

RON DESANTIS
Governor

CORD BYRD
Secretary of State

August 15, 2023

The Honorable Ron DeSantis Governor of Florida The Capitol, PL-05 400 South Monroe St. Tallahassee, Florida 32399

The Honorable Kathleen Passidomo Office of the Senate President 409 The Capitol 404 South Monroe Street Tallahassee, Florida 32399

The Honorable Paul Renner Office of the Speaker of the House 420 The Capitol 402 South Monroe Street Tallahassee, Florida 32399

Dear Governor DeSantis, President Passidomo and Speaker Renner:

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

Citizens for Florida Arts, Inc.

Citizens for Florida Arts, Inc., is an organization created to partner with and enhance efforts of the Florida Division of Cultural Affairs, while helping sustain and foster recognition of the arts in Florida. This organization continues to provide critical support for the Division of Cultural Affairs' and the Office of International Affairs activities and programs. It is the agency's

recommendation to continue the partnership with Citizens for Florida Arts, Inc.

Friends of Florida History, Inc.

The Friends of Florida History, Inc., was established to promote and enhance the archaeology, historic sites, museums, folklife, and historic preservation programs of the Division of Historical Resources for the people of Florida. This corporation is the result of the consolidation of Friends of Florida History and Archaeology, Inc., Friends of Florida Main Street Inc., and Friends of Mission San Luis, Inc. This organization serves as a support to the Division in its efforts to implement and manage programs designed to create statewide impact and position Florida as a national leader in historic preservation. It is the agency's recommendation to continue the partnership with Friends of Florida History, Inc.

Friends of the Museums of Florida History, Inc.

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

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

The Friends of the State Library and Archives of Florida, Inc., promotes and enhances the programs and services of the Division of Library and Information Services for the benefit of Florida's residents. The Friends group supports expanding public access to knowledge, cultural heritage and information so that Floridians achieve their personal, educational and professional goals. It is the agency's recommendation to continue the partnership with the Friends of the State Library and Archives of Florida, Inc. If you have any questions as it relates to the Department's recommendations, please feel free to contact me at any time.

Florida International Affairs Foundation, Inc.

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.

Sincerely,

Cord Byrd
Secretary of State

Enclosure(s)

CITIZENS FOR FLORIDA ARTS, INC.

500 S Bronough Street Tallahassee, FL 32399-0250 850.245.6470

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

FY 2022-2023 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. This includes the Florida Artists Hall of Fame induction and the Florida Folk Heritage Awards.

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.

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, Florida Folklife Awards, 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' strategic plan through 2025.

I. Code of Ethics

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

PREAMBLE

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

STANDARDS

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

1. Prohibition of Solicitation or Acceptance of Gifts

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

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain From Voting

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

9. Failure to Observe CSO Code of Ethics

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

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 2021 (submitted during the fiscal year ending in 2022. 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.

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 990-EZ

2021

Open to Public Inspection

For the	2021	Calendar v	ear, or t	ax year	beginning	2021-07-01	and ending	2022-06-30

B Check if available	C Name of Organization: CITIZENS FOR FLORIDA ARTS INC	D Employee Identification
Terminated for Business	500 South Bronough Street,	Number <u>56-2583251</u>
Gross receipts are normally \$50,000 or less	Tallahassee, FL, US, 32399	
E Website:	F Name of Principal Officer: <u>Janeen Mason</u>	
	5467 SE 51st Drive, Stuart,	
	<u>FL, US, 34997</u>	

Privacy Act and Paperwork Reduction Act Notice: We ask for the information 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 that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

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

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 2023-2024 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 2022-2023, 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 (2022 Preservation on Main Street Conference, 2023 Florida Main Street Capitol Day, 2022 Florida Main Street Quarterly Meetings) as well as activities organized by the Bureau of Historic Preservation (education programs) and the Bureau of Archaeological Research (education programs).

Throughout FY 2022-2023, 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

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

1. Prohibition of Solicitation or Acceptance of Gifts

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

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain from Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make

every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

9. Failure to Observe CSO Code of Ethics

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

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

Please see attached IRS Form 990 for the 2021 tax year.

Filing Instructions

Friends of Florida History, Inc.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2022

Date Due: May 15, 2023

Remittance: None is required. Your Form 990 for the tax year ended 6/30/22 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-TE.

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.

990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 2021 Open to Public Inspection

For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22 D Employer identification number C Name of organization Check if applicable: Address change FRIENDS OF FLORIDA HISTORY, INC. Doing business as 59-3753544 Name change Number and street (or P.O. box if mail is not delivered to street address) 850-245-6332 Initial return 500 SOUTH BRONOUGH STREET, STE 305 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated TALLAHASSEE FL 32399 1,541,053 **G** Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending LESTER ABBERGER 500 SOUTH BRONOUGH STREET, STE H(b) Are all subordinates included? If "No," attach a list. See instructions TALLAHASSEE FL 32399 **X** 501(c)(3) | 501(c) (4947(a)(1) or) (insert no.) WWW.MISSIONSANLUIS.ORG H(c) Group exemption number ▶ Website: Year of formation: 2002 Form of organization: X Corporation Trust Association M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance 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) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 8 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 0 102 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part V 7a **b** Net unrelated business taxable income from Prior Year Current Year 134,419 63,422 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 41,108 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 401,251 155,429 <u>-1,1</u>39 84,885 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 534,531 344,844 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 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) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,732 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 239,176 191,689 239,176 191,689 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 295,355 153,155 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year 50 4,772,868 4,213,104 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 88,782 30,641 22 Net assets or fund balances. Subtract line 21 from line 20 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. Sian Signature of officer LESTER Here ABBERGER CHAIR Type or print name and title Print/Type preparer's name Preparer's signature Check Paid MATTHEW R. HANSARD self-employed P00273516 Preparer 20-2259573 THOMSON BROCK LUGER & COMPANY Firm's name Firm's EIN ▶ **Use Only** 3375G CAPITAL CIR NE 32308-3736 850-385-7444 TALLAHASSEE, FL May the IRS discuss this return with the preparer shown above? See instructions X Yes No

			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	11	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		37
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			v
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			х
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
7	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,"	- '-		- 22
Ü		8		х
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	۰		
Ū	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	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	١		37
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	140		- 22
13		15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	"		
		16		x
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2021) FRIENDS OF FLORIDA HISTORY,

Part IV Checklist of Required Schedules (continued)

	are in a modulo de modulo de manada,		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1.00	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		05-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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		х
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	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		A
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		х
22	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	204 7704 O and 204 7704 OO II Was I appropriate Only of the State of t	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
0.7	and November 1997 Annual Part V. France	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	Щ_
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 3 1b 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4-	х	
	reportable gaming (gambling) winnings to prize winners?	1c	Δ.	Щ_

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			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	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	S.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ty over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
C	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	е				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	joods				
				7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S				3.5
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•			37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control to the organization during the year, pay premiums, directly or indirectly, on a personal benefit control to the organization of the personal benefit control to the organization of the personal benefit control to the organization of the org			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		X
h •	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining denor advised funds. Did a denor advised fund maintaining			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the energying experientian make any toyoble distributions under section 40002			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	ı				
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a						X
b				14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation	or	,_		3.5
	excess parachute payment(s) during the year?			15		X
46	If "Yes," see instructions and file Form 4720, Schedule N.					v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16		X
47	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes." complete Form 6069.			17		
	II 100, OUTIDIOLO I VIIII UUUU.					

Part VI

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

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

56 6	tion A. Governing Body and Management										
		1.1	0		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	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.		0								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					37					
_	any other officer, director, trustee, or key employee?			2		_ <u>X</u> _					
3	Did the organization delegate control over management duties customarily performed by or under the direct					37					
				3		_ <u>X</u> _					
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?			6		X					
6	•										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			l _		37					
	one or more members of the governing body?			7a		_X_					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	stockholders, or persons other than the governing body?			7b		_X_					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	ne following:								
а	The governing body?			8a	_X_						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at										
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		<u> </u>					
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	ernai K	evenue Co	pae.)							
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,										
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		- 37					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	g the fo	rm?	11a		X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		_X_					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to co	nflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"										
	describe on Schedule O how this was done			12c							
13	Did the organization have a written whistleblower policy?			13		_X_					
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approval by										
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			15a		_ <u>x</u> _					
b	Other officers or key employees of the organization			15b		X					
4-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					37					
	with a taxable entity during the year?			16a		_X_					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its										
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the										
	organization's exempt status with respect to such arrangements?			16b							
	tion C. Disclosure										
17											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (s	section 5	oU1(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 inte	erest pol	icy, 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 recommendation and the person who possesses the organization's books and recommendation.										
LI Tr	ESTER ABBERGER 500 SOUTH BRONOUGH STREET, STE					333					

Form 990 (2021) 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box	x, unle icer a	ess pe nd a c	tion more rson i	than one s both an or/trustee)	ր)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) MELISSA SCHECHTI										
SECRETARY	1.00	x		x				0	0	0
(2) LESTER ABBERGER										
	1.00									
CHAIR	0.00	X		X			\perp	0	0	0
(3) DON SLESNICK										
VICE CHAIR	1.00	x		x				0	0	0
(4) LEROY COLLINS,	III									
.,	1.00									
DIRECTOR	0.00	X						0	0	0
(5) KATELYN WONSOCK										
TREASURER	1.00	x		х				0	0	0
(6) RAMON MAURY	0.00						+			<u> </u>
(0) ICHION INIONI	1.00									
DIRECTOR	0.00	x						0	0	0
(7) JAYMES TURNBULL							\dashv			<u> </u>
.,	1.00									
DIRECTOR	0.00	X						0	0	0
(8) ALISSA LOTANE										
	40.00									
DIVISION DIRECTOR	0.00			X				72,271	0	22,363
(9) AMANDA MURPHY										
<u> </u>	1.00							•		
DIRECTOR	0.00	X					4	0	0	0
(10)										
(11)							\dashv			
	·									

Pa	rt VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle icer a	Pos check ess pe	rson i	than of s both Highest compensated employee	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	org	(F) imated an of othe compensat from the ganization ed organ	r tion e and	
				Ö			Ited							
1b	Subtotal							<u> </u>	72,271			2	2,3	63
2	Total from continuation shee Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	 Icluding but not li	mite	d to				bove	72,271 e) who received more than	\$100,000 of		2	2,3	63
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization.	" complete Schede e 1a, is the sum nizations greater	dule of rother	J for eport	suc table 50,00	h ind com 00? I	dividu npens f "Ye	ual satio s," o	on and other compensation complete Schedule J for su	from the		3	Yes	X X
5 —	Did any person listed on line for services rendered to the o											5		х
Sect 1	ion B. Independent Contractor Complete this table for your fire		ensa	ated	inder	pend	ent o	contr	ractors that received more	than \$100,000 of				
	compensation from the organi								lar year ending with or with		ear.		(C) pensatio	
	Name and	business address							Descript	ion of services		Com	pensatio	on
2	Total number of independent received more than \$100,000								se listed above) who	0				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (A) (D) Revenue excluded (B) Related or exempt Unrelated function revenue from tax under husiness revenue sections 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns 1a **b** Membership dues 6,656 1b c Fundraising events 1c **d** Related organizations 1d **e** Government grants (contributions) **f** All other contributions, gifts, grants, 56,766 and similar amounts not included above 1f g Noncash contributions included in 1g lines 1a-1f h Total. Add lines 1a-1f. 63,422 Business Code 561000 41,108 41,108 ADMISSION FEES Program Service Revenue f All other program service revenue 41,108 g Total. Add lines 2a-2f \blacktriangleright 3 Investment income (including dividends, interest, and other similar amounts) 194,320 194,320 4 Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal (i) Real 48,989 6a Gross rents 6a 499 **b** Less: rental expenses 6b 48,490 c Rental inc. or (loss) d Net rental income or (loss) 48,490 48,490 7a Gross amount from (ii) Other (i) Securities sales of assets 1,136,220 other than inventory b Less: cost or other Other Revenue basis and sales exps. 1,175,111 7с -38,891 c Gain or (loss) -38,891 -38,891 d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses 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 56,994 10a **b** Less: cost of goods sold 20,599 10b 36,395 36,395 c Net income or (loss) from sales of inventory \triangleright Business Code Miscellaneous Revenue d All other revenue e Total. Add lines 11a-11d ... 344,844 2,217 0 279,205 Total revenue. See instructions .

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

Secu	Check if Schedule O contains a response			пріете соіитті (А).	
Do 10	· ·		(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	Program service	Management and	Fundraising
	Ob, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	` ' ' ' '				
b	Management				
	Legal	17,765	15,100	1,777	888
d	Accounting	17,705	13/100	± ////	
u	Professional fundraising services. See Part IV, line 17				
e					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	932	700	0.2	47
	Advertising and promotion		792	93	47
13	Office expenses	381	324	38	19
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,981	11,981		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,643	8,197	964	482
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.)				
а	UTILITIES	92,062	78,253	9,206	4,603
a b	LANDSCAPING	49,140	41,769	4,914	2,457
	OTHER EXPENSES	4,691	3,986	469	236
C C	SPECIAL EVENTS	3,072	3,072	103	230
d	· · · · · · · · · · · · · · · · · · ·				
	All other expenses	2,022	2,022	17 461	0 720
25	Total functional expenses. Add lines 1 through 24e	191,689	165,496	17,461	8,732
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Pa	art)						
		Check if Schedule O contains a response or	note to any line in	n this Part X			
					(A) Beginning of year		(B) End of year
	4	Cook non-interest hearing			269,350	1	941,729
	1	Cash—non-interest-bearing			779,028		267,629
	2	Savings and temporary cash investments			113,020	2	207,029
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan		35%		_	
	_	controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualified					
ets	_	under section 4958(f)(1)), and persons described in				6	
Assets	7	Notes and loans receivable, net			20 251	7	30 200
`	8	Inventories for sale or use			38,351 48	8	38,209 48
	9				40	9	40
	10a	Land, buildings, and equipment: cost or other	40	02 270			
		basis. Complete Part VI of Schedule D		93,379	21 652	40	22 010
		Less: accumulated depreciation			31,653 3,654,438	10C	22,010 2,943,479
	11	Investments—publicly traded securities			3,034,430		2,943,4/9
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 1	¹			13	
	14	Intangible assets				14	
	15				4 772 060	15	4 212 104
	16	Total assets. Add lines 1 through 15 (must equal I			4,772,868 36	16	4,213,104 14,842
	17	Accounts payable and accrued expenses			30		14,042
	18	Grants payable			21,930	18	65,440
	19	Deferred revenue			21,930	19	05,440
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Par		٠		21	
ies	22	Loans and other payables to any current or former		050/			
oilit		trustee, key employee, creator or founder, substan				00	
Liabilities		controlled entity or family member of any of these				22	
	23	Secured mortgages and notes payable to unrelated				23	
	24	Unsecured notes and loans payable to unrelated the				24	
	25	Other liabilities (including federal income tax, payal					
		parties, and other liabilities not included on lines 17	, .		9 675	25	9 500
	20	of Schedule D			8,675 30,641		8,500 88,782
	26	Total liabilities. Add lines 17 through 25	hara NV		30,041	26	00,702
S		Organizations that follow FASB ASC 958, check	There 🖊 🔼				
nce	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			3,199,964	27	2,582,059
ala	27	Not accete with denor restrictions			1,542,263	28	1,542,263
d B	28	Organizations that do not follow FASB ASC 958	chook boro	·	1,342,203	20	1,342,203
'n.			s, check here	\sqcup			
o.	29	and complete lines 29 through 33. Capital stock or trust principal, or current funds				29	
ts	30	Paid-in or capital surplus, or land, building, or equi				30	
SSE		Retained earnings, endowment, accumulated incor				31	
Net Assets or Fund Balances	31 32				4,742,227	32	4,124,322
ž	33				4,772,868	33	4,213,104
	აა	Total liabilities and net assets/fund balances			1,772,000	აა	- , <u>2</u> _ , _ , _ ,

Form **990** (2021)

FOIII	1990 (2021) FRIENDS OF FLORIDA HISTORI, INC. 39-3733344			Pa	ge ız					
Pa	art XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI				X					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		44,						
2	Total expenses (must equal Part IX, column (A), line 25)	2	1:	91,	<u>689</u>					
3	Revenue less expenses. Subtract line 2 from line 1	3		53,:						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,7		227 060					
5										
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	4,1	24,	322					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII									
				Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain on									
	Schedule O.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or									
	reviewed on a separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		2b	х						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a									
	separate basis, consolidated basis, or both:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of									
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X						
	If the organization changed either its oversight process or selection process during the tax year, explain on									
	Schedule O.									
3а	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 OMP Circular A 1222		3a							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the									
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b							

Form **990** (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2021

Open to Public Inspection

FRIENDS OF FLORIDA HISTORY, INC.

Employer identification number 59-3753544

Pa	art I	Reas	on for Public Charity	Status. (All organizations	must c	complete	e this part.) See instruction	ons.
The	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12, o	check only	one box)	
1		A church, coi	nvention of churches, or ass	ociation of churches described i	in sectio i	n 170(b)(1)(A)(i).	
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)			
3	П			ce organization described in se)(b)(1)(A)	(iii).	
4	П	•		d in conjunction with a hospital of			• •	ospital's name,
		city, and state	-	,			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
5		-		of a college or university owned	or operat	ed by a c	overnmental unit described in	
-	ш	•	(b)(1)(A)(iv). (Complete Part	•			,	
6				jovernmental unit described in s	section 1	70(b)(1)(A	λ)(γ).	
7	X	An organizati		substantial part of its support fro				
8				170(b)(1)(A)(vi). (Complete Part	: 11.)			
9	Н			cribed in section 170(b)(1)(A)(i		ed in con	iunction with a land-grant colle	ne
Ū	Ш	or university	•	of agriculture (see instructions).			_	90
		university:						
10	Ш	•	•) more than 33 1/3% of its support functions, subject to certain ϵ				SS
		•		nd unrelated business taxable in		. ,		
			•	0, 1975. See section 509(a)(2).	,		•	
11			•	exclusively to test for public safe				
12	П	•	•	exclusively for the benefit of, to p	•			ses of
				ions described in section 509(a				
		the box on lir	nes 12a through 12d that de	scribes the type of supporting or	rganizatio	n and cor	nplete lines 12e, 12f, and 12g.	
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	by its su	ipported of	organization(s), typically by givi	ng
			• ., .	ver to regularly appoint or elect a		of the di	rectors or trustees of the	
			• •	omplete Part IV, Sections A ar				
	b			pervised or controlled in connec				
			•	ting organization vested in the s	same pers	sons that	control or manage the support	ed
		\Box	•	Part IV, Sections A and C.				sa.
	С			supporting organization operated structions). You must complete				itn,
	d	Type III	non-functionally integrated	 A supporting organization ope 	erated in o	connectio	n with its supported organization	on(s)
				e organization generally must sa	-		•	ess
				nust complete Part IV, Section				
	е			eived a written determination fro n-functionally integrated support			s a Type I, Type II, Type III	
	f		mber of supported organizati	, , , , , , , , , , , , , , , , , , , ,	ung organ	iizalioi i.		
	g		•	ne supported organization(s).				
		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
(•	anization	(11) LIN	(described on lines 1–10		ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ıl							

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 22,403 52,090 35,634 63,422 235,675 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 370,929 351,871 325,333 219,735 297,899 1,565,767 Total. Add lines 1 through 3 433,055 374,274 377,423 255,369 361,321 1,801,442 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) Public support. Subtract line 5 from line 4. 1,801,442 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 **(e)** 2021 (f) Total Amounts from line 4 433,055 374,274 377,423 255,369 361,321 1,801,442 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 227,584 229,148 163,786 118,146 243,309 981,973 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets 33,399 56,994 7,979 10,761 (Explain in Part VI.) 6,466 115,599 **Total support.** Add lines 7 through 10 2,899,014 Gross receipts from related activities, etc. (see instructions) 12 12 253,536 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 62.14% Public support percentage from 2020 Schedule A, Part II, line 14 15 63.48 % 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ______ b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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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	, ,		, ı	•	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
Soc	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	Т	(f) Total
9	Amounts from line 6	(a) 2017	(5) 2010	(6) 2010	(4) 2020	(6) 2021	\rightarrow	(i) rotar
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 on 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,							
14	First 5 years. If the Form 990 is for the o	rganization's first,	second, third, fourt	h, or fifth tax year	as a section 501(d	c)(3)		
	organization, check this box and stop her	-		•	,	, , ,	<u></u>	
Sec	tion C. Computation of Public S							
15	Public support percentage for 2021 (line 8						15	%
<u>16</u>	Public support percentage from 2020 Sch						16	%
	tion D. Computation of Investme					Т	. 1	
17	Investment income percentage for 2021 (3, column (f))			17	%
18	Investment income percentage from 2020						18	%
19a	33 1/3% support tests—2021. If the orga							. □
h	17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							P L
b	b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization die		=			-		. —
	9		, , -					<u> </u>

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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b 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 box 12a or 12b in Part I, answer lines 4b and 4c 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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on 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 on 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
	1		
	_		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		<u></u>
	10a		
	iva		
	40'		
Cal-	10b	/Fa 1	100) 2021
oche	aule A	(Form 9	990) 2021

Schedule A (Form 990) 2021

<u>Par</u>	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 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			
			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,			
	supervised, or controlled the supporting organization.	2		
<u>Secti</u>	on C. Type II Supporting Organizations			
		\Box	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 on 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).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	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 on 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	c.		
_	have engaged in 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	3-		
	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			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Post V Type III Not Functionally Indianated 500(a)(a) Comparing O		·:	S I I age U
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Part V Type III Non-Functional States of the Part V Type III Non-Function States of the Part V Type III Non-Function Sta			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No.			
instructions. All other Type III non-functionally integrated supporting organizations mu	st comp	lete Sections A through E	
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			, ,
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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 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		I supporting organization	•

Schedule A (Form 990) 2021

(see instructions).

Schedule A (Form 990) 2021 FRIENDS OF FLORIDA HISTORY, INC. 59-3753544

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

Current Year

1 Amounts paid to supported organizations to accomplish exempt purposes

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 supported organizations

4 Amounts paid to acquire exempt-use assets

5 Qualified set-aside amounts (prior IRS approval required—provide details 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 is responsive (provide details in Part VI). See instructions.

9 Distributable amount for 2021 from Section C, line 6

10 Line 8 amount divided by line 9 amount

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required–explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from			
Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part VI	III, line 12; Part B, lines 1 and 2 3a, and 3b; Par	IV, Section A, I 2; Part IV, Section t V, line 1; Part	ines 1, 2, 3b, 3c, on C, line 1; Part	4b, 4c, 5a, IV, Section e 1e; Part V,	6, 9a, 9b, 9c, 1 D, lines 2 and 3 , Section D, line	s 5, 6, and 8; and	
PART I	I, LINE 10	- OTHER	INCOME DET	AIL			
OTHER :	INCOME			\$	58,605		
•							
•							
•							
•							
•							
•							
•							
•							

FRIENDS OF FLORIDA HISTORY,

59-3753544

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INC.

DAA Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ 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.

▶ Attach to Form 990.

▶ 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

F	RIENDS OF FLORIDA HISTORY, INC.		59-3753544
	art I Organizations Maintaining Donor Advised Fur	nds or Other Similar Funds or	
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	.,	``
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised	
Ū	funds are the organization's property, subject to the organization's excl		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in		
·	only for charitable purposes and not for the benefit of the donor or donor		
	conferring impermissible private benefit?		☐ Yes ☐ No
Pa	art II Conservation Easements.		
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (for example, recreation or educ	cation) Preservation of a historically	important land area
	Protection of natural habitat	Preservation of a certified his	storic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	ervation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic structure inclu-	uded in (a)	2c
d			
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ext		tion during the
	tax year ▶		
4	Number of states where property subject to conservation easement is l	ocated	
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	f violations, and enforcing conservation e	asements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easen	nents during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easeme	•	
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	lescribes the
Da	organization's accounting for conservation easements.	Historical Transverse or Other	Similar Assats
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F		Similar Assets.
1-	If the organization elected, as permitted under FASB ASC 958, not to r		ea shaat works
ıa	of art, historical treasures, or other similar assets held for public exhibit		
	service, provide in Part XIII the text of the footnote to its financial state		or public
b	If the organization elected, as permitted under FASB ASC 958, to repo		neet works of
-	art, historical treasures, or other similar assets held for public exhibition		
	provide the following amounts relating to these items:	, , , , , , , , , , , , , , , , , , , ,	,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
			. .
2	If the organization received or held works of art, historical treasures, or		
_	following amounts required to be reported under FASB ASC 958 relating	- · · · · · · · · · · · · · · · · · · ·	
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		

93,379

22,010

71,369

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 8,500

(9)

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

▶

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

FACILITY EXPENSES AND COST OF GOODS NETTED AGAINST REVENUE \$ -21,098

Schedule D (F	orm 990) 2021	FRIENDS	OF FLOR	RIDA HISTO	DRY, INC.	59-3753544	Page 5
Part XIII	Supplement	al Information	on (continue	RIDA HISTO d)			
1 6.1 6 7 1.11	Сирричной			<u>, </u>			
		• • • • • • • • • • • • • • • • • • • •					
		• • • • • • • • • • • • • • • • • • • •					

SCHEDULE O (Form 990)

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 2021

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number

Name of the organization

FRIENDS OF FLORIDA HISTORY, INC.

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. THEY ARE IN AGREEMENT WITH THE CONTENTS, IT IS ACCEPTED FOR FILING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

Schedule O (Form 990) 2021 Name of the organization	Page 2
FRIENDS OF FLORIDA HISTORY, INC.	Employer identification number 59-3753544
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN	NET ASSETS EXPLANATION
FACILITY EXPENSES AND COST OF GOODS NETTED AG	GAINST REVENUE \$ 21,098
FACILITY EXPENSES AND COST OF GOODS NETTED AG	GAINST REVENUE \$ -21,098
	PAGE 1 OF 1

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	•							Employer iden	tification numb	er
	FRIENDS OF FLORIDA HISTORY, INC.							59-3753	544	
Part I Ide	ntification of Disregarded Entities. Complete if the	organization ansv	wered "Yes" on	Form 990), Part IV	, line 33.				
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domic or foreign			(d) income	(f) status Direct controlling		(f) Direct cor entit	ntrolling
(1)										
(2)										
(3)										
(4)										
(5)										
Part II Ide	ntification of Related Tax-Exempt Organizations. (e or more related tax-exempt organizations during the	_ Complete if the o tax year.	rganization ansv	wered "Ye	es" on Fo	rm 990, Pa	ırt IV, line	34, becaus	e it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Code section	(e) Public charity (if section 501	status (c)(3))	Direct controlling	Section controlle	(g) 512(b)(13) ed entity?
	V. OF HISTORICAL RESOURCES RONOUGH STREET 59-6001874 SEE FL 32399-0250	PROMOTION	FL	501	lC 1		4	'DOS		x
(2)										
(3)										
(4)										
(5)										

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

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

Note: Compl	ete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
	e tax year, did the organization engage in any of the following transactions with one or more rel							
a Receipt of	f (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		х	
b Gift, gran	t, or capital contribution to related organization(s)				1b		х	
c Gift, gran	t, 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 a	ssets to related organization(s)				1g		X	
h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)								
k Lease of	facilities, equipment, or other assets from related organization(s)				1k		х	
I Performa	nce of services or membership or fundraising solicitations for related organization(s)				11		х	
m Performa	nce of services or membership or fundraising solicitations by related organization(s)				1m		х	
n Sharing of	of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		х	
Sharing of	f paid employees with related organization(s)				10	х		
p Reimburs	ement paid to related organization(s) for expenses				1p		х	
q Reimburs	ement paid by related organization(s) for expenses				1q		х	
r Other tra	nsfer of cash or property to related organization(s)				1r		х	
	nsfer of cash or property from related organization(s)				1s		Х	
2 If the ans	wer to any of the above is "Yes," see the instructions for information on who must complete this	s line, including covered	relationships and transact	ion thresholds.				
	(a)	(b)	(c)	(d)				
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amou	nt involv	ed		
		,, ,						
(1)	FDOS, DIV. OF HISTORICAL RESOURCES	0	297,899	CASH VALUE				
(2)								
(3)								
(4)								
(=)								
(5)								
4-1								
(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		c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate itions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		i) ral or aging ner?	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Schedule R ((Form 990) 20	21 FRIEN	IDS OF F	LORIDA H	IISTORY,	INC.	<u>59-375354</u>	<u>.4</u>	Page 5
Part VII		nental Infori additional info		responses to	questions o	n Schedule	R. See instructio	ns.	
SCHEDI	ULE R -	- ADDITIO	ONAL INE	ORMATION	J				
NAME	OF RELA	ATED ORGA	ANIZATIO	N: FLORI	DA DEPA	RTMENT	OF STATE,	DIVISION	OF
HISTO	RICAL R	ESOURCES	THE O	FFICE OF	EXTERN	AL AFFA	IRS		
•									

Form **4562**

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

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

OMB No. 1545-0172

Attachment Sequence No

Internal Revenue Service Name(s) shown on return

FRIENDS OF FLORIDA HISTORY, INC.

Identifying number 59-3753544

	ess or activity to which this form rela							
_	NDIRECT DEPRECIA		namer Haadan Ca	otion 470				
Pa	•	pense Certain Prop	•		omplete Dert			
		e any listed property	y, complete Fai	t v belole you c	ompiete Part	1.	4	1,050,000
1	Maximum amount (see instruc						1	1,030,000
2	Total cost of section 179 proper	property before reduction	ee instructions)	instructions)			3	2,620,000
3	Threshold cost of section 179 Reduction in limitation. Subtract						4	2,020,000
4 5	Dollar limitation for tax year. Subtract				coo instructions		5	
6		ption of property	or less, effici -o If the	(b) Cost (business use		Elected cost		
	(4) 2000.	page of property		(2) 0001 (00011000 000	5,	2.00.00		
7	Listed property. Enter the amount	unt from line 29	ı		7			
8	Total elected cost of section 17	79 property. Add amoun	ts in column (c) line	es 6 and 7			8	
9	Tentative deduction. Enter the						9	
10	Carryover of disallowed deduct						10	
11	Business income limitation. En	ter the smaller of busine	ess income (not les	s than zero) or line	5. See instruction	ns	11	
12	Section 179 expense deduction						12	
13	Carryover of disallowed deduct				13			
	: Don't use Part II or Part III bel				1			
Pa	rt II Special Depreci	iation Allowance a	nd Other Depi	reciation (Don't	t include liste	d proper	tv. Se	e instructions.)
14	Special depreciation allowance						ĺ	,
	during the tax year. See instru		•				14	
15	Property subject to section 168						15	
16	Other depreciation (including A	\CRS)					16	9,844
Pa		iation (Don't includ						
			Section	on A				
17	MACRS deductions for assets	placed in service in tax	years beginning be	fore 2021			17	0
18	If you are electing to group any assets pl	aced in service during the tax y	ear into one or more gene	eral asset accounts, check	here	•		
	Section B	-Assets Placed in Ser	rvice During 2021	Tax Year Using th	e General Depi	eciation S	ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depred (business/investmen only–see instruction	t use	(e) Convention	(f) Met	nod	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
ее	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
		-Assets Placed in Serv	ice During 2021 T	ax Year Using the	Alternative Dep	preciation	Syste	m
20a	Class life					S/L		
	12-year			12 yrs.		S/L		
	30-year			30 yrs.	MM	S/L		
	40-year			40 yrs.	MM	S/L		
	rt IV Summary (See							
21	Listed property. Enter amount				. <u></u>		21	
22	Total. Add amounts from line 1 here and on the appropriate lin	_					22	9,844
23	For assets shown above and portion of the basis attributable	placed in service during t						

FYE: 6/30/2022

2002062 Friends of Florida History, Inc.
FO 3753544 Federal Asset Report Form 990, Page 1

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Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior .	Current
Other	Depreciation:							
1	Security Equipment Gift Shop	5/28/09	641		641	5 MO S/L	641	0
2	Shop Equipment	10/28/10	6,703		6,703	5 MO S/L	6,703	0
3	2 Printers and Cash Draws	10/28/10	1,000		1,000	5 MO S/L	1,000	0
4	Furniture for Gift Shop	9/04/07	1,287		1,287	10 MO S/L	1,287	0
5	Mirror	10/06/09	399		399	7 MO S/L	399	0
6	Haverty's Dining Table and 4 Chairs	10/05/09	600		600	7 MO S/L	600	0
7	2 Fountains	10/06/09	4,199		4,199	10 MO S/L	4.199	0
8	Consoles	10/06/09	2,224		2,224	7 MO S/L	2,224	0
9	Lowe's Refrigerator & Icemaker	10/30/09	941		941	5 MO S/L	941	0
10	8 Benches	1/08/10	2,107		2,107	7 MO S/L	2,107	0
11	Conference Room Table	1/08/10	1,344		1,344	7 MO S/L	1,344	0
12	Exhibit Cases	5/31/10	3,558		3,558	10 MO S/L	3,558	0
13	Case Cover Over Exhibit	5/31/10	650		650	5 MO S/L	650	0
14	Exhibit Cases	6/30/10	3,558		3,558	10 MO S/L	3,558	0
15	Conference Recorder	5/15/06	740		740	10 MO S/L	740	0
16	Television	8/21/15	322		322	5 MO S/L	322	0
17	Macbook Pro	6/22/17	1,046		1,046	5 MO S/L	837	209
18	Dell Computer	6/27/17	1,800		1,800	5 MO S/L	1,440	360
19	200 Chairs	6/26/17	5,334		5,334	7 MO S/L	3,048	762
20	Portable Shed	12/12/16	10,778		10,778	7 MO S/L	7,057	1,540
21	Listening System	6/22/17	1,186		1.186	5 MO S/L	949	237
22	Buffalo and Blackbear Furs	2/02/17	1,160		1,160	7 MO S/L	732	166
23	Samsung 4.2-cu ft Washer	7/12/17	599		599	7 MO S/L	342	86
24	Southeast Portable Shed	7/20/17	19,434		19,434	7 MO S/L	10,874	2,776
25	Epson Home Cinema 1040 Projector	7/07/17	599		599	5 MO S/L	479	120
	Lavalier Wireless System	8/28/17	899		899	5 MO S/L	689	180
	PastPerfect Software - Living History	10/31/17	2,006	X	0	3 MOAmort	2.006	0
29	Workshop Shed Electrical	12/12/18	3,495		3,495	7 MO S/L	1,290	499
30	Gallery Equipment	11/08/18	960		960	7 MO S/L	366	137
31	Marine buoys & Reef balls	10/22/20	13,810		13,810	5 MO S/L	1,841	2,762
32	Display Case	5/31/22	600		600	5 MO S/L	0	10
	Total Other Depreciation		93,979		91,973		62,223	9,844
	•	_		•				
	Total ACRS and Other Depre	eciation _	93,979	:	91,973		62,223	9,844
	C 1 T 4 1		02.070		01.072		60.000	0.044
	Grand Totals		93,979		91,973		62,223	9,844
	Less: Dispositions and Transf	ers	0		0		0	0
	Less: Start-up/Org Expense		0		0		0	0
	Net Grand Totals	_	93,979		91,973		62,223	9,844

2002062 Friends of Florida History, Inc. 05/24/2023 10:45 AM Page 1

59-3753544 FYE: 6/30/2022 **FL Asset Report** Form 990, Page 1

Asset	Description	Date In Service	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	641	0	0	0
2	Shop Equipment	10/28/10	6,703	6,703	6,703	0	0	0
3	2 Printers and Cash Draws	10/28/10	1.000	1,000	1,000	0	0	0
4	Furniture for Gift Shop	9/04/07	1,287	1,287	1,287	0	0	0
5	Mirror	10/06/09	399	399	399	0	0	0
6	Haverty's Dining Table and 4 Chairs	10/05/09	600	600	600	0	0	0
7	2 Fountains	10/06/09	4,199	4,199	4,199	0	0	0
8	Consoles	10/06/09	2,224	2,224	2,224	0	0	0
9	Lowe's Refrigerator & Icemaker	10/30/09	941	941	941	0	0	0
10	8 Benches	1/08/10	2,107	2,107	2,107	0	0	0
11	Conference Room Table	1/08/10	1,344	1,344	1,344	0	0	0
12	Exhibit Cases	5/31/10	3,558	3,558	3,558	0	0	0
13	Case Cover Over Exhibit	5/31/10	650	650	650	0	0	0
14	Exhibit Cases	6/30/10	3,558	3,558	3,558	0	0	0
15	Conference Recorder	5/15/06	740	740	740	0	0	0
16	Television	8/21/15	322	322	322	0	0	0
17	Macbook Pro	6/22/17	1,046	1,046	837	209	209	0
18	Dell Computer	6/27/17	1,800	1,800	1,440	360	360	0
19	200 Chairs	6/26/17	5,334	5,334	3,048	762	762	0
20	Portable Shed	12/12/16	10,778	10,778	7,057	1,540	1,540	0
21	Listening System	6/22/17	1,186	1,186	949	237	237	0
22	Buffalo and Blackbear Furs	2/02/17	1,160	1,160	732	166	166	0
23	Samsung 4.2-cu ft Washer	7/12/17	599	599	342	86	86	0
24	Southeast Portable Shed	7/20/17	19,434	19,434	10,874	2,776	2,776	0
25	Epson Home Cinema 1040 Projector	7/07/17	599	599	479	120	120	0
	Lavalier Wireless System	8/28/17	899	899	689	180	180	0
28	PastPerfect Software - Living History	10/31/17	2,006	0	2,006	0	0	0
29	Workshop Shed Electrical	12/12/18	3,495	3,495	1,290	499	499	0
30	Gallery Equipment	11/08/18	960	960	366	137	137	0
31	Marine buoys & Reef balls	10/22/20	13,810	13,810	1,841	2,762	2,762	0
32	Display Case	5/31/22	600	600	0	10	10	0
	Total Other Depreciation	_	93,979	91,973	62,223	9,844	9,844	0
	Total ACRS and Other Depr	reciation	93,979	91,973	62,223	9,844	9,844	0
	-	=						
	Grand Totals		93,979	91,973	62,223	9,844	9,844	0
	Less: Dispositions		0	0	02,223	0	9,044	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals	-	93,979	91,973	62,223	9,844	9,844	0
	Titt Grand Totals	=	73,717		02,223	7,044		

FYE: 6/30/2022

2002062 Friends of Florida History, Inc.
50-3753544 AMT Asset Report Form 990, Page 1

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior _	Current
Other	Depreciation:								
1	Security Equipment Gift Shop	5/28/09	0			0	0 HY	0	0
2	Shop Equipment	10/28/10	ő			ő	0 HY	ő	ŏ
3	2 Printers and Cash Draws	10/28/10	ő			ő	0 HY	ŏ	ŏ
4	Furniture for Gift Shop	9/04/07	ő			ő	0 HY	ŏ	ŏ
5	Mirror	10/06/09	Õ			ő	0 HY	ŏ	ŏ
6	Haverty's Dining Table and 4 Chairs	10/05/09	0			Ö	0 HY	ő	ő
7	2 Fountains	10/06/09	0			Ö	0 HY	ő	Ö
8	Consoles	10/06/09	Ö			Ö	0 HY	ő	Ö
9	Lowe's Refrigerator & Icemaker	10/30/09	0			0	0 HY	0	0
10	8 Benches	1/08/10	0			0	0 HY	0	0
11	Conference Room Table	1/08/10	0			0	0 HY	Õ	0
12	Exhibit Cases	5/31/10	0			0	0 HY	Õ	0
13	Case Cover Over Exhibit	5/31/10	0			0	0 HY	0	0
14	Exhibit Cases	6/30/10	0			0	0 HY	0	0
15	Conference Recorder	5/15/06	0			0	0 HY	0	0
16	Television	8/21/15	322			322	5 MO S/L	322	0
17	Macbook Pro	6/22/17	1,046			1,046	5 MO S/L	837	209
18	Dell Computer	6/27/17	1,800			1,800	5 MO S/L	1,440	360
19	200 Chairs	6/26/17	5,334			5,334	7 MO S/L	3,048	762
20	Portable Shed	12/12/16	10,778			10,778	7 MO S/L	7,057	1,540
21	Listening System	6/22/17	1,186			1,186	5 MO S/L	949	237
22	Buffalo and Blackbear Furs	2/02/17	1,160			1,160	7 MO S/L	732	166
23	Samsung 4.2-cu ft Washer	7/12/17	599			599	7 MO S/L	342	86
24	Southeast Portable Shed	7/20/17	19,434			19,434	7 MO S/L	10,874	2,776
25	Epson Home Cinema 1040 Projector	7/07/17	599			599	5 MO S/L	479	120
26	Lavalier Wireless System	8/28/17	899			899	5 MO S/L	689	180
	Workshop Shed Electrical	12/12/18	3,495			3,495	7 MO S/L	1,290	499
30	Gallery Equipment	11/08/18	960			960	7 MO S/L	366	137
31	Marine buoys & Reef balls	10/22/20	0			0	0 HY	0	0
32	Display Case	5/31/22	0		_	0	0 HY	0	0
	Total Other Depreciation	_	47,612		=	47,612		28,425	7,072
	-	_			-				
	Total ACRS and Other Depreciation		47,612		=	47,612		28,425	7,072
	Grand Totals		47,612			47,612		28,425	7,072
	Less: Dispositions and Transf	ers	0			0		0	0
	Net Grand Totals	_	47,612		•	47,612		28,425	7,072

2002062 Friends of Florida History, Inc.

59-3753544

Bonus Depreciation Report Form 990, Page 1

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FYE: 6/30/2022

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		0	0	2,006	0
		Grand Total	2,006		0	0	2,006	0

FYE: 6/30/2022

2002062 Friends of Florida History, Inc. 59-3753544 Depreciation Adjustment Report **All Business Activities**

05/24/2023 10:45 AM

Page 1

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

32. Number of employees

33. Number of volunteers

Form **990**

Two Year Comparison Report

2020 & 2021

For calendar year 2021, or tax year beginning 07/01/21, ending 06/30/22

Name Taxpayer Identification Number

FRIENDS OF FLORIDA HISTORY, INC. 59-3753544 2020 **Differences** 2021 1. Contributions, gifts, grants 128,000 56,766 -71,234 1. 6,419 6,656 237 2. Membership dues and assessments 2. 3. Government contributions and grants 3. 41,108 41,108 4. Program service revenue 4. 76,174 118,146 194,320 5. Investment income 5. **6.** Proceeds from tax exempt bonds 6. 283,105 -38,891 -321,996 7. Net gain or (loss) from sale of assets other than inventory 7. 8. Net income or (loss) from fundraising events 8. 9. Net income or (loss) from gaming 9. 36,395 37,284 10. Net gain or (loss) on sales of inventory 10. -889 -250 48,740 11. Other revenue 48,490 11. 534,531 344,844 -189,68712. Total revenue. Add lines 1 through 11 12. 13. Grants and similar amounts paid 13. 14. Benefits paid to or for members 14. **15.** Compensation of officers, directors, trustees, etc. 15. 16. Salaries, other compensation, and employee benefits 16. 17. Professional fundraising fees 17. 17,675 18. Other professional fees 17,765 90 18. 19. Occupancy, rent, utilities, and maintenance 19. 8,900 9,643 743 20. Depreciation and Depletion 20. -48,320 212,601 164,281 21. 21. Other expenses 239,176 -47<u>,4</u>87 22. Total expenses. Add lines 13 through 21 191,689 22. -142,200295,355 153,155 23. Excess or (Deficit). Subtract line 22 from line 12 23. 344,844 344,844 24. Total exempt revenue 24. 25. Total unrelated revenue 25. -118,690 26. Total excludable revenue 400,112 281,422 26. 4,772,868 4,213,104 -559,764 27. Total assets 27. 30,641 88,782 58,141 28. Total liabilities 28. **29.** Retained earnings 4,742,227 4,124,322 -617,905 29. 30. Number of voting members of governing body 8 8 30. 31. Number of independent voting members of governing body 8 8 31.

0

24

32.

33.

0

102

2002062 Friends of Florida History, Inc.

59-3753544 FYE: 6/30/2022

Federal Statements

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

Description	E:	Total xpenses	Program Service	 jement & neral	Fund Raising		
OTHER PROGRAM EXPENSES EDUCATIONAL PROGRAMS	\$	1,436 586	\$ 1,436 586	\$	\$		
TOTAL	\$	2,022	\$ 2,022	\$ 0	\$	0	

2002062 Friends of Florida History, Inc. 59-3753544 FYE: 6/30/2022	Federal Statements	5/24/2023 10:45 AM Page 2
	Schedule A, Part II, Line 1(e)	
Des	cription	Amount
MEMBERSHIP DUES OTHER CONTRIBUTIONS		\$ 6,656 56,766
TOTAL		\$ 63,422
	Schedule A, Part II, Line 8(e)	
Des	cription	Amount
INVESTMENT INCOME MUSEUM SPACE		\$\frac{194,320}{48,989}
TOTAL		\$ 243,309
	Schedule A, Part II, Line 10(e)	
Des	cription	Amount
GIFT SHOP SALES		\$ 56,994
TOTAL		\$ 56,994
	Schedule A, Part II, Line 12 - Current year	
Des	cription	Amount
ADMISSION FEES		\$ 41,108
TOTAL		\$ 41,108

FRIENDS OF THE MUSEUMS OF FLORIDA HISTORY, INC.

500 South Bronough Street, G-2 850.245.6400

www.museumoffloridahistory.com

FY 2023-2024 REPORT

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

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 *Florida History Day and the Museum Traveling Exhibits (TREX) Program.*
- SPONSORSHIP. The Corporation agrees to sponsor the museum programs and events, subject to adequate resources being available, including but not limited to:
 - o Florida History Day
 - o Annual Children's Day
 - o Florida heritage activities
 - o Knott House Emancipation Day and other educational programs

- o Traveling Exhibits Program (TREX)
- Museum exhibits programming
- o Volunteer Development and Recognition Program
- ENDOWMENTS. The Corporation shall manage the John Charles Knott Endowment 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 8, 2023, 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 Emancipation Celebration. The FMFH successfully implemented several aspects of the plan for the 2022-23 fiscal year. The CSO supported the TREX program, Florida History Day, 20th of May Emancipation Celebration, and regular monthly programming. Another success was the creation of a new online store through Shopify. 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 continue updating traveling exhibits to make them more marketable to museums throughout the state.

Fiscal year 2023-24

- 1. Continue to support educational programming and outreach
- 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 Traveling Exhibits (TREX) program by refurbishing or adding one new exhibit.
- 6. Provide financial support to help plan, renovate and update permanent exhibits.

Fiscal year 2024-25

- 1. Continue to support educational programming and outreach
- 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. Continue to enhance Traveling Exhibits (TREX) program.
- 6. Fundraise for updated permanent exhibits

Fiscal year 2025-26

- 1. Continue to support educational programming and outreach
- 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. Continue to enhance the Traveling Exhibits (TREX) program.
- 6. Fundraise for updated permanent exhibits

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 8, 2023, 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> Tax form(Form 990)

Filing Instructions

Friends of the Museums of Florida History, Inc.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2022

Date Due: May 15, 2023

Remittance: None is required. Your Form 990 for the tax year ended 6/30/22 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-TE.

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.

Friends of the Museums of Florida History, Inc. 500 S. Bronough St Tallahassee, FL 32399-0250

Dear Danila:

We have prepared the following return(s) for filing for the year ending June 30, 2022:

Return of Organization Exempt From Income Tax (Form 990)

As the return instructions note, you must date and sign the Form 8879-TE, IRS efile Signature Authorization form and any state e-file signature authorization forms and mail, fax, or email the signed form(s) back to us before the due date of May 15, 2023. We cannot e-file your return(s) until we have received this information.

If you have any questions regarding this matter, please do not hesitate to call.

Very truly yours,

Matthew R. Hansard

Return of Organization Exempt From Income Tax

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

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A</u>	For the 2021	calendar year, or tax year beginning 0	7/01/21 , and ending	06/30/22			
В	Check if applicable	C Name of organization FRIENDS OF	THE MUSEUMS OF F	LORIDA		D Employer	identification number
	Address change	HISTORY,	INC.				
同	Name change	Doing business as				59-3	760777
\equiv		Number and street (or P.O. box if mail is not deliver	ed to street address)	Ro	om/suite	E Telephone	
ш	Initial return	500 S. BRONOUGH ST	facility and the same		-	850-	245-6413
Ш	Final return/ terminated	City or town, state or province, country, and ZIP or f	• .				
	Amended return		FL 32399-0250	1		G Gross rece	eipts \$ 316,779
Ħ		F Name and address of principal officer:			H(a) Is this a grou	ın return for s	ubordinates? Yes X No
Ш	Application pending	miorai Rochio			ri(a) is this a grot	ap return for 3	
		500 S BRONOUGH ST			H(b) Are all subc	ordinates inclu	uded? Yes No
		TALLAHASSEE	FL 32399-025	50	If "No,"	attach a list.	See instructions
1	Tax-exempt statu	s: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1) or	527			
J	Website:	WWW.MUSEUMOFFLORIDAHIS			H(c) Group exem	nption numbe	r >
ĸ	Form of organizati	on: X Corporation Trust Association	Other >		of formation: 20		M State of legal domicile: FL
_		Summary		•			<u> </u>
_		describe the organization's mission or most	significant activities:				
•		ENHANCE & PERPETUATE THE					
ž		EUM OF FLORIDA HISTORY, D					
Governance		FLORIDA AND IT'S VISITORS					
Š		this box ► if the organization discontinue					
							11
త		r of voting members of the governing body (11
ties		r of independent voting members of the government					
Activities		umber of individuals employed in calendar ye	ear 2021 (Part V, line 2a)				10
Ac		umber of volunteers (estimate if necessary)					25
	7a Total u	nrelated business revenue from Part VIII, co	lumn (C), line 12				0
	b Net un	related business taxable income from Form 9	990-T, Part I, line 11				0
					Prior Year		Current Year
ē		utions and grants (Part VIII, line 1h)				,233	38,146
Revenue		n service revenue (Part VIII, line 2g)			,035	55,853	
ě	10 Investn	nent income (Part VIII, column (A), lines 3, 4	, and 7d)		25,171		27,771
	11 Other r	evenue (Part VIII, column (A), lines 5, 6d, 8d	c, 9c, 10c, and 11e)			,670	96,389
	12 Total re	evenue – add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		-15	,231	218,159
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1–3)				0
	14 Benefit	s paid to or for members (Part IX, column (A	A), line 4)				0
s		s, other compensation, employee benefits (F			6	,029	75,114
xpenses		ional fundraising fees (Part IX, column (A),					0
be		indraising expenses (Part IX, column (D), lin		Λ Ι			
Щ		expenses (Part IX, column (A), lines 11a-11d			88	,386	110,698
		xpenses. Add lines 13–17 (must equal Part l				,415	185,812
		le less expenses. Subtract line 18 from line				,646	32,347
JO.		C 1000 CAPCHOOS. Captiage into 10 Horri line	12	Be	eginning of Curr		End of Year
ets	20 Total a	ssets (Part X, line 16)			1,533		1,469,570
Net Assets or	21 Total li					,270	4,251
Set	22 Net as:	sets or fund balances. Subtract line 21 from			1,529		1,465,319
		Signature Block	=			,	
		of perjury, I declare that I have examined this return	rn including accompanying schedu	les and statements	and to the hea	et of my kn	owledge and helief it is
	•	complete. Declaration of preparer (other than offi				•	owioago ana bollot, it io
		<u> </u>		•			
Sig	,,	Signature of officer				Date	
		·		DEVEL OD	MENTT F		'O'B
He	ere	DANILA COPPOLA		DEVELOP	MENI L	IRECT	OR
	Duiz 4/75	Type or print name and title	Dronararia aignoture		Dota	1.	U. DTIN
D~:	4	/pe preparer's name	Preparer's signature		Date	Check	L if PTIN
Pai	line i	HEW R. HANSARD		_		self-emp	• • • • • • • • • • • • • • • • • • • •
	parer Firm's		LUGER & COMPANY	<u></u>	Fir	m's EIN	20-2259573
US	Only	3375G CAPITAL					
	Firm's	address > TALLAHASSEE, F	L 32308-3736		Ph	one no.	850-385-7444
Ma	y the IRS disc	uss this return with the preparer shown above	ve? See instructions				X Yes No

70,061

Total program service expenses ▶

Form 990 (2021) FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 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 X 4 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 X 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 X "Yes." complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 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 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X or in quasi endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х complete Schedule D, Part VI 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a **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 X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? **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 X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 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 X 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 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? X If "Yes," complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

X

20b

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 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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 \mathbf{x} 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 26 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 27 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 the 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 line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N. Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 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 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 37 X Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 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 on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			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	2a	10							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	3.								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? \dots			3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	unt)?	4a		X				
b	If "Yes," enter the name of the foreign country ▶									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.	tion?		5b		X				
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					٦,				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributio	ns or		١.,						
_	gifts were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oous		70		х				
h	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		<u> </u>				
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa			10						
C	required to file Form 8282?			7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e		х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X				
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained									
	sponsoring organization have excess business holdings at any time during the year?			8						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b						
10	Section 501(c)(7) organizations. Enter:		1							
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:		İ							
а	Gross income from members or shareholders	11a		4						
b	Gross income from other sources. (Do not net amounts due or paid to other sources									
	against amounts due or received from them.)	11b		١,,						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a						
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		_						
13 a	Is the organization licensed to issue qualified health plans in more than one state?			13a						
а	Note: See the instructions for additional information the organization must report on Schedule O.			134						
b	Enter the amount of reserves the organization is required to maintain by the states in which									
-		13b								
С	Enter the amount of reserves on hand	13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	 ∋ O		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	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	incom	ne?	16		Х				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? \dots			17						
	If "Yes," complete Form 6069.									

TALLAHASSEE

DAA

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.

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

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11	4		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	l_		3.5
	one or more members of the governing body?	7a	<u> </u>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	١.		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			3,7
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Co)ae.)		·
40-	Did the consected that have been been been been as a fifthere.	40-	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	10a		_^
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		х
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		
С	describe on Schoolule O how this was done	120	х	
13	describe on Schedule O how this was done Did the organization have a written whistleblower policy?	12c	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	17		
13	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 efficiency or key employees of the erganization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	105		
16a				
104	with a tayable entity during the year?	16a		х
b		100		
-	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	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (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)			
19	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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
D.	ANILA COPPOLA 500 S. BRONOUGH ST.			

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)))	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LESTER ABBERGER										
DIRECTOR	1.00	x						0	o	0
(2) BILL HERRLE										
DIDEGEOR	1.00							0	_	0
DIRECTOR (3) STEPHEN R. BIRTI	0.00	X				\vdash		0	0	0
(3) 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.00									
DIRECTOR	0.00	X						0	0	0
(4) LENA JUAREZ										
<u> </u>	1.00							•		
DIRECTOR (5) MONESIA T. BROWN	0.00	X				\vdash		0	0	0
(5) MONESIA 1. BROWN	1.00									
DIRECTOR	0.00	X						0	0	0
(6) KATHY GUILDAY										
	1.00									
VICE-CHAIR	0.00	Х		Х				0	0	0
(7) JON C. MOYLE, JI										
DIRECTOR	1.00	X						0	0	0
(8) LAURA ROGERS	0.00	^				\vdash		0	0	0
(6) 2210121 110022112	1.00									
CHAIR	0.00	X		х				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			х				0	67,935	0
(11) ANDREW COLLINS	0.00	1		<u> </u>		$\vdash \vdash$		<u> </u>	07,933	<u> </u>
· ,	1.00									
TREASURER	0.00	X		х				0	0	0

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	d Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	ficer a	Pos check ess pe nd a o	more rson i	s both	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	cc	(F) stimated amount of other compensation from the organization and sted organizations		
(12) DENNIS MOORE	1.00	x						0	0				0
· · · · · · · · · · · · · · · · · · ·													
·													
									65.005				
to Total from continuation she d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ets to Part VII, s	Sect 	ion A	4			bove	e) who received more than	67,935 67,935 \$100,000 of				
5 Did any person listed on line for services rendered to the or	" complete Schede 1a, is the sum nizations greater	dule of r thar crue	J for eport 1 \$15 com	r suc table 50,00 pens	h ind con 00? I 	dividu npens if "Ye n fror	al satio s," o n ar	on and other compensation complete Schedule J for su	from the ch		3 4 5	Yes	X X X
Section B. Independent Contract1 Complete this table for your f		ensa	ated	inder	pend	lent d	contr	ractors that received more	than \$100,000 of				
compensation from the organ	ization. Report co (A) d business address	ompe	ensat	ion f	or th	ne ca	lend		nin the organization's tax ye (B) tion of services	ear.	Cor	(C) npensati	on
Name an	a dusiness address							Descript	tion of services		Cor	npensati	on
Total number of independent received more than \$100,000								se listed above) who	0				

Pa	irt V			f Revenue edule O cont	ains a	respon	se or note t	to anv line in this	s Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated camp	aigns		1a						
iran	b	Membership due	es		1b		6,182				
δ, Ε	C	Fundraising eve	nts		1c		-				
ar /	d	Related organiza	ations		1d						
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (co			1e						
rons	f	All other contributions,	gifts, gra	ants,			31.064				
buti	۱ ,	and similar amounts no Noncash contributions			1f		31,964				
a ii	9	lines 1a-1f			1g	\$					
<u>ම ල</u>	h	Total. Add lines	1a-1f	: 			▶	38,146			
							Business Code				
Ge	2a	EDUCATION	PROGE	RAMS			611710	33,893	33,893		
Program Service Revenue	b	EXHIBIT IN	COME				900099	21,960	21,960		
n Rent	С										
gran	d						-				
Pro	e										
		All other program						FF 0F3			
		Total. Add lines						55,853			
	3	Investment incor other similar am						27,771			27,771
	4	Income from inv	oetma	nt of tay-evemn	t bond	nroceeds	······ [27,771			2////
	5	Royalties									
	ľ	rtoyanico		(i) Real			Personal				
	6a	Gross rents	6a	3	,446						
	b	Less: rental expenses	6b								
	c	Rental inc. or (loss)	6c	3	,446						
	d		e or (loss)				3,446			3,446
	7a	Gross amount from sales of assets		(i) Securities	3	(ii)	Other				
		other than inventory	7a								
ne	b	Less: cost or other									
Revenue		basis and sales exps.	7b								
		Gain or (loss)	7c								
ther		Net gain or (loss					▶				
ō	8a	Gross income from		aising events							
		(not including \$									
		of contributions rep		on line							
	Ι.	1c). See Part IV, lir			8a						
		Less: direct exp			8b						
		Net income or (I		_	events						
	ya	Gross income from activities. See Pa	_	-	9a						
	۱ ۾	Less: direct exp			9b						
		Net income or (I					•				
		Gross sales of in			11100						
		returns and allow		• •	10a		190,520				
	b	Less: cost of go			10b		98,620				
_		Net income or (I			entory			91,900	91,900		
S							Business Code				
e gr	11a	MISCELLANEC	ous				900099	1,043	1,043		
lane enu	b										
Miscellaneous Revenue	С										
Ĕ		All other revenue									
	•	Total. Add lines						1,043			
	12	Total revenue.	See in	nstructions				218,159	148,796	0	31,217

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon-			lete column (A).	
<u> </u>	<u>'</u>	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	60 810		60 810	
7	Other salaries and wages	69,719		69,719	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5 205		F 20F	
10	Payroll taxes	5,395		5,395	
11	Fees for services (nonemployees):				
a	Management				
b	Legal	10 622		10 622	
С.	Accounting	19,623		19,623	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	1 176		1 176	
12	• • • • • • • • • • • • • • • • • • • •	1,176 2,026		1,176 2,026	
13	Office expenses	2,026		2,020	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel Payments of travel or entertainment expenses				
10					
10	for any federal, state, or local public officials Conferences, conventions, and meetings	94		94	
19 20	Interest	7 =		71	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,019		1,019	
23	Insurance	480		480	
24	Other expenses. Itemize expenses not covered	100		100	
	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	EDUCATION PROGRAMS	44,575	44,575		
b	EXHIBIT EXPENSES	19,587	19,587		
C	MERCHANT SERVICE FEES	10,420	,	10,420	
d	OTHER	3,681		3,681	
	All other expenses	8,017	5,899	2,118	
25	Total functional expenses. Add lines 1 through 24e	185,812	70,061	115,751	0
	Joint costs. Complete this line only if the	-	-	-	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ if				
	following SOP 08-2 (ASC 058-720)				

Part X Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any line in	this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			287,991	1	308,476
	2	Savings and temporary cash investments			80,327	2	80,335
	3	Pledges and grants receivable, net				3	4,000
	4	Accounts receivable, net				4	4,210
	5	Loans and other receivables from any current or for	·				
		trustee, key employee, creator or founder, substar		35%		-	
	_	controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualified			_		
Assets	7	under section 4958(f)(1)), and persons described in			6 7		
Ass		Notes and loans receivable, net			92,091	8	82,574
	8	Duanald assessed and defensed aboves			92,091	9	02,3/1
	9 100					9	
	IUa	Land, buildings, and equipment: cost or other	100	52,534			
	h	basis. Complete Part VI of Schedule D		46,291	7,262	100	6,243
۱,	11	Less: accumulated depreciation			1,032,500		950,368
	11 12	Investments—publicly traded securities			1/052/500	12	2307300
	13	Investments—program-related. See Part IV, line 1	' 1			13	
	13 14					14	
	15	Intangible assets Other assets See Part IV line 11			33,364		33,364
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal			1,533,535	16	1,469,570
-	17	Accounts payable and accrued expenses			4,270	17	4,251
	18				18	-,	
	19	Grants payable Deferred revenue				19	
	20	Tax-exempt bond liabilities	·····		20		
	21	Escrow or custodial account liability. Complete Par	t IV of Schedule I	······		21	
١,	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substar		35%			
<u>ig</u>		controlled entity or family member of any of these				22	
ړ ٿ	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated t				24	
2	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1					
		of Schedule D		L		25	
	26	Total liabilities. Add lines 17 through 25			4,270	26	4,251
		Organizations that follow FASB ASC 958, check	k here ▶ X				
Ses		and complete lines 27, 28, 32, and 33.					
ğ 2	27	Net assets without donor restrictions			430,478	27	448,961
Fund Balances	28	Net assets with donor restrictions	. <u></u>	1,098,787	28	1,016,358	
n l		Organizations that do not follow FASB ASC 95	8, check here ▶				
		and complete lines 29 through 33.					
o 2	29	Capital stock or trust principal, or current funds $_{\dots}$				29	
Set:	30	Paid-in or capital surplus, or land, building, or equi				30	
Net Assets or	31	Retained earnings, endowment, accumulated income	me, or other funds	3 <u> </u>		31	
Net 3	32				1,529,265	32	1,465,319
	33	Total liabilities and net assets/fund balances			1,533,535	33	1,469,570

Form **990** (2021)

FOIII	1990 (2021) FRIENDS OF THE MUSEUMS OF FLORIDA 59-5700777			Pa	ge iz					
Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2:	L8,1	L59					
2	Total expenses (must equal Part IX, column (A), line 25)	2	18	35,8	<u> 312</u>					
3	Revenue less expenses. Subtract line 2 from line 1	3	32,34							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,529,26						
5	Net unrealized gains (losses) on investments	5	<u>-</u> 9	96,2	<u> 293</u>					
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	1,46	55,3	<u> 319</u>					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				Ш					
				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 on									
	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	X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a									
	separate basis, consolidated basis, or both:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of									
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>					
	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				ĺ					
	Single Audit Act and OMB Circular A-133?		. 3a							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				l					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b							

Form **990** (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OF THE MISEIMS OF FLORIDA

2021

Open to Public Inspection

FRIENDS OF THE MUSEUMS OF FLORIDA Employer identification number Name of the organization 59-3760777 HISTORY, INC. 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).) 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, 4 city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 12 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 on 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 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 organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777

Schedule A (Form 990) 2021 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	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41,862	30,475	37,687	18,233	38,146	166,403
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	166,379	174,519	151,422	163,708	161,701	817,729
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)	208,241	204,994	189,109	181,941	199,847	984,132
6	Public support. Subtract line 5 from line 4						984,132
Sec	tion B. Total Support			•	•	•	-
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	208,241	204,994	189,109	181,941	199,847	984,132
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	35,399	36,766	33,630	21,881	31,217	158,893
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.)	353	357	254	53	1,043	2,060
11	Total support. Add lines 7 through 10						1,145,085
12	Gross receipts from related activities, etc.	(see instructions)				12	895,655
13	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her						▶
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2021 (line 6			n (f))		14	85.94 %
15	Public support percentage from 2020 Sche						88.30 %
16a	33 1/3% support test—2021. If the organ				33 1/3% or more, c	heck this	
	box and stop here . The organization quali						► <u>X</u>
b	33 1/3% support test—2020. If the organ						
	this box and stop here . The organization						▶ ∟
17a	10%-facts-and-circumstances test—202	=					
	10% or more, and if the organization mee				-		
	Part VI how the organization meets the fa	cts-and-circumstan	ces test. The orga	nization qualifies a	is a publicly suppo	orted	. □
	organization						
b	10%-facts-and-circumstances test—202	•					
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the			-			▶ □
19	organization	I not check a how a			ock this box and ac	۵	▶ ∟
18	Private foundation. If the organization did instructions						 • [

Page 2

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	1		, ,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2017	(5) 2010	(6) 2010	(d) 2020	(0) 2021	(i) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(a) 2011	(6) 2010	(6) 2013	(a) 2020	(6) 2021	(i) rotai
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 on 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 o	rganization's first.	second, third, fourt	h, or fifth tax year	as a section 501(c)(3)	•
	organization, check this box and stop her			-			▶
Sec	tion C. Computation of Public S						
15	Public support percentage for 2021 (line 8	3, column (f), divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2020 School					16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2021 (I			3, column (f))			%
18	Investment income percentage from 2020						%
19a	33 1/3% support tests—2021. If the orga						, _
_	17 is not more than 33 1/3%, check this b		=				▶ ∟
b	33 1/3% support tests—2020. If the orga						, r
00	line 18 is not more than 33 1/3%, check the	-	-			-	
20	Private foundation. If the organization did	a not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruc	tions	

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 box 12a or 12b in Part I, answer lines 4b and 4c 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
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on 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 on line 9a) have an ownership interest in, or derive any personal benefit С 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.)

		Ve -	NI -
ſ		Yes	No
	1		
•			
	2		
ļ	3a		
	3b		
	3с		
	4a		
	4a		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	6		
	7		
	8		
ŀ	9a		
	9b		
	9с		
	10a		
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Schedu	le A (Form 990) 2021 FRIENDS OF THE MUSEUMS OF FLORIDA 59-37607	77		Page 5
_ Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Cooti	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		V	
	Did the accoming had accombage of the accoming had affected as in their official consolity or accombagation of		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			
2	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	L		
			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 on 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).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see institution of the control	uctions,		T
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	20		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's	2a		
b				
	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.	20		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- 54		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	ganiza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	ov. 20, 1	1970 (explain in Part VI). \$	See
instructions. All other Type III non-functionally integrated supporting organizations mu	st comp	lete Sections A through E	
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year
		(A) Filor Tear	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			, <u>,</u>
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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 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	Type II	I supporting organization	

Schedule A (Form 990) 2021

(see instructions).

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
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 support	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails 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	ition is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
	From 2016			
	From 2017			
	From 2018			
	From 2019			
	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2021 distributable amount			
<u> i </u>	Carryover from 2016 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u> </u>	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777 Schedule A (Form 990) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) PART II, LINE 10 - OTHER INCOME DETAIL 2,060 OTHER INCOME

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.
► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number FRIENDS OF THE MUSEUMS OF FLORIDA HISTORY, INC. 59-3760777 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 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 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 Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 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 ▶ 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 6 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. Part III 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 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990. Part X

Pa	rt III Organizations Maintainir	g Collections of	Art, Historical Tre	easures, or Othe	r Similar Asse	ts (contin	ued)		
3	Using the organization's acquisition, acces 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 🗍 I	_oan or exchange prog	ıram					
b	Scholarly research		Other						
С	Preservation for future generations	_							
4	Provide a description of the organization's	collections and explain	how they further the c	rganization's exempt p	purpose in Part				
	XIII.								
5	During the year, did the organization solici		•	•			_	1	
	assets to be sold to raise funds rather than		art of the organization'	s collection?		Y	es	No	
Pa	ert IV Escrow and Custodial A	•	F 000 D	. IV / I'm a O an man			_		
	Complete if the organization	on answered "Yes"	on Form 990, Par	t IV, line 9, or rep	orted an amou	nt on Forn	n		
10	990, Part X, line 21. Is the organization an agent, trustee, custo	odian ar othar intermedi	any for contributions or	other exects not					
ıa	•		•			□ v .	es	No	
h	included on Form 990, Part X? If "Yes," explain the arrangement in Part X	III and complete the fol	lowing table:			Ш ''	,, _] 140	
	Too, explain the arrangement in Fart X	in and complete the lor	lowing table.			Amoun	t		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
	Ending balance								
2a	Did the organization include an amount on	Form 990, Part X, line	21, for escrow or cust	odial account liability?		∐ Ƴɾ	es _	No	
<u>b</u>	If "Yes," explain the arrangement in Part X	III. Check here if the ex	planation has been pro	ovided on Part XIII					
Pa	rt V Endowment Funds.	1 (O. 4 H	- -						
	Complete if the organization								
4-	5	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac		r years		
	Beginning of year balance	1,032,500	968,110	961,987	945,0	/5	945,	<u> 210</u>	
	Contributions Net investment earnings, gains, and								
·		-68,523	79,889	27,378	33,2	230	24.	967	
Ч	losses Grants or scholarships	337323	137003	27,070	3372		,	,	
	Other expenditures for facilities and								
	programs	13,609	15,499	21,255	16,3	18	25,11		
f	Administrative expenses						-		
	End of year balance	950,368	1,032,500	968,110	961,9	87	945,	075	
2	Provide the estimated percentage of the cu		(line 1g, column (a)) h	neld as:					
	Board designated or quasi-endowment ▶	36.87 %							
b	Permanent endowment ► 63.13 %	, D							
С	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c s								
3a	Are there endowment funds not in the pos	session of the organiza	tion that are held and	administered for the			.,		
	organization by:					2=(1)	Yes	No X	
	(i) Unrelated organizations					3a(i)		X	
h	(ii) Related organizations	nizatione lieted as requir	ed on Schedule P2			3a(ii) 3b			
4	Describe in Part XIII the intended uses of					[30			
Pa	art VI Land, Buildings, and Eq		on rando.						
	Complete if the organization	•	on Form 990, Par	t IV, line 11a. See	Form 990, Pa	rt X, line '	10.		
	Description of property	(a) Cost or other b			Accumulated	(d) Book			
		(investment)	(other	de	epreciation				
1a	Land								
b	Buildings								
С	Leasehold improvements								
	Equipment			52,534	46,291		6,	243	
<u>е</u>	Other							2.4.5	
Tota	. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part	X, column (B), line 10	c.))		6,	<u> 243</u>	

Part VII	Investments – Other Securities.		44h Can Farm 000 D	ant V line 40
	Complete if the organization answered "Yes" on			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
(4) ==========			Cost of end-of-year	i market value
(1) Financial				
	eld equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	•		
	Complete if the organization answered "Yes" on	Form 990 Part IV lir	ne 11c See Form 990 P	art X line 13
	(a) Description of investment	(b) Book value	(c) Method of	
	(a) Becompton of investment	(b) Book value	Cost or end-of-year	
(4)			223. 3. 3. 3. 3. 30	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11d. See Form 990, P	art X, line 15.
	(a) Description	· · · · · ·		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Fotal. (Colum	1, , ,		>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
fotal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.)		>	
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization's	s financial statements that repo	rts the
-	liability for uncertain tax positions under FASB ASC 740. Chec	-		

Schedule D (Form 990) 2021 FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 283,567 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a -96,293 161,701 **b** Donated services and use of facilities 2c c Recoveries of prior year grants d Other (Describe in Part XIII.) 65,408 e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 218,159 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 347,513 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 161,701 **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII.) 2d 161,701 e Add lines 2a through 2d 2e 185,812 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 185,812 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Fo	orm 990) 2021	FRIENDS	OF	THE	MUSEUMS	OF	FLORIDA	59-3760777	Page 5
Part XIII	Supplement	al Informati	on (c	ontinue	ed)				
• • • • • • • • • • • • • • • • • • • •									
• • • • • • • • • • • • • • • • • • • •									
• • • • • • • • • • • • • • • • • • • •									
*									

SCHEDULE O (Form 990)

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

Open to Bub

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

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number Name of the organization THE MUSEUMS OF FLORIDA FRIENDS OF 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 INTEREST POLICY ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury

Part I

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Open to Public

OMB No. 1545-0047

Inspection

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

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

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile or foreign co	e (state Tot ountry)	al income	End-of-year assets	Direct con entity	atrolling
(1)							
(2)							
(3)							
(4)							
(5)							
Part II Identification of Related Tax-Exempt Organizations. Cone or more related tax-exempt organizations during the tax-exempt organizations during the tax-exempt organizations.	Complete if the or ax year.	rganization answ	ered "Yes" on F	orm 990, Pa	rt IV, line 34, becau	se 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 s (if section 501)		Section controlle	g) 512(b)(13) ed entity?
(1) FDOS DIVISION OF HISTORICAL 500 S. BRONOUGH STREET 59-6001874 TALLAHASSEE FL 32399-0250							
TALLAHASSEE FL 32399-0250 (2)	PROMOTION	FL	501C1		FDOS	X	
(3)							
(4)							
(5)							

Part III	Identification of Related Organization because it had one or more related or	ons Taxable rganizations t	as a	Partnership. d as a partner	Complete if the ship during the	e organization tax year.	on answ	ered "Yes"	on Fo	rm 99	90, Par	t 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			spro- ionate amount in box 20 oc.? of Schedule K-1 (Form 1065)				(k) ercentage ownership
(1)			3,		, i				res	INO			res	INO	
(2)															
(3)															
(4)															
Part IV	Identification of Related Organization line 34, because it had one or more re	ons Taxable	as a	Corporation streated as a	or Trust. Com	plete if the	organiza the tax	ntion answe	red "Y	es" o	n Form	n 990, P	art I\	/,	
	(a) Name, address, and EIN of related organization	(b) Primary activit		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Shai	(f) re of total ncome		(g) Share of f-year as	ssets	(h) Percent owners	age	51 co	(i) Section 12(b)(13) ontrolled entity?
(4)														Ye	s No
(1)															
(2)															
(3)															
(4)															

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

Turisdottoris With Related Organizations. Complete in the organization and	100 01110	ini oco, i ait iv, iiio	31, 335, 31 33.			
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 rela						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
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		X
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s)				1f		х
f Dividends from related organization(s) g Sale of assets to related organization(s)				1g		х
h Purchase of assets from related organization(s)				1h		х
h Purchase of assets from related organization(s) i Exchange of assets with related organization(s)				1i		X
 i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) 				1i		Х
j Lease of facilities, equipment, of other assets to related organization(s)				٠,		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		х
I Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
Sharing of paid employees with related organization(s)				10	х	
p Reimbursement paid to related organization(s) for expenses				1р		х
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						
(a)	(b)	(c)	(d)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amou	nt involv	ed	
(1) FDOS, DIVISION OF HISTORICAL	0	161,701	CASH VALUE			
(2)						
\-						
(3)						
(4)						
(5)						
(6)						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501(organiz	partners tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate itions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	i) eral or aging ner?	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	<u></u>
(1)													
(2)													
													l
													
(3)													l
													l
(4)													
													
(5)													l
													l
(6)													
													
(7)													
													l
(8)													
													l
													
(9)													
													l
(10)													
(44)											1		
(11)													
													l

Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	ge 5
SCHEDULE R - ADDITIONAL INFORMATION	
NAME OF RELATED ORGANIZATION:	
FLORIDA DEPARTMENT OF STATE, DIVISION OF HISTORICAL RESOURCES	
PRIMARY ACTIVITY: THE STATE AGENCY RESPONSIBLE FOR PROMOTING THE MUSEUMS (OF
FLORIDA HISTORY.	
······································	

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

achment quence No. 179

Internal Revenue Service
Name(s) shown on return

FRIENDS OF THE MUSEUMS OF FLORIDA

Identifying number

HISTORY, INC. 59-3760777 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1,050,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,620,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 10 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 12 Carryover of disallowed deduction to 2022. 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 14 during the tax year. See instructions 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Part III MACRS deductions for assets placed in service in tax years beginning before 2021 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 2021 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery placed in (f) Method (a) Classification of property (business/investment use (e) Convention (a) Depreciation deduction period only-see instructions) service 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 2021 Tax Year Using the Alternative Depreciation System 20a Class life 12-year S/L 12 yrs. 30-year 30 yrs. MM S/L С 40-year MM d 40 yrs. S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 21

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

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

1,019

22

23

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Form 990, Page 1

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	<u>Prior</u>	Current
Other 3 5 7 9 10 11 12 13 14 15 16	Depreciation: Renovations Replace & Upgrade Microsoft Retail Mgmt Sales Kiosk Pallet Jack Display Units - Capitol Shop Saton Events Book shelf unit (Newood) Newwood 20" Video Screen Acrylic Shelving Plastic Shelving	6/30/05 12/31/12 7/01/02 5/11/10 6/30/03 8/13/03 2/09/04 8/26/04 4/15/06 5/09/07 3/31/08	8,599 4,498 20,000 1,493 1,346 303 816 1,272 9,170 985 389			8,599 4,498 20,000 1,493 1,346 303 816 1,272 9,170 985 389	30 MO S/L 5 MO S/L 10 MO S/L 5 MO S/L 10 MO S/L	4,023 4,498 20,000 1,493 1,346 303 816 1,272 9,170 985 389	287 0 0 0 0 0 0 0 0 0
17	Vend HQ Point of Sale System	2/19/20	3,662		-	3,662	5 MO S/L	977	732
	Total Other Depreciation	_	52,533		-	52,533		45,272	1,019
	Total ACRS and Other Deprec	riation	52,533		=	52,533		45,272	1,019
	Grand Totals Less: Dispositions and Transfer Less: Start-up/Org Expense Net Grand Totals	rs —	52,533 0 0 52,533		-	52,533 0 0 52,533		45,272 0 0 45,272	1,019 0 0 1,019

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FYE: 6/30/2022

AMT Asset Report Form 990, Page 1 05/11/2023 8:45 AM Page 1

Asset	Description	Date In Service	Cost	Sec 179Bonus	Basis for Depr	Per Conv Meth	<u>Prior</u>	Current
Other	Depreciation:							
3	Renovations	6/30/05	8,599		8,599	30 MO S/L	4,023	287
5	Replace & Upgrade Microsoft Retail Mgmt		4,498		4,498	5 MO S/L	4,498	0
7	Sales Kiosk	7/01/02	20,000		20,000	10 MO S/L	20,000	0
9	Pallet Jack	5/11/10	1,493		1,493	5 MO S/L	1,493	0
10	Display Units - Capitol Shop	6/30/03	1,346		1,346	10 MO S/L	1,346	0
11	Saton Events	8/13/03	303		303	10 MO S/L	303	0
12	Book shelf unit (Newood)	2/09/04	816		816	10 MO S/L	816	0
13	Newwood	8/26/04	1,272		1,272	10 MO S/L	1,272	0
14	20" Video Screen	4/15/06	9,170		9,170	10 MO S/L	9,170	0
15	Acrylic Shelving	5/09/07	985		985	10 MO S/L	985	0
16	Plastic Shelving	3/31/08	389		389	10 MO S/L	389	0
17	Vend HQ Point of Sale System	2/19/20	3,662	-	3,662	5 MO S/L	977	732
	Total Other Depreciation		52,533		52,533		45,272	1,019
		_		•				
	Total ACRS and Other Depree	ciation _	52,533	=	52,533		45,272	1,019
	Grand Totals		52,533		52,533		45,272	1,019
	Less: Dispositions and Transfe	ers _	0		0		0	0
	Net Grand Totals	_	52,533		52,533		45,272	1,019

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Depreciation Adjustment Report All Business Activities

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

Form **990**

Event Income and Deduction Worksheet

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

Description SALE OF INVENTORY

Name

FRIENDS OF THE MUSEUMS OF FLORIDA

Part IX, Advertising Income

Taxpayer Identification Number 59-3760777

2021

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	190,520	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.	190,520	Traval & Panaire
P. Cost of Coods Sold		Travel & Repairs
8. Cost of Goods Sold 8.	<u> </u>	Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 1415.	01 000	On investment property
16. Net Income/Loss. Line 7 minus Line 1516.	91,900	On non-investment property
		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory	98,620	
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold	98,620	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 Tundraising 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:
Schedule A, UBIT Activity Code Seq #	#	First
Part V, Debt Financing		Second
Part VI, Controlled Org Income		Third
Part VII, Investments for C(7)(9)(17)		All other
Part VIII, Exploited Activities		

Form **990/990PF**

Rent Income and Deduction Worksheet

Description MUSEUM SPACE

2021

Name

FRIENDS OF THE MUSEUMS OF FLORIDA

Taxpayer Identification Number 59-3760777

Use this summary worksheet to verify data entered for a specific activity for your rental information

Expenses (see details on worksheets below): 2. Fees for services 2. 3. 3. 3. 3. 4. 4. 4. 4	Expenses (see details on worksheets below): 2. Fees for services 2. 3. 3. 4. 4. 4. 4. 4. 5. 5. 5	1. Gross rents	1
2. Fees for services 2. 3. Depreciation Expense 4. 4. Direct Expense 4. 5. Total expensess. Add lines 8 through 12 5. 6. Net Income/Loss. Line 7 minus Line 13 6. 3,446 Expense Details - Fees for Services: Accounting Legal Legal — — Commissions — — Management — — Other Professional Fees — — Total Fees for Services — — Expense Details - Depreciation Expense: — — On non-investment property — — Amortization — — Depletion — — Total Depreciation Expense — — Interest — — Taxes/licenses — — Occupancy Expenses — — Repairs & Maintenance — — Travel/conferences/meetings — — Printing & Publication — — Advertising — <td< th=""><th>2. Fees for services 2 3. Depreciation Expense 4. 4. Direct Expenses 4. 5. Total expenses. Add lines 8 through 12 5. 6. Net Income/Loss. Line 7 minus Line 13 6. 3,446 Expense Details - Fees for Services: Accounting Legal — Commissions — — Management — — Other Professional Fees — — Total Fees for Services — — Expense Details - Depreciation Expense: — — On investment property — — On investment property — — Amortization — — Depletion — — Total Depreciation Expense — — Interest — — Taxes/licenses — — Occupancy Expenses — — Repairs & Maintenance — — Travel/conferences/meetings — — Printing & Publication — —</th><th>Expenses (see details on worksheets below):</th><th>······································</th></td<>	2. Fees for services 2 3. Depreciation Expense 4. 4. Direct Expenses 4. 5. Total expenses. Add lines 8 through 12 5. 6. Net Income/Loss. Line 7 minus Line 13 6. 3,446 Expense Details - Fees for Services: Accounting Legal — Commissions — — Management — — Other Professional Fees — — Total Fees for Services — — Expense Details - Depreciation Expense: — — On investment property — — On investment property — — Amortization — — Depletion — — Total Depreciation Expense — — Interest — — Taxes/licenses — — Occupancy Expenses — — Repairs & Maintenance — — Travel/conferences/meetings — — Printing & Publication — —	Expenses (see details on worksheets below):	······································
3. Depreciation Expense 3.	3. 24 A Direct Expense 3. 4		2.
4. Direct Expenses 4. 5. Total expenses. Add lines 8 through 12 5. 6. Net Income/Loss. Line 7 minus Line 13 6. 3,446 Expense Details - Fees for Services: Accounting	4. Direct Expense 4. 5. Total expenses. Add lines 8 through 12 5. 6. Net Income/Loss. Line 7 minus Line 13 6. 3,446 Expense Details - Fees for Services: Accounting	3. Depreciation Expense	3.
5. Total expenses. Add lines 8 through 12 5. 6. Net Income/Loss. Line 7 minus Line 13 6. 3,446 Expense Details - Fees for Services: Accounting Legal	5. Total expenses. Add lines 8 through 12 5. 6. Net Income/Loss. Line 7 minus Line 13 6. Say, 446 Expense Details - Fees for Services: Accounting Legal ————————————————————————————————————		
Expense Details - Fees for Services: Accounting Legal Commissions Management Other Professional Fees Total Fees for Services Expense Details - Depreciation Expense: On non-investment property On investment property Amortization Depletion Total Depreciation Expense: Interest Interest Taxes/licenses Occupancy Expenses Repairs & Maintenance Travel/conferences/meetings Printing & Publication Advertising Insurance Utilities Supplies	Expense Details - Fees for Services: Accounting Legal Commissions Management Other Professional Fees Total Fees for Services Expense Details - Depreciation Expense: On non-investment property On investment property Amortization Depletion Total Depreciation Expense Expense Details - Direct Expense Expense Details - Direct Expense Finterest Taxes/iconses Cocupancy Expenses Repairs & Maintenance Travel/conferences/meetings Printing & Publication Advertising Insurance Utilities Supplies Other expenses	5. Total expenses. Add lines 8 through 12	5.
Accounting Legal Commissions Management Other Professional Fees Total Fees for Services Expense Details - Depreciation Expense: On non-investment property Amortization Depletion Total Depreciation Expense Expense Details - Direct Expense: Interest Taxes/licenses Occupancy Expenses Repairs & Maintenance Travel/conferences/meetings Printing & Publication Advertising Insurance Utilities Supplies	Accounting Legal Commissions Management Other Professional Fees Total Fees for Services Expense Details - Depreciation Expense: On non-investment property On investment property Amortization Depletion Total Depreciation Expense Expense Details - Direct Expense Interest Taxes/licenses Occupancy Expenses Repairs & Maintenance Travel/conferences/meetings Printing & Publication Advertising Insurance Utilities Supplies Other expenses	6. Net Income/Loss. Line 7 minus Line 13	6. 3,446
Accounting Legal Commissions Management Other Professional Fees Total Fees for Services Expense Details - Depreciation Expense: On non-investment property On investment property Amortization Depletion Total Depreciation Expense Expense Details - Direct Expense: Interest Taxes/licenses Occupancy Expenses Repairs & Maintenance Travel/conferences/meetings Printing & Publication Advertising Insurance Utilities Supplies	Accounting Legal Commissions Management Other Professional Fees Total Fees for Services Expense Details - Depreciation Expense: On non-investment property On investment property Amortization Depletion Total Depreciation Expense Expense Details - Direct Expense Interest Taxes/licenses Occupancy Expenses Repairs & Maintenance Travel/conferences/meetings Printing & Publication Advertising Insurance Utilities Supplies Other expenses		
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Depletion Total Depreciation Expense Expense Details - Direct Expense: Interest Taxes/licenses Occupancy Expenses Repairs & Maintenance Travel/conferences/meetings Printing & Publication Advertising Insurance Utilities Supplies	Depletion Total Depreciation Expense Expense Details - Direct Expense: Interest Taxes/licenses Occupancy Expenses Repairs & Maintenance Travel/conferences/meetings Printing & Publication Advertising Insurance Utilities Supplies Other expenses	Amortization	
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Interest Taxes/licenses Occupancy Expenses Repairs & Maintenance Travel/conferences/meetings Printing & Publication Advertising Insurance Utilities Supplies	Interest Taxes/licenses Occupancy Expenses Repairs & Maintenance Travel/conferences/meetings Printing & Publication Advertising Insurance Utilities Supplies Other expenses		
Taxes/licenses Occupancy Expenses Repairs & Maintenance Travel/conferences/meetings Printing & Publication Advertising Insurance Utilities Supplies	Taxes/licenses Occupancy Expenses Repairs & Maintenance Travel/conferences/meetings Printing & Publication Advertising Insurance Utilities Supplies Other expenses		
Occupancy Expenses Repairs & Maintenance Travel/conferences/meetings Printing & Publication Advertising Insurance Utilities Supplies	Occupancy Expenses Repairs & Maintenance Travel/conferences/meetings Printing & Publication Advertising Insurance Utilities Supplies Other expenses		
Repairs & Maintenance Travel/conferences/meetings Printing & Publication Advertising Insurance Utilities Supplies	Repairs & Maintenance Travel/conferences/meetings Printing & Publication Advertising Insurance Utilities Supplies Other expenses	Taxes/licenses	······································
Travel/conferences/meetings Printing & Publication Advertising Insurance Utilities Supplies	Travel/conferences/meetings Printing & Publication Advertising Insurance Utilities Supplies Other expenses	Occupancy Expenses	<u>-</u>
Printing & Publication Advertising Insurance Utilities Supplies	Printing & Publication Advertising Insurance Utilities Supplies Other expenses	Repairs & Maintenance	<u>-</u>
Advertising Insurance Utilities Supplies	Advertising Insurance Utilities Supplies Other expenses	Travel/conferences/meetings	<u>-</u>
Insurance Utilities Supplies	Insurance Utilities Supplies Other expenses	Printing & Publication	<u>-</u>
Utilities Supplies	Utilities Supplies Other expenses	Advertising	<u>-</u>
Supplies	Supplies Other expenses	Insurance	<u>-</u>
Supplies	Supplies Other expenses	Utilities	
		Supplies	
Other expenses		Other expenses	
		nformation is indicated for use on Form 990-T, Schedule	e A:
nformation is indicated for use on Form 990-T. Schedule A:	nformation is indicated for use on Form 990-T. Schedule A:	•	
·	·		=
Schedule A, UBIT Activity Code Seq #	Schedule A, UBIT Activity Code Seq #	Part IV. Rent Income	
Schedule A, UBIT Activity Code Seq # Expense Allocation to Program Service Accomplishments for 990	Schedule A, UBIT Activity Code Seq # Expense Allocation to Program Service Accomplishments for 990/990		
Schedule A, UBIT Activity Code Seq # Expense Allocation to Program Service Accomplishments for 990 First	Schedule A, UBIT Activity Code Seq # Expense Allocation to Program Service Accomplishments for 990/990 Part IV, Rent Income First		Third
Schedule A, UBIT Activity Code Seq # Expense Allocation to Program Service Accomplishments for 990 Part IV, Rent Income First Second	Expense Allocation to Program Service Accomplishments for 990/990 Part IV, Rent Income Part V, Debt Financing Second		All other
Part IV, Rent Income First Part V, Debt Financing Second Third	Expense Allocation to Program Service Accomplishments for 990/990 Part IV, Rent Income Part V, Debt Financing Part VI, Controlled Org Income Third	Part VII, Investments for C(7)(9)(17)	All other

33. Number of volunteers

Form **990**

Two Year Comparison Report 2020 & 2021

07/01/21 06/30/22 ending For calendar year 2021, or tax year beginning Name Taxpayer Identification Number FRIENDS OF THE MUSEUMS OF FLORIDA 59-3760777 HISTORY, INC. **Differences** 2020 2021 31,964 31,964 1. Contributions, gifts, grants 1. 6,182 2. Membership dues and assessments 6,182 2. 3. Government contributions and grants 3. 55,853 55,853 4. Program service revenue 4. 5. 27,771 5. Investment income **6.** Proceeds from tax exempt bonds 6. 7. Net gain or (loss) from sale of assets other than inventory 7. 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 -92,670 91,900 184,570 10. 4,489 4,489 11. Other revenue 11. -92,670 218,159 310,829 12. Total revenue. Add lines 1 through 11 12. 13. 13. Grants and similar amounts paid 14. Benefits paid to or for members 14. **15.** Compensation of officers, directors, trustees, etc. 15. 75,114 75,114 **16.** Salaries, other compensation, and employee benefits 16. 17. Professional fundraising fees 17. 18. Other professional fees 19,623 19,623 18. 19. 19. Occupancy, rent, utilities, and maintenance 1,019 1,019 20. Depreciation and Depletion 20. 90,056 90,056 21. Other expenses 21. 22. Total expenses. Add lines 13 through 21 185,812 185,812 22. -92,670 32,347 125,017 23. Excess or (Deficit). Subtract line 22 from line 12 23. 24. Total exempt revenue -92,670 218,159 310,829 24. 25. Total unrelated revenue 25. -92,670 26. Total excludable revenue 180,013 272,683 26. 7,261 1,469,570 1,462,309 **27.** Total assets 27. 4,251 **28.** Total liabilities 28. 4,251 29. Retained earnings 1,372,749 1,465,319 92,570 29. 30. Number of voting members of governing body 11 30. 31. Number of independent voting members of governing body 11 31. 32. Number of employees 10 32.

33.

25

Federal Statements

59-3760777

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Taxable Interest on Investments

Description						
	 Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST INCOME						
	\$ 27,771		14			
TOTAL	\$ 27,771					

59-3760777

Federal Statements

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

Description	E:	Total xpenses	Program Service	agement & General	und iising
KNOTT HOUSE EXPENSES MEMBERSHIP EXPENSE	\$	3,155 2,340	\$ 3,155 2,340	\$	\$
HOSPITALITY LICENSES & PERMITS		1,025 867	2,310	1,025 867	
FACILITY USE & RECEPTIONS		404 181	404	181	
PAYROLL PROCESSING FEES REGISTRATION		45	 	 45	
TOTAL	\$	8,017	\$ 5,899	\$ 2,118	\$ 0

2002063 Friends of the Museums of Florida 59-3760777 Federal State FYE: 6/30/2022	5/11/2023 8:45 AM Page 3
Schedule A, Part II,	Line 1(e)
Description	Amount
MEMBERSHIP DUES	\$ 6,182 31,964
TOTAL	\$ 38,146
Schedule A, Part II,	Line 8(e)
Description	Amount
INTEREST INCOME	\$ 27,771
MUSEUM SPACE TOTAL	3,446 \$ 31,217
Schedule A, Part II, Line 1	2 - Current year
Description	Amount
EDUCATION PROGRAMS	\$ 33,893
EXHIBIT INCOME MISCELLANEOUS	21,960 1,043
SALE OF INVENTORY	190,520
TOTAL	\$ 247,416

FRIENDS OF THE STATE LIBRARY AND ARCHIVES OF FLORIDA INC.

500 South Bronough Street Tallahassee, FL 32399 850.245.6607 info.florida.gov/about-us/friends

Fiscal Year 2023-2024 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 2022-2023

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 including:

- Sponsored two Florida History Day awards on behalf of the State Archives of Florida.
- Sponsored two research stipends on behalf of the State Archives and State Library of Florida.
- Provided cold water service to staff working at the State Records Center.
- Supported the 2022 DOS Sunshine Awards and Employee Appreciation events.
- Sponsored three affiliated professional organizations' annual conferences.
- Supported the purchase of promotional materials for the Division's resource sharing platform, FLIN SHAREit.

III. Three-Year Plan for FY 2023-2024 to 2025-2026

Friends of the State Library and Archives of Florida Inc. Three-Year Program Plan 2023-2026 (July 1, 2023 – June 30, 2026) The Board of Directors identified five areas and goals to continue concentration of planning efforts in the next three years. The list below is not indicative of the order of address or priority.

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

Fundraising: Develop a fundraising strategy.

Membership: Build general membership in the Friends.

Partnerships: Build partnerships with external groups, including other Florida Friends groups, libraries, archives, and cultural heritage organizations.

Staff Support: 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.

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain From Voting

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

memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

9. Failure to Observe CSO Code of Ethics

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

V. 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 2022 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 IRS Form 990-N for 2022 tax year below.

orm 990-N

Website:

Electronic Notice (e-Postcard)

OMB No. 1545-2085

epartment of the Treasury ternal Revenue Service

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

2022

Open to Public Inspection

For the 2022 Calendar year, or tax year beginning 2022-01-01 and ending 2022-12-31

Check if available
Terminated for Business

C Name of Organization: FRIENDS OF THE STATE LIBRARY
AND ARCHIVES OF FLORIDA INC

D Employee Identification Number 20-3900938

Gross receipts are normally \$50,000 or less 500 South Bronough Street,

Tallahassee, FL, US, 32399

F Name of Principal Officer: Florida Division of Library and Information Services

500 South Bronough Street, Tallahassee, FL, US, 32399

ivacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States, ru are required to give us the information. We need it to ensure that you are complying with these laws.

ne organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a slid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the lministration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

re time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times 15 minutes.

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

FLORIDA INTERNATIONAL AFFAIRS FOUNDATION, INC.

500 South Monroe Street Tallahassee, FL 32399-020 850.245.6470 **FY 2022-2023 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:

- Florida International Affairs Foundation, Inc. has partnered with the Division of Arts and Culture's Office of International Affairs to provided diplomatic gifts for international dignitaries presented during meetings with the Executive Office of the Governor and the Office of the Secretary of State.
- Provided protocol services and displays of country flags for corresponding visiting international dignitaries.
- Partnered with the Consular Corps of Miami at various events such as Italian National Day, Bastille Day, and Consular Corps meetings.
- Participated in the Miami International Airport Operations Summitt and presented service available to the Consular Corps.
- Chairman of the board and OIA staff met with foreign trade ministers, ambassadors, and other trade dignitaries visiting Miami.

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. Code of Ethics

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.

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3. Salary and Expenses

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5. Prohibition of Misuse of Privileged Information

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6. Post-Office/Employment Restrictions

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II. Financial Report

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. became financially independent and submitted IRS Form 990-PF. Please see attached IRS Form 990-N for the period of 1/10/22 - 6/30/22.

Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

FC	r cale	endar year 2022 or tax year beginning $01/10/2022$, a	nd ending	06/30	/2022		
Na	me of	foundation			A Employ	er identification num	ber
Fl	ori	da International Affairs Found	ation		88-06	90546	
		and street (or P.O. box number if mail is not delivered to street address		Room/suite		ne number (see instru	ctions)
32	329 N Meridian Street					245-6490	
		own, state or province, country, and ZIP or foreign postal code				tion application is pen	ding, check here
	-	hassee, FL 32301					
		eck all that apply: X Initial return X Initial return of a for	rmer public char	ritv	D 1. Forei	gn organizations, chec	k here
_		Final return Amended return		,		-	
		Address change Name change				gn organizations meet here and attach com	
—	Che	eck type of organization: X Section 501(c)(3) exempt private founda	ation			•	
Ë		tion 4947(a)(1) nonexempt charitable trust			1 '	foundation status was 507(b)(1)(A), check he	
ᄂ		market value of all assets at J Accounting method: X Cash	Accrual			. ,	<u> </u>
•		of year (from Part II, col. (c),	Accidal		1	indation is in a 60-mon ection 507(b)(1)(B), che	
		16) \$ (Part I, column (d), must be on cash b	pasis.)			(B)(1)(B), 611	56K11616
Đ:		Analysis of Revenue and Expenses (The total of					(d) Disbursements
	41 6 1	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue expenses	' '	Net investment income	(c) Adjusted net income	for charitable
		the amounts in column (a) (see instructions).)	books	•	moome	moome	purposes
_	1	111	20010				(cash basis only)
	2	Contributions, gifts, grants, etc., received (attach schedule) Check if the foundation is not required to attach Sch. B					
		· · · · · · · · · · · · · · · · · · ·					
	3	Interest on savings and temporary cash investments					
	4	ľ					
		Gross rents					
Φ		Net rein ar (loss) from sele of seeds not on line 10					
Revenue		Net gain or (loss) from sale of assets not on line 10					
Ve.	_	Gross sales price for all assets on line 6a					
Se.	7	Capital gain net income (from Part IV, line 2)					
_	8	Net short-term capital gain					
	9	Income modifications					
		Less: Cost of goods sold					
	11	Gross profit or (loss) (attach schedule)					
	12	Total. Add lines 1 through 11					
_	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages.					
S	15	Pension plans, employee benefits.					
nse	. •	Legal fees (attach schedule)					
Expense		Accounting fees (attach schedule)					
Ű		Other professional fees (attach schedule)					
tive	17	Interest	ees (attach schedule)				
Operating and Administrative	18	Taxes (attach schedule) (see instructions)					
ij	19	Depreciation (attach schedule) and depletion					
퉏	20	Occupancy					
βÞ	21	Travel, conferences, and meetings					
an	22	Printing and publications					
ting	23	Other expenses (attach schedule)					
era	24	Total operating and administrative expenses.					
ğ	-	Add lines 13 through 23					
_	25	Contributions, gifts, grants paid					
	26	Total expenses and disbursements. Add lines 24 and 25					
	27	Subtract line 26 from line 12:					
		Excess of revenue over expenses and disbursements					
		Net investment income (if negative, enter -0-)					
		Adjusted net income (if negative, enter -0-)					

-011	11 990-	PF (2022) Florida international Allairs Fo			0690546 Page 2
P	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year (a) Book Value	End (b) Book Value	of year (c) Fair Market Value
	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts			
ts	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U.S. and state government obligations (attach schedule)			
,	b	Investments – corporate stock (attach schedule)			
	c	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis			
	' '	Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule).			
	14	Land, buildings, and equipment: basis			
	l	Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers – see the instructions. Also,			
		see page 1, item I)			
	17	Accounts payable and accrued expenses			
	18	Grants payable			
<u>e</u>	19	Deferred revenue			
≝	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
Ĵ	22				
	23	Other liabilities (describe) Total liabilities (add lines 17 through 22)			
s	23	Foundations that follow FASB ASC 958, check here			
ces		and complete lines 24, 25, 29, and 30.			
a	24	Net assets without donor restrictions			
Bala	25	Net assets with donor restrictions			
	20	Foundations that do not follow FASB ASC 958, check here			
ב		and complete lines 26 through 30.			
T	26	Capital stock, trust principal, or current funds			
ō	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
ets	28	Retained earnings, accumulated income, endowment, or other funds			
SS	29	Total net assets or fund balances (see instructions)			
⋖	30	Total liabilities and net assets/fund balances			
Net Assets or Fund	30	(see instructions)			
	art l			l	
		ral net assets or fund balances at beginning of year – Part II, column (a), line 29		of-vear	
		are reported on prior year's return)	, •	•	
2	_	ter amount from Part I, line 27a			
3		ner increases not included in line 2 (itemize)			
2		d lines 1, 2, and 3			
Ę		creases not included in line 2 (itemize)		5	

Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29

6

Refunded .

Form **990-PF**(2022)

	` /						_
Part I	V Capital Gains an	d Losses for Tax on Invest	ment Income				
	· ·	kind(s) of property sold (for example, real or common stock, 200 shs. MLC Co.)	estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a							
b							
С							
d							
е							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis nse of sale		ain or (loss) s (f) minus (g))	
а							
b							
С							
d							
е							
Compl	ete only for assets showing g	ain in column (h) and owned by the fou	undation on 12/31/6	5 9.	(I) Gains (Col. (h) gain minus	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over co	s of col. (i) ol. (j), if any	· · · ·	not less than -0-) or s (from col. (h))	
а							
b							
С							
d							
е							
2 Ca	apital gain net income or (net o		n, also enter in Part s), enter -0- in Par		2		
3 Ne	et short-term capital gain or (lo	oss) as defined in sections 1222(5) and	d (6):				
lf (gain, also enter in Part I, line 8	3, column (c). See instructions. If (loss	s), enter -0- in	}			
Pa	<u>'</u>			5	3		
Part \	Excise Tax Base	d on Investment Income (Se	ection 4940(a)), 4940(b), or 4	948—see ins	tructions)	
1a E>	cempt operating foundations d	escribed in section 4940(d)(2), check	here and ente	er "N/A" on line 1)		
Da	ate of ruling or determination le	tter: (attach copy	of letter if necess	ary—see instructi	ons)	1	
b Al	l other domestic foundations e	enter 1.39% (0.0139) of line 27b. Exem	npt foreign organiza	ations,	(
en	iter 4% (0.04) of Part I, line 12,	col. (b) · · · · · · · · · · · · · · · · ·)		
2 Ta	ax under section 511 (domesti	c section 4947(a)(1) trusts and taxable	e foundations only;	others, enter -0-).		2	
3 Ac	dd lines 1 and 2					3	
4 St	ubtitle A (income) tax (domesti	ic section 4947(a)(1) trusts and taxable	e foundations only;	others, enter -0-)		4	
5 Ta	ax based on investment inc	ome. Subtract line 4 from line 3. If zero	o or less, enter -0-			5	
6 Cr	redits/Payments:						
a 20	022 estimated tax payments ar	nd 2021 overpayment credited to 2022		6a			
b Ex	kempt foreign organizations—t	tax withheld at source		6b			
c Ta	ax paid with application for exte	ension of time to file (Form 8868) · ·		6с			
d Ba	ackup withholding erroneously	withheld		6d			
7 To	otal credits and payments. Add	d lines 6a through 6d				7	
8 Er	nter any penalty for underpay	ment of estimated tax. Check here	if Form 2220 is a	ttached		8	
9 Ta	ax due. If the total of lines 5 ar	nd 8 is more than line 7, enter amoun t	t owed			9	0
10 O	verpayment. If line 7 is more	than the total of lines 5 and 8, enter th	e amount overpa	id		10	0

11 Enter the amount of line 10 to be: Credited to 2022 estimated tax

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or		Yes	No
	intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the			
	definition	1b		х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		х
•	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
•	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			
	with the state law remain in the governing instrument?	6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7		Х
8а	Enter the states to which the foundation reports or with which it is registered. See instructions.	-		
	FL			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of			
	each state as required by General Instruction G? If "No," attach explanation	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for			
	calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9		х
0	Did any persons become substantial contributors during the tax year?	Ť		
	If "Yes," attach a schedule listing their names and addresses	10		Х
1	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
•	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		х
2	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
_	person had advisory privileges? If "Yes," attach statement. See instructions	12		Х
3	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address https://dos.myflorida.com/cultural/about-us/office-o			rn
4	The books are in care of Rachelle Ashmore Telephone no. (850) 2			
	Located at 329 N Meridian Street Tallahassee, FL ZIP+4 32301			-
5	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here			Г
	and enter the amount of tax-exempt interest received or accrued during the year			_
6	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			

Form 990-PF (2022) Florida International Affairs Foundation 88-0690546 Page 5

Part	VI-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified			
	person	1a(2)		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or			
	use of a disqualified person)?	1a(5)		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation			
	agreed to make a grant to or to employ the official for a period after termination of government service, if			
	terminating within 90 days.)	1a(6)		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
С	Organizations relying on a current notice regarding disaster assistance, check here			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2022?	1d		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines			
	6d and 6e) for tax year(s) beginning before 2022?	2a		
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions.).	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?	3a		
b	If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2022.)	3b		<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022?	4b		1

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			International					88-0		46	Page
Par	t VI-B		Regarding Activitie		on For	m	4/20 May Be F	kequirea (continued	a)		
5a	_	-	ndation pay or incur any amo							Ye	s N
			r otherwise attempt to influe	-	•				5a(1)	_
			of any specific public election	•			-				
			y voter registration drive?						_		_
			dividual for travel, study, or o						5a(3)	
	(4) Provid	le a grant to an or	ganization other than a chari	table, etc., org	janizatioi	n de	escribed in				
		. , . , . ,	See instructions						5a(4)	
	(5) Provid	le for any purpose	other than religious, charita	ble, scientific,	literary,	or e	educational				
		•	vention of cruelty to children						<mark>5a(</mark>	5)	
b	If any ansv	wer is "Yes" to 5a	(1)-(5), did any of the transa	actions fail to c	qualify ur	nde	r the exceptions des	cribed in			
	Regulation	s section 53.494	5 or in a current notice regar	ding disaster a	assistand	ce?	See instructions .		<u>5</u> 1	<u> </u>	
С	Organizati	ons relying on a c	current notice regarding disas	ster assistance	e, check	he	re				
d	If the ansv	ver is "Yes" to que	estion 5a(4), does the founda	ation claim exe	mption f	ron	n the tax				
	because it	maintained exper	nditure responsibility for the	grant?					50	<u>t</u>	
	If "Yes," at	tach the stateme	nt required by Regulations se	ection 53.4945	5-5(d).						
6a	Did the fou	undation, during t	ne year, receive any funds, d	irectly or indire	ectly, to p	рау	premiums				
	on a perso	nal benefit contra	ct?						6	a	
b	Did the fou	undation, during t	ne year, pay premiums, direc	tly or indirectly	y, on a p	ers	onal benefit contract	1?	61	o	
		6b, file Form 887									
7a	At any time	e during the tax ye	ear, was the foundation a par	ty to a prohibi	ted tax s	hel	ter transaction?		78	а	
b	-		receive any proceeds or have	-						5	
8	Is the foun	dation subject to	the section 4960 tax on payr	nent(s) of mor	e than \$	1,0	00,000 in				
	remunerat	ion or excess par	achute payment(s) during the	e year?					8	;	
Pa	rt VII	Informatio	achute payment(s) during the n About Officers, Dir	ectors, Tr	ustees	s, I	Foundation Ma	anagers, Highly Pa	id Em	ploy	ees,
		and Contra								_	
1	List all of	ficers, directors	trustees, and foundation	managers an	nd their	cor	mpensation. See ir	structions.			
		(a) Name and a	ddress	(b) Title, and		,	(c) Compensation	(d) Contributions to	(e) E	pense	accou
		(-)		hours pe			(If not paid, enter -0-)	employee benefit plans and deferred compensation	n oth	er allov	wances
Desi	mond A	lufohai		Chairm	an		•				
			ahassee, FL 32301		01.0	0	0.				
	d Koco		,	Vice Ch		-					
			ahassee, FL 32301		01.0	- 1	0.				
	k Krus			Treasu		Ť					
			ahassee, FL 32301		01.0	0	0.				
<u> </u>		502500 2422				Ť					
							0.				
2	Compens	ation of five hig	hest-paid employees (othe	er than those	include	ed c		ructions). If none, enter	I		
(a) N	lame and add	ress of each emplo	yee paid more than \$50,000	(b) Title, and hours per devoted to	er week	- [(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	l` ′oth		accou wances
NON	F.					\dashv					
14014	<u> </u>										
NONT						+			+		
NON	<u> </u>										
NONT						+					
NON	C										
17037						\dashv			-		
NON	C			İ				1			

NONE

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE NONE NONE NONE NONE **Summary of Direct Charitable Activities** Part VIII-A List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. Expenses Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount 2

UYA Form **990-PF**(2022)

All other program-related investments. See instructions.

4

Form **990-PF**(2022)

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part IX see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1 а 1a 1b b 1c С 1d Reduction claimed for blockage or other factors reported on lines 1a and 2 2 3 3 4 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) 4 5 6 Minimum investment return. Enter 5% (0.05) of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Part X and certain foreign organizations, check here \(\square\) and do not complete this part.) 0. 1 Tax on investment income for 2022 from Part V, line 5 0. 2a 0. h 2c С 3 3 0. 4 4 5 0. 5 6 6 0. 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1. 7 0. Part XI Qualifying Distributions (see instructions) 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1a а b 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 3 Amounts set aside for specific charitable projects that satisfy the: 3a 3b b

UYA

Part XII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1	Distributable amount for 2022 from Part X, line 7				
2	Undistributed income, if any, as of the end of 2022:				
а	Enter amount for 2021 only				
b	Total for prior years:				
3	Excess distributions carryover, if any, to 2022:				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through e				
4	Qualifying distributions for 2021 from Part XI,				
	line 4: \$				
а	Applied to 2021, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election				
	required - see instructions)				
d	Applied to 2022 distributable amount				
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2022				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount - see instructions				
е	Undistributed income for 2021. Subtract line				
	4a from line 2a. Taxable amount - see				
	instructions				
f	Undistributed income for 2022. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2023				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
8	Excess distributions carryover from 2017 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2023.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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3	Grants and Contributions Paid During the Year o	r Approved for Future F	Payment		
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	Amount
	Name and address (home or business)	or substantial contributor	recipient	contribution	
a	Paid during the year	O SUBSTANTIAL CONTINUOS			
b	Approved for future payment				
	Total				

Analysis of Income-Producing Activities Part XV-A Enter gross amounts unless otherwise indicated. Unrelated business income Excluded by section 512, 513, or 514 (e) Related or exempt (b) (c) (d) function income Business code Exclusion code Amount Amount (See instructions.) 1 Program service revenue: С d е f Fees and contracts from government agencies g Interest on savings and temporary cash investments Net rental income or (loss) from real estate: Net rental income or (loss) from personal property Other investment income. Gain or (loss) from sales of assets other than inventory Gross profit or (loss) from sales of inventory. Other revenue: a b 12 Subtotal. Add columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

Form 990-PF (2022) Florida International Affairs Foundation 88-0690546 Page 13 Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations**

			Exemple	луаніzau	10115									
			e organization direction section 501(c)	-		-		-		in secti	on 501(c)		Yes	No
		(1) Ca	fers from the reporti											
	b	Other	ther assets transactions:											
		(2) Pu	ales of assets to a n urchases of assets ental of facilities, eq	from a nonch	naritable exe	empt organizatio	on					. 1b(2)		
		(5) Lo	eimbursement arran pans or loan guarant	tees								. 1b(5)		
	c d	Sharin If the a	erformance of servious ag of facilities, equip answer to any of the	e above is "Ye	g lists, othe es," comple	r assets, or paid te the following	d employees . schedule. Colu	(b) shoul		the fair	 market value	. 1c		
(a)		arrang	essets, or services gement, show in columb) Amount involved	umn (d) the v	alue of the		sets, or service	es received.	n fair market ve					ents
				(-)		'	-		'	,	,	<u> </u>		
2			foundation directly of	-							-	_		
		•	than section 501(c) s," complete the folk (a) Name of orga	owing schedu			ype of organiza		i		tion of relation		<u></u>	No
			., .				,, o		,			· ·		
Sig		CO	nder penalties of perjury, rrect, and complete. Dec	laration of prepa		taxpayer) is based	on all information o	f which preparer	has any knowledo		May the	IRS discuss arer shown I	this retu	See
Pai Pre	d pa		gnature of officer or tr Print/Type preparer's			Date Preparer's sign		itle	Date		Check if self-employed	PTIN	es	No
	•	nly	Firm's name							Firm's E				
			Firm's address							Phone r	10.			

Schedule B (Form 990)

Schedule of Contributors

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-PF.

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

Employer identification number

Florida International Affairs Foundation
Organization type (check one):

88-0690546

Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	▼ 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Charle if your arranimation is	account by the Compare Bule or a Special Bule				
	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule					
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a intributions.				
Special Rules					
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the $33^{1/3}$ % support test of the actions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
contributor, during the literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
contributor, during the contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ne year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received in <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the est to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions ore during the year				

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

Name of organization

Employer identification number

Florida International Affairs Foundation

88-0690546

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		 \$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				

Name of organization Employer identification number

Florida International Affairs Foundation 88-0690546

Part II	Noncash (see instructions). Use duplicate copies	of Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
- 1			İ

Schedule B (Form 990) (2022) Name of organization **Employer identification number** Florida International Affairs Foundation 88-0690546 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift from (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift from (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee