page 5 |
|---|--------------------|----------------|------------|---------|---------|------------|--------|
| Part XIII | Supplemental | Information (d | continued) | | | | |
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SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

FRIENDS

OF

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

THE MUSEUMS OF FLORIDA

Open to Public Inspection

Employer identification number

59-3760777 HISTORY, INC FORM 990 - ADDITIONAL INFORMATION FORM 990, SCHEDULE R, PART II, B, THE STATE AGENCY IS RESPONSIBLE FOR PROMOTING THE MUSEUMS OF FLORIDA. FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS OTHER PROGRAMS TO SUPPORT THE MUSEUMS OF FLORIDA HISTORY. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A CERTIFIED PUBLIC ACCOUNTING FIRM ORGANIZES AND PREPARES THE FORM 990 AND RELATED SCHEDULES FOR REVIEW BY THE MUSEUM DEVELOPMENT DIRECTOR PRIOR TO ITS FILING. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE CONFLICT OF INTEREST POLICY IS MONITORED ON A PEER REVIEW BASIS. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

 ${
m u}\,$ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Legal domicile (state

(d)

Total income

End-of-year assets

u Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name, address, and EIN (if applicable) of disregarded entity

Part I

DAA

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

Open to Public Inspection

(f)

Direct controlling

OMB No. 1545-0047

Name of the organization FRIENDS OF THE MUSEUMS OF FLORIDA Employer identification number HISTORY, INC. 59-3760777

Primary activity

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

| | | | or foreign c | ountry) | | | enti | ty |
|-------|---|----------------------|------------------------------|----------------------------|-------------------------------------|-----------------------|--------------|---------------------------------|
| (1) | | | | | | | | |
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| (5) | | | | | | | | |
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| Pa | Identification of Related Tax-Exempt Organizations. One or more related tax-exempt organizations during the | Complete if the org | ganization answe | ered "Yes" on Fo | rm 990, Part | : IV, line 34, becaus | e it had | |
| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state | (d) Exempt Code section | (e) Public charity (if section 501) | | Section | (g) 512(b)(13) ed entity? |
| | | | or foreign country) | | (if section 501 | (c)(3)) entity | Yes | No No |
| (1) | FDOS DIVISION OF CULTURAL AFFAIRS 500 S. BRONOUGH STREET 59-6001874 | | | | | | | |
| (2) | TALLAHASSEE FL 32399-0250 | PROMOTION | FL | 501C1 | | FDOS | | х |
| (2) | | | | | | | | |
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| EOr I | Paperwork Reduction Act Notice, see the Instructions for Form 990. | | | | | Sche | dule R (Form | 990) 2020 |

| Part III Identification of Related Organization because it had one or more related or | ons Taxable rganizations tr | as a eated | Partnership. | Complete if the ship during the | organizatioi tax year. | n ans | wered "Yes" o | n Fo | rm 99 | 90, Part | IV, line | 34, | | |
|--|---------------------------------|--|---|---|---|------------------|--|-------|--|-------------------------|---|-----------------------|-----|---|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of tota income | al | (g) Share of end-of- year assets | p | (h) Dispro- ortionate alloc.? | amour of Sch (For | (i) e V—UBI at in box 20 nedule K-1 m 1065) | Gene mana partr | er? | (k) Percentage ownership |
| (1) | | country) | | | | | | Y | es No | | | Yes | No | |
| | | | | | | | | | | | | | | |
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| Part IV Identification of Related Organization in a 34, because it had one or more related to the second se | ons Taxable a elated organiz | as a (ations | Corporation of treated as a | or Trust. Comp corporation or | lete if the or trust during | rganiz the ta | zation answere ix year. | ed "Y | es" o | n Form | 990, Pa | ırt IV, | | |
| (a) Name, address, and EIN of related organization | (b) Primary activit | ty | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | : | (f) Share of total income | end | (g) Share l-of-year | | (h Percei owne | ntage | | (i) Section 512(b)(13) controlled entity? |
| (4) | | | | | | | | | | | | | Υ | es No |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| | 3 | | | , , | | | NI - |
|--|--|---------------------------------|------------------------------|----------------------------|------------|-----|------|
| • | if any entity is listed in Parts II, III, or IV of this schedule. | | D (11 1)/O | | | Yes | No |
| | r, did the organization engage in any of the following transactions with one or more | | | | 4- | | х |
| a Receipt of (i) intere | est, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | X |
| • Cift grant or capi | tal contribution to related organization(s) | | | | 1b | | X |
| d Leans or lean gue | tal contribution from related organization(s) | | | | 1c | | |
| a Leans or lean gua | rantees to or for related organization(s) | | | | 1d | | x |
| e Loans or loan gua | rantees by related organization(s) | | | | 1e | | Х |
| | | | | | 4. | | |
| T Dividends from rei | ated organization(s) | | | | 1f | | X |
| g Sale of assets to r | related organization(s) | | | | 1g | | X |
| n Purchase of assets | s from related organization(s) | | | | 1h | | X |
| i Exchange of asset | s with related organization(s) | | | | 1i | | Х |
| 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 | | Х |
| I Performance of se | rvices or membership or fundraising solicitations for related organization(s) | | | | 11 | | Х |
| m Performance of se | rvices or membership or fundraising solicitations by related organization(s) | | | | 1m | | X |
| n Sharing of facilities | s, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | Х | |
| Sharing of paid en | nployees with related organization(s) | | | | 10 | Х | |
| | | | | | | | |
| | iid to related organization(s) for expenses | | | | 1p | | X |
| q Reimbursement pa | aid by related organization(s) for expenses | | | | 1q | | Х |
| | | | | | | | |
| r Other transfer of c | ash or property to related organization(s) | | | | 1r | | Х |
| s Other transfer of c | ash or property from related organization(s) | | | | 1s | | Х |
| 2 If the answer to ar | ny of the above is "Yes," see the instructions for information on who must complete | this line, including covered re | elationships and transaction | thresholds. | | | |
| | (a) | (b) | (c) | (d) | | | |
| | Name of related organization | Transaction type (a–s) | Amount involved | Method of determining amou | ınt involv | ed | |
| | | 3,p5 (a 5) | | | | | |
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| (1) | FDOS, DIVISION OF CULTURAL AFFAIRS | 0 | 163,709 | CASH VALUE | | | |
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| (6) | | | | | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Predominant income (related, unrelated, excluded from tax under | ninant Are all partners section excluded 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | Disprop | h) ortionate ations? | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene | i) eral or aging ner? | (k) Percentage ownership |
|--------------------------------------|--------------------------------|--|---|---|----|---------------------------------|--|---------|----------------------------|---|------|--------------------------------|--------------------------------|
| | | country) | sections 512-514) | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
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| Schedule R | | | | | | THE | MUSE | UMS C | F FLC | RIDA | 59-37607 | 777 | Page 5 |
|------------|-----------|--------------------|----------------------------|--------------------------|--------------------|---------|----------|---------|----------|------------|------------------|-------|------------|
| Part VII | Su Pro | ppleme ovide ac | ntal Ir Iditiona | nforma Linforn | ation. mation f | or resp | onses to | questic | ons on S | Schedule F | R. See instructi | ons. | |
| SCHED | ULE | R - | ADDI | TION | IAL I | NFORI | OITAN | 1 | | | | | |
| NAME | OF 1 | RELAT | ED O | RGAN | IIZAT: | ION: | | | | | | | |
| FLORI | DA I | EPAR' | TMEN' | r of | STAT | re, i | DIVIS | ION O | F CUL | TURAL | AFFAIRS | | |
| PRIMA | RY I | CTIV | ITY: | THE | STA | re a | GENCY | RESP | ONSIB | LE FOR | PROMOTIN | G THE | MUSEUMS OF |
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Form **4562**

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Internal Revenue Service Name(s) shown on return

OF THE MUSEUMS OF FLORIDA FRIENDS HISTORY, INC.

Identifying number 59-3760777

(99)

| | ness or activity to which this form relates | | | | | | | |
|------------------|--|--|--|--|------------------------|--------------|---------|----------------------------|
| | NDIRECT DEPRECIAT | | | | | | | |
| Pa | art I Election To Expe | | | | | | | |
| | Note: If you have | | , complete Part V I | before you co | omplete Part I | | | 1 040 000 |
| 1 | Maximum amount (see instruction | | | | | | 1 | 1,040,000 |
| 2 | Total cost of section 179 property | | | | | | 2 | 0 500 000 |
| 3 | Threshold cost of section 179 pro | | | | | | 3 | 2,590,000 |
| 4 | Reduction in limitation. Subtract li | | | | | | 4 | |
| 5 | Dollar limitation for tax year. Subtract | | | | ı | | 5 | |
| 6 | (a) Description | n of property | (b) | Cost (business use | only) (c) | Elected cost | | |
| | | | | | | | | |
| 7 | Listed property. Enter the amount | from line 20 | | | - | | | |
| | | | | | 7 | | 8 | |
| 8 9 | Total elected cost of section 179 Tentative deduction. Enter the sn | property. Add amounts | s in column (c), lines 6 | and / | | | 9 | |
| 9 10 | | | | | | | 10 | |
| 11 | Carryover of disallowed deduction | | | | | | 11 | |
| 12 | Business income limitation. Enter Section 179 expense deduction. A | | | | | | 12 | |
| 13 | Carryover of disallowed deduction | | | | 13 | | 12 | |
| | : Don't use Part II or Part III below | | | | 13 | | | |
| _ | art II Special Depreciat | | | ation (Don't i | nclude listed | property | See i | nstructions.) |
| 14 | Special depreciation allowance for | | | | | | | • |
| | during the tax year. See instruction | | | | | | 14 | |
| 15 | Property subject to section 168(f) | | | | | | 15 | |
| 16 | Other depreciation (including ACF | RS) | | | | | 16 | 1,019 |
| Pa | art III MACRS Deprecia | tion (Don't include | e listed property. S | ee instruction | ns.) | | | |
| | | | Section A | A | | | | |
| 17 | MACRS deductions for assets pla | ced in service in tax v | rears beginning before | 2020 | | | 17 | 0 |
| 18 | If you are electing to group any assets place | - | 5 5 | | | | | |
| | Section B— | Assets Placed in Ser | vice During 2020 Tax | Year Using the | General Depre | ciation Sy | stem | |
| | (a) Classification of property | (b) Month and year placed in | (c) Basis for depreciation (business/investment use | | (e) Convention | (f) Meth | od | (g) Depreciation deduction |
| | (a) Glassingation of property | service | only-see instructions) | period | (c) convention | (i) Wou | ou | (9) Depresiation addation |
| 19a | 3-year property | | | | | | | |
| b | 5-year property | | | | | | | |
| С | 7-year property | | | | | | | |
| d | 10-year property | | | | | | | |
| е | 15-year property | | | | | | | |
| f | 20-year property | | | | | | | |
| _ <u> </u> | 25-year property | | | 25 yrs. | | S/L | | |
| h | Residential rental | | | 27.5 yrs. | MM | S/L | | |
| | property | | | 27.5 yrs. | MM | S/L | | |
| ı | Nonresidential real property | | | 39 yrs. | MM | S/L S/L | | |
| | <u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u> | scate Blaced in Servi | ce During 2020 Tax Y | Coar Using the | MM Alternative Deni | | votom | |
| 20a | | SSELS FIACEU III SEIVI | During 2020 1dX 1 | ear Using the A | ancinative Depi | S/L | ysielli | |
| | 12-year | | | 12 yrs. | | S/L | | |
| | 30-year | | | 30 yrs. | MM | S/L | | |
| | 40-year | | | 40 yrs. | MM | S/L | | |
| a | | i | l | 10 7.0. | | | | |
| | | structions.) | | | | | | |
| | art IV Summary (See in Listed property. Enter amount from | n line 28 | | | | | 21 | |
| Pa | art IV Summary (See in | m line 28 | nes 19 and 20 in colum | | | | 21 | |
| P a 21 | Art IV Summary (See in Listed property. Enter amount from | n line 28lines 14 through 17, li | nes 19 and 20 in colum | nn (g), and line 2 | 1. Enter | | 21 | 1,019 |
| P a 21 | Listed property. Enter amount from Total. Add amounts from line 12, | m line 28 lines 14 through 17, li of your return. Partne red in service during th | nes 19 and 20 in columerships and S corporation the current year, enter the | nn (g), and line 2 ons—see instruct ie | 1. Enter | | | 1,019 |

59-3760777

FYE: 6/30/2021

Federal Asset Report Form 990, Page 1 05/13/2022 9:19 AM Page 1

| | | Date | | Bus Sec | Basis | | | |
|--------------|--|------------|---------------|-------------|---------------|--------------|--------|---------|
| Asset | Description | In Service | Cost | % 179 Bonus | | PerConv Meth | Prior | Current |
| | | | | | | | | |
| | | | | | | | | |
| <u>Other</u> | Depreciation: | | | | | | | |
| 3 | Renovations | 6/30/05 | 8,599 | | 8,599 | | 3,737 | 286 |
| 5 | Replace & Upgrade Microsoft Retail Mgmt | | 4,498 | | 4,498 | | 4,498 | |
| 7 | Sales Kiosk | 7/01/02 | 20,000 | | 20,000 | | 20,000 | |
| 9 | Pallet Jack | 5/11/10 | 1,493 | | 1,493 | | 1,493 | |
| 10 | Display Units - Capitol Shop | 6/30/03 | 1,346 | | 1,340 | | 1,346 | |
| 11 | Saton Events | 8/13/03 | 303 | | 303 | | 303 | |
| 12 | Book shelf unit (Newood) | 2/09/04 | 816 | | 81 | 6 10 MO S/L | 816 | |
| 13 | Newwood | 8/26/04 | 1,272 | | 1,272 | 2 10 MO S/L | 1,272 | 0 |
| 14 | 20" Video Screen | 4/15/06 | 9,170 | | 9,170 | 0 10 MO S/L | 9,170 | 0 |
| 15 | Acrylic Shelving | 5/09/07 | 985 | | 98 | 5 10 MO S/L | 985 | 0 |
| 16 | Plastic Shelving | 3/31/08 | 389 | | 389 | 9 10 MO S/L | 389 | 0 |
| 17 | Vend HQ Point of Sale System | 2/19/20 | 3,662 | | 3,662 | 2 5 MO S/L | 244 | 733 |
| | Total Other Depreciation | | 52,533 | | 52,533 | <u>3</u> | 44,253 | 1,019 |
| | | | | | | | | |
| | Total ACRS and Other Depre | ciation | 52,533 | | 52,533 | 3 | 44,253 | 1,019 |
| | · · | _ | ,,,,,, | _ | | _ | , | , |
| | G 1 m . 1 | | 50 500 | | 50.5 0 | | 44673 | 1.010 |
| | Grand Totals Less: Dispositions and Transfe | and . | 52.533 | | 52,533 | 3 | 44,253 | 1.019 |
| | | 218 | 0 | , | | 0 N | 0 | 0 |
| | Less: Start-up/Org Expense | _ | | ! | <u>'</u> | <u>U</u> | | |
| | Net Grand Totals | | | | 52,533 | 3 | 44,253 | 1,019 |

59-3760777

FYE: 6/30/2021

AMT Asset Report Form 990, Page 1 05/13/2022 9:19 AM Page 1

| Asset | Description | Date In <u>Service</u> | Cost | Βι % | us Sec <u>179B</u> onus | Basis for Depr | | onv Meth | Prior | Current |
|-------|--|---------------------------|----------------|----------|----------------------------|-------------------|----------|----------------------|----------------|--------------|
| Other | Depreciation: | | | | | | | | | |
| 3 | Renovations | 6/30/05 | 8,599 | | | | | 0 MO S/L | 3,737 | |
| 5 | Replace & Upgrade Microsoft Retail Mgmt | | 4,498 | | | , | | 5 MO S/L | 4,498 | |
| / | Sales Kiosk | 7/01/02 5/11/10 | 20,000 | | | 20,0 | | 0 MO S/L | 20,000 | |
| 10 | Pallet Jack Display Units - Capitol Shop | 6/30/03 | 1,493 1,346 | | | , | | 5 MO S/L 0 MO S/L | 1,493 1,346 | |
| 10 | Saton Events | 8/13/03 | 303 | | | | | 0 MO S/L 0 MO S/L | 303 | |
| 12 | Book shelf unit (Newood) | 2/09/04 | 816 | | | | | 0 MO S/L 0 MO S/L | 816 | |
| 13 | Newwood | 8/26/04 | 1,272 | | | | | 0 MO S/L | 1,272 | |
| 14 | 20" Video Screen | 4/15/06 | 9,170 | | | | | 0 MO S/L | 9,170 | |
| 15 | Acrylic Shelving | 5/09/07 | 985 | | | | | 0 MO S/L | 985 | |
| 16 | Plastic Shelving | 3/31/08 | 389 | | | | | 0 MO S/L | 389 | |
| 17 | Vend HQ Point of Sale System | 2/19/20 | 3,662 | 2 | | 3,6 | 662 | 5 MO S/L | 244 | 733 |
| | Total Other Depreciation | _ | 52,533 | 3 | | 52,5 | 33 | | 44,253 | 1,019 |
| | Total ACRS and Other Deprec | ciation _ | 52,533 | <u> </u> | | 52,5 | 333 | | 44,253 | 3 1,019 |
| | Grand Totals Less: Dispositions and Transfe | ers _ | 52.533 | 3 0 | | 52.5 | 533 0 | | 44.253 | 3 1.019 0 |
| | Net Grand Totals | _ | 52,533 | <u>3</u> | | 52,5 | 33 | | 44,253 | 1,019 |

59-3760777

Depreciation Adjustment Report
All Business Activities

05/13/2022 9:19 AM

Page 1

| FYE: 6/ | 30/2021 | All Business Activities | | | | | | | | |
|-----------|---------------|---|-----|---------|---|--|--|--|--|--|
| Form Unit | <u>Asset</u> | Description | Tax | AMT | AMT Adjustments/ <u>Preferences</u> | | | | | |
| rom om | <u>/1000t</u> | There are no assets that meet the criteri | | 7 (1) 1 | 1 1010101003 | | | | | |
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Form 990 I wo rear Comparison Report
For calendar year 2020, or tax year beginning 07/01/20 , ending 06/30/21 2019 & 2020

Name
FRIENDS OF THE MUSEUMS OF FLORIDA

Taxpayer Identification Number

| | IISTORY, INC. | | | | 59-3 | 760777 |
|-------------|---|-----|-----------|-------|-------|-------------|
| | , | | 2019 | 2020 | | Differences |
| | 1. Contributions, gifts, grants | 1. | 25,177 | E.) | 5,387 | -19,790 |
| | 2. Membership dues and assessments | 2. | 12,510 | 12 | 2,846 | |
| | 3. Government contributions and grants | 3. | · | | | |
| n e | 4. Program service revenue | 4. | 23,911 | 34 | 1,035 | 10,124 |
| 1 | 5. Investment income | 5. | 28,848 | 21 | ,881 | -6,967 |
| > | 6. Proceeds from tax exempt bonds | 6. | , | | | · |
| A P | 7. Net gain or (loss) from sale of assets other than inventory | 7. | 5,333 | (1) | 3,290 | -2,043 |
| | 8. Net income or (loss) from fundraising events | 8. | · | | | |
| | 9. Net income or (loss) from gaming | 9. | | | | |
| | 10. Net gain or (loss) on sales of inventory | 10. | 74,158 | 25 | 5,033 | -49,125 |
| | 11. Other revenue | 11. | 5,036 | | 52 | -4,984 |
| | 12. Total revenue. Add lines 1 through 11 | 12. | 174,973 | 102 | 2,524 | -72,449 |
| | 13. Grants and similar amounts paid | 13. | | | | |
| | 14. Benefits paid to or for members | 14. | | | | |
| S | 15. Compensation of officers, directors, trustees, etc. | 15. | | | | |
| S | 16. Salaries, other compensation, and employee benefits | 16. | 57,071 | (| 5,029 | -51,042 |
| e n | 17. Professional fundraising fees | 17. | | | | |
| α | 18. Other professional fees | 18. | 18,405 | 16 | 5,921 | -1,484 |
| ш | 19. Occupancy, rent, utilities, and maintenance | 19. | | | | |
| | 20. Depreciation and Depletion | 20. | 531 | 1 | 1,019 | 488 |
| | 21. Other expenses | 21. | 80,430 | 70 | ,446 | -9,984 |
| | 22. Total expenses. Add lines 13 through 21 | 22. | 156,437 | 94 | 1,415 | -62,022 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 23. | 18,536 | | 3,109 | -10,427 |
| | 24. Total exempt revenue | 24. | 174,973 | 102 | 2,524 | -72,449 |
| | 25. Total unrelated revenue | 25. | | | | |
| <u>io</u> | 26. Total excludable revenue | 26. | 137,286 | | 1,291 | -52,995 |
| Information | 27. Total assets | 27. | 1,472,991 | 1,533 | ,535 | 60,544 |
| ē | 28. Total liabilities | 28. | 6,553 | | 1,270 | -2,283 |
| 드 | 29. Retained earnings | 29. | 1,466,438 | 1,529 | ,265 | 62,827 |
| the | 30. Number of voting members of governing body | 30. | 11 | 11 | | |
| δ | 31. Number of independent voting members of governing body | 31. | 11 | 11 | | |
| | 32. Number of employees | 32. | 15 | 8 | | |
| | 33. Number of volunteers | 33. | 57 | 11 | | |

2002063 Friends of the Museums of Florida 59-3760777 **Federal Statements** 5/13/2022 9:19 AM Page 1

FYE: 6/30/2021

Taxable Dividends from Securities

| Description | | | | | | | |
|-------------|----|--------|--------------|-----------|------------|----------------|---------------|
| | | | Unrelated | Exclusion | n Postal / | Acquired after | · US |
| | _ | Amount | Business | Code | Code | 6/30/75 | Obs (\$ or %) |
| DIVIDENDS | | | | | | | |
| | \$ | 21,881 | | 1 | 4 | | |
| TOTAL | \$ | 21,881 | - | | | | |

59-3760777 FYE: 6/30/2021

Federal Statements

5/13/2022 9:19 AM Page 2

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

| Description | Total xpenses | Program Service | agement & General | und aising |
|---------------------------|----------------------|--------------------|----------------------|---------------|
| KNOTT HOUSE EXPENSES | \$ 2,372 | \$ 2,372 | \$ | \$ |
| LICENSES & PERMITS | 1,841 | | 1,841 | |
| MEMBERSHIP EXPENSE | 1,300 | 1,300 | | |
| REPAIRS & MAINTENANCE | 180 | | 180 | |
| FACILITY USE & RECEPTIONS | 57 | 57 | | |
| PAYROLL PROCESSING FEES | 12 | | 12 | |
| TOTAL | \$ 5 , 762 | \$ 3,729 | \$ 2,033 | \$ 0 |

59-3760777 FYE: 6/30/2021

Federal Statements

5/13/2022 9:19 AM Page 3

Schedule A, Part II, Line 12 - Current year

| Description | Amount | |
|--------------------|-----------|----------|
| EDUCATION PROGRAMS | \$ 21,747 | 7 |
| EXHIBIT INCOME | 12,288 | } |
| MISCELLANEOUS | 52 | 2 |
| SALE OF INVENTORY | 34,801 | _ |
| TOTAL | \$ 68,888 | <u>}</u> |

FRIENDS OF THE STATE LIBRARY AND ARCHIVES OF FLORIDA INC.

500 South Bronough Street Tallahassee, FL 32399 850.245.6614 info.florida.gov/aboutus/friends

Fiscal Year 2022-2023 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 During FY 2021-2022

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

The primary means by which the Friends accomplished the above is in providing support to Division staff and programs:

- The Board sponsored two Florida History Day awards on behalf of the State Archives of Florida.
 - The Friends provided cold water service to staff working at the State Records Center.

The Friends, along with the Friends of the Museum of Florida History, made the 2021 Sunshine Awards and Employee Appreciation events possible, recognizing staff for their incredible work and dedication to excellence.

Towards fulfillment of the board's goal to raise awareness of the work of the Division and the Friends' role in supporting that work, the Friends sponsored the following affiliated professional organizations' annual conferences in 2021-2022:

- Florida Library Association (May 2022)
 - o Preconference on Friends and Foundations
 - Conference Poster Session Sponsorship
- Society of Florida Archivists (May 2022)
- Florida Records Management Association (May 2022)
- Florida Association for Media in Education (December 2021)

The board continued to support the Bureau of Archives and Records Management in developing a board- funded research stipend program. The stipend is intended to facilitate research at the State Archives for out-of-town students and researchers who qualify to receive it, thereby expanding access to the many collections maintained by the Bureau and interest in the history of Florida. The first call for applicants is scheduled to go out in the fall of 2022.

III. Three-Year Plan for FY 2022-2023 to 2024-2025

Friends of the State Library and Archives of Florida Inc. Three-Year Program Plan 2022-2025 (July 1, 2022 – June 30, 2025)

The Board of Directors identified five areas in which to continue concentration of planning efforts in the next three years. The list below is not indicative of the order of address or priori

Awareness

Goal: Raise awareness of the work of the Division of Library and Information Services and the Friends' role in supporting their work.

Fundraising

Goal: Develop a fundraising strategy.

Membership

Goal: Build general membership in the Friends.

Distribute Friends brochures at all in-person training and other events conducted by Division staff.

• Increase membership by 50% in each year of the plan, excluding board and Division staff members.

Partnerships

Goal: Build partnerships with external groups, including other Florida Friends groups, libraries, archives, cultural heritage organizations, and the private sector as appropriate.

Staff Support

Goal: Provide financial and administrative support for the services, programs and staff of the Division of Library and Information Services.

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. 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.

4. 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.

5. 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.

6. Prohibition of Employees Holding Office

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

7. 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.

8. 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)

The Friends of the State Library and Archives of Florida Inc., for the 2021 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 2021 tax year.

| | m | | | |
|--|---|--|--|--|
| | | | | |

Electronic Notice (e-Postcard)

~ () >

OMB No. 1545-2085

Department of the Treasury Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 99

2021

Open to Public Inspection

| A For the 2021 Calendar year, or tax year beg | "1"<: | |
|--|--|---------------------------|
| BCheckifavailable | C Name of Organization: FRIENDS OF THE STATE blBRARY | D Employee Identification |
| O Tenninatedfor Business Gross receipts are nonnally \$50,000 or less | AND ARCHIVES OF FLORIOA'bf C .' 500 South Bronoug \bullet . | Number 20-3900938 |
| E Website: | Tallahassee,_fl,, ;3z'! 99 hformauon:fieriltces: F Name of Principal,Officer: Florida D! vision of Library and so(soJ!t)3ronough Tallahassee,£!., us, | _ |

Privacy Act and Paperwork Reduction Act Notice: We ask for the infolt{lation on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure thiit α OU are complying with these laws. r: = 1

The organization is not required to provide information req4ested 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 o'r 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 mail this page to the IRS. The RS will not accept this filing via paper. You must file your Form 990-N (e.. Postcard) electronically.

FLORIDA INTERNATIONAL AFFAIRS FOUNDATION, INC.

329 N. Meridian Street Tallahassee, FL 32301 850.245.6470

FY 2021-2022 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:

Florida International Affairs Foundation's mission is to supplement (not supplant) the programs and services of the Florida Department of State's Office of International Affairs (OIA) within the Division of Arts and Culture, by fostering, creating, and enhancing diplomatic and cultural relationships and facilitating consular relations between the state and all foreign governments doing business in Florida.

Results Obtained:

Florida International Affairs Foundation, Inc. has presented and supported the following activities enhancing the efforts of the Florida Division of Arts and Culture:

- On Pursuant to Chapter 2020-93, Section 288.8165, Florida Statutes, the Department of State formed a new Citizen Support Organization for the purpose and benefits of intergovernmental programs and initiatives of the Office of International Affairs. The Bylaws and Articles of Incorporation were completed on January 10th, 2022. Official incorporation forms were submitted to the Florida Division of Corporations to register the organization in Florida. The organization has also received an Employer Identification Number (EIN) from the IRS as well as 501(c)3 status.
- Florida International Affairs Foundation, Inc. has partnered with Citizens for Florida Arts, Inc and the Division of Arts and Culture's Office of International Affairs to host a Consular Corps International Summit in Miami on June 13, 2022. The event focused on cultivating strong international relationships that are mutually beneficial to consular countries and to Florida as well as to strengthen international partnerships, cultural exchanges and build strong diplomatic relationships.

III. Three Year Plan

Over the next three years, the organization plans to continue its work supporting the Division of Arts and Culture's Office of International Affairs. This will include the following future efforts:

- Support the Department's Office of International Affairs, including International Summits, meetings, events, and Conferences.
- Support statewide gathering for initiatives with a concentration on creating and maintaining international business partnerships.

- Provide assistance, funding, and promotional support for intergovernmental programs.
- Cultivate strong international relationships that are mutually beneficial to consular countries and to Florida.
- Make efforts to strengthen international partnerships, cultural exchanges, Sister Cities, Sister State affiliations that enhance the State of Florida's partnerships with the Consular Officers around the state in order to build strong and productive diplomatic relationships.

I. <u>Code of Ethics</u>

The Code of Ethics of Florida International Affairs Foundation, Inc., is as follows:

PREAMBLE

- (1) It is essential to the proper conduct and operation of Florida International Affairs Foundation, 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 Florida International Affairs Foundation, 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, 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.

II. Financial Report

The organization has not yet filed a Form 990 to the IRS as this is a newly formed CSO. For Fiscal year 2021-2022, all donations and expenses for Florida International Affairs Foundation were directly submitted to Citizens for Florida Arts, Inc. For fiscal year 2022-2023, the Florida International Affairs Foundation, Inc. will be financially independent.