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DLN: 93493074000140

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

						_		·
			lendar yea	r, or tax year beginning 11-01-2008 C Name of organization	and ending 10-31-200	9	D Employer ide	entification number
_		oplicable	Please	FLORIDA HUMANITIES COUNCIL INC			1 ' '	
Add	dress cha	ange	use IRS label or	Doing Business As			23-730496 E Telephone nu	
Na	me chan	nge	print or type. See					
Init	tial retur	'n	Specific	Number and street (or P O box if mail is no	ot delivered to street addre	ss) Room/suite	(727) 553-3 G Gross receipt	
– Tei	mınatıoı	n	Instruc- tions.	599 2ND STREET SOUTH			G Gross receipt	IS \$ 1,767,432
– _{Am}	ended r	eturn		City or town, state or country, and ZIP + 4			-	
– _{Anı}	nlication	pending		ST PETERSBURG, FL 337015005				
7.47		L	- N			1		
				ne and address of Principal Officer E FARVER			us a group return ates?	for
				D STREET SOUTH		"""	ates.	1 165 1 110
				ERSBURG,FL 337015005		H(b) Are a	ll affiliates include	ed?
Та	x-exem	pt status	501(c)	(3) 4 (insert no) 4947(a)(1) or	52/			See instructions)
W	eb site	e: ► WW	W FLAHUN	IORG		H(c) Gro	up Exemption Nu	mber 🟲
_			_			<u> </u>	T	
(Тур	e of org	anızatıon	I ✓ Corporat	on trust association other		L Year of F	ormation 1980 M	State of legal domicile FL
Pa	rt I	Sumn	nary					
	1	Briefly d	escribe th	e organization's mission or most signif	ficant activities			
Ų		PROVIC	ING the o	pportunity to explore the heritage, trac	ditions and stories of	ourstate		
▋								
Ě								
aovemance	2	Check tl	his box 🦵	if the organization discontinued its ope	erations or disposed o	f more than 2	25% of its assets	5
	3	Number	of voting r	nembers of the governing body (Part V	'I, lıne 1a)		. 3_	24
ACUMUES &	4	Number	ofındepen	dent voting members of the governing	body (Part VI, line 11)	. 4 _	24
Ě	5	Total nu	mber of en	nployees (Part V , line 2a)			5 _	15
Ę	6	Total nu	mber of vo	lunteers (estimate if necessary) .			6 _	30
ŧ	7a	Total gr	oss unrela	ed business revenue from Part VIII, l	line 12, column (C)		7a _	0
	ь	Net unre	lated busi	ness taxable income from Form 990-T	Γ, line 34		7b	0
						Pri	or Year	Current Year
	8	Contrib	outions and	grants (Part VIII, line 1h)			1,622,679	1,627,093
₽	9	Prograi	m service	revenue (Part VIII, line 2g)			120,503	114,976
Revenue	10	Investi	ment incor	ne (Part VIII, column (A), lines 3, 4, a	and 7d)		26,291	19,775
Ľ	11	Otherr	evenue (P	art VIII, column (A), lines 5, 6d, 8c, 9	oc, 10c, and 11e)		16,076	5,588
	12	Total re	evenue—a	dd lines 8 through 11 (must equal Part	t VIII, column (A), lın	e		
		12)					1,785,549	1,767,432
	13			r amounts paid (Part IX, column (A), l			395,093	412,485
	14		•	r for members (Part IX, column (A), lır	•			0
so.	15	Salarıe 10)	s, other co	mpensation, employee benefits (Part 1	IX, column (A), lines!	5-	706,358	780,556
Expenses	16a	•	sional fund	raising fees (Part IX, column (A), line	110)			0
Φ	ь							
Ď				penses, Part IX, column (D), line 25 143,696	15 245		1 004 743	971 107
	17			Part IX, column (A), lines 11a-11d, 1	•		1,004,743	871,197
	18 19			add lines 13-17 (must equal Part IX,	iiile ∠o, column (A))		2,106,194	2,064,238
φ. φ.	13	keveni	ie iess exp	enses Subtract line 18 from line 12		- ·	-320,645	-296,806
9 9		_				Beginn	ning of Year	End of Year
net Assets or Fund Bafances	20		,	t X, line 16)			1,993,862	1,687,338
4 Z	21	Total lı	abilities (F	art X, line 26)			410,977	417,594
žŽ	22	Net as	sets or fun	d balances Subtract line 21 from line	20		1,582,885	1,269,744
Pai	rt II	Signa	ature Blo	ock				
				rjury, I declare that I have examined this retur				
Plea		١.	,	correct, and complete Declaration of preparer	(other than officer) is base	1		er has any knowledge
Sigr		***** Signa	** ture of office	г		2010 Date)-03-15 :	
der								
			or print nam	XECUTIVE DIRECTOR e and title				
	I	F - ' '			ate	Check If	Preparer's PTIN	(See Gen. Inst.)
)_! -!		Preparer's		s R Birch		self-	Preparer's PTIN ((ace dell Tilst)
Paid					,	empolyed 🕨		
•	arer's	Firm's na if self-em	me (or yours	Lewis Birch & Ricardo LLC			EIN Þ	_
se (Only		and ZIP + 4	1401 Court Street				
				Clearwater, FL 337566146			Phone no 🕨 (7	27) 446-3058
-— ∕lay	the IRS	S discus	s this retu	n with the preparer shown above? (Se	e instructions)			No

Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program service expenses \$ 1,608,982 Must equal Part IX, Line 25, column (B).
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4 '	
	(Code) (Expenses \$ 180,624 including grants of \$) (Revenue \$ 18,136)
4c	(Code) (Expenses \$ 476,219 including grants of \$) (Revenue \$ 96,840) THE TEACHER CENTER USES THE HUMANITIES TO PROVIDE PROFESSIONAL DEVELOPMENT FOR EXCELLENT TEACHERS IN FLORIDA PARTICIPANTS ARE SELECTED THROUGH A COMPETITIVE APPLICATION PROCESS THE SEMINARS ADDRESS A VARIETY OF HUMANITIES TOPICS As part of our mission to build strong communities and informed citizens, FHC's Teachers Center invests in the professional development of Florida teachers through experiential summer seminars, "Humanities in Schools" programs, and the creation of on-line classroom resources for educators. Offering graduate-level content to outstanding K-12 teachers, media specialists, guidance counselors, and administrators, all FHC teacher programs correlate directly to the Sunshine State Standards, while offering rigorous study of fascinating humanities topics with noted scholars. Programs include Summer Seminars FHC's summer seminars offer participants the unique opportunity to engage in an intensive exploration of a curriculum-relevant humanities topic through field trips, readings, lectures, discussions, films, and cultural experiences. The seminars provide a collegial forum for teachers to exchange ideas and strategies with their peers and distinguished professors during a five-day program with meals, materials, and lodging provided at no cost to participants. Humanities in SchoolsFHC makes humanities speakers and programs available to your school or district year-round through teacher grants, full-day district-based programs designed and implemented by FHC, and a speakers bureau currently under design. Teaching American History PartnershipsFHC's Teachers Center has successfully partnered with school districts across Florida on a variety of Teaching American History (T A H) programs. FHC can act as a partner in the initial grant application, pledging to provide intellectually rigorous professional development programs upon the successful award of the T A H grant. Or, FHC can provide custom-designed programs to districts tha
4b	(Code) (Expenses \$ 337,978 including grants of \$) (Revenue \$) THE OUTREACH/PROGRAM DEVELOPMENT PROGRAM WORKS WITH OUTSIDE PROGRAMS IN ORDER TO FURTHER DEVELOP THE PUBLIC HUMANITIES PROGRAMMING FOR THE STATE THE PROGRAM WORKS TO STRENGTHEN THE CAPACITY OF CULTURAL INSTITUTIONS TO PROVIDE QUALITY HUMANITIES PROGRAMMING
	THE RE-GRANTS PROGRAM IS DESIGNED TO PROVIDE GRANTS TO FUND RESEARCH AND PUBLIC PROGRAMS IN THE DISCIPLINE OF HUMANITIES Since its origin in 1971, the FHC Grants Program has awarded more than \$8 million in support of public programs throughout the state. These programs help preserve Florida's rich cultural hentage, promote civic engagement, and foster connections among humanities scholars, cultural organizations, and community groups. The grants program primarily responds to community interests and initiatives, and is intended to address the concerns of Floridians. Preference is given to projects that address important public issues, reach underserved audiences, create resources for communities or cultural institutions, and/or reach a broad public audience.
4a	(Code) (Expenses \$ 614,161 including grants of \$ 412,485) (Revenue \$)
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
	the prior Form 990 or 990-EZ?
2	Did the organization undertake any significant program services during the year which were not listed on
1 See Ad	Briefly describe the organization's mission
_	

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE FLORIDA HUMANITIES COUNCIL WAS FORMED TO SUPPORT ACTIVITIES WHICH FOSTER PUBLIC KNOWLEDGE AND APPRECIATION OF THE HUMANITIES AMONG THE CITIZENS OF THE STATE. ITS MISSION IS ACHIEVED BY RE-GRANTING AND ADMINISTERING FUNDS AWARDED BY THE NATIONAL ENDOWMENT FOR THE HUMANITIES FOR EDUCATIONAL AND CULTURAL PROGRAMS AND BY PROVIDING PUBLIC HUMANITIES EDUCATION FOR THE PEOPLE AND COMMUNITIES OF FLORIDA.

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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,"	9		No
10	complete Schedule D, Part IV^{\bullet}	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		Yes	
12	Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII. Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12	165	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	13 14a		No No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G,	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	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		Νο
37	Did the organization conduct more than 5 percent 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		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	54			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
C	gaming (gambling) winnings to prize winners?	. vein		1c	Yes	
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		15			
	return	2a				
D	If at least one is reported in 2a, did the organization file all required federal employs Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during					
	return?			3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Re Financial Accounts.	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νo
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•		5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo cormore?	itributi	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	•	· ·	7-		NI -
الم	file Form 8282?	7d		7c		N o
u	If "Yes," indicate the number of Forms 8282 filed during the year	_ /u				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	, prem	niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		No
а	For all contributions of qualified intellectual property, did the organization file Form			7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f			- 9		
	required?			7h		Νο
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a supporting organization of the supporting organization organizati					
	excess business holdings at any time during the year?			8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶.		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					
	Gross income from members or shareholders					
L	Gross income from other sources (Do not net amounts due or paid to other sources	11a				
O	against amounts due or received from them)	11b				
17-			of Form 10412	42-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	rneu (orm 1041/ 	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	Body and N	<u>lanagement</u>	

			165	140
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 24			
Ь	Enter the number of voting members that are independent 1b 24			
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		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed FL
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

BRENDA O'HARA 599 2nd STREET SOUTH ST PETERSBURG,FL 33701 (727) 873-2008

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Software ID: Software Version:

EIN: 23-7304964

Name: FLORIDA HUMANITIES COUNCIL INC

Form 990. Part VII - Section Aaa

Form 990, Part VII - Section Aaa	<u> </u>									
		Posit t	(C tion (hat a	chec		I			(E)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
LESTER ABBERGER , DIRECTOR	2 00	Х						0	0	0
CAROL R ALEXANDER , DIRECTOR	2 00	Х						0	0	0
JOHN BELOHLAVEK , DIRECTOR	2 00	Х						0	0	0
FRANK BILLINGSLEY , CHAIR	2 00	Х						0	0	0
RACHEL BLECHMAN , VICE CHAIR	2 00	Х						0	0	0
WILLIAM CARLSON , DIRECTOR	2 00	Х						0	0	0
DAVID COLBURN , DIRECTOR	2 00	Х						0	0	0
JUAN CARLOS ESPINOSA , DIRECTOR	2 00	Х						0	0	0
BILL JETER , DIRECTOR	2 00	Х						0	0	0
DEBORAH KYNES , DIRECTOR	2 00	Х						0	0	0
CAREN LOBO , DIRECTOR	2 00	Х						0	0	0
ANDY MCLEAOD , DIRECTOR	2 00	Х						0	0	0
MEREDITH MORRIS-BABB , DIRECTOR	2 00	Х						0	0	0
DARRYL PAULSON , DIRECTOR	2 00	Х						0	0	0
STEVE SEIBERT , DIRECTOR	2 00	X						0	0	0
JEFFREY SHARKEY , DIRECTOR	2 00	Х						0	0	0
BRENDA SIMMONS , DIRECTOR	2 00	X						0	0	0
MARGO STRINGFIELD , DIRECTOR	2 00	Х						0	0	0
NIARA SUDARKASA , DIRECTOR	2 00	Х						0	0	0
MARY ANNE HODEL , DIRECTOR	2 00	X						0	0	0
JEANNE GODWIN , DIRECTOR	2 00	Х						0	0	0
NORMA MARTIN GOONEN , DIRECTOR	2 00	Х						0	0	0
JAY HESS , DIRECTOR	2 00	Х						0		0
JON WARD , DIRECTOR	2 00	Х						0	0	0
JANINE FARVER , EXECUTIVE DIRECTOR	40 00			х				95,575	0	12,386
BRENDA O'HARA , FISCAL OFFICER	40 00			Х				63,800	0	4,670

Part VII Continued

				(tion that a			all			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	or	Estima mount of compens from t ganizati relate organiza	other ation he on and
1b	Total	 		<u>. </u>	. ,			▶	159,37	5	0		17,056
2	Total number of induviduals (includes												
_			a) who	recei	ved	mor	e than	1 \$ 1	00,000 in reportab	e			
	compensation from the organization		a) who	recei	ved	mor	e than	n \$1	00,000 in reportab	e		I I	
	compensation from the organization	► 0										Yes	No
3		►0 officer, direc	tor or t	ruste	e, k	ey e	mploy	/ee,	or highest compens		3	Yes	No No
	Did the organization list any former on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, is organization and related organization	▶0 officer, direc le J for such s the sum of	tor or t	ruste <i>ial</i> .	e, k	ey e •	mploy • ation a	∕ee, • and	or highest compens	sated employee • • • n from the	3	Yes	
3 4	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such sthe sum of the	tor or t Individu reporta nan \$15	ruste ual ble c 0,00	e, k • • omp 0? .	ey e • • • ens • f "Y	ation a	ee, • and ompi	or highest compens other compensation lete Schedule J for su	sated employee from the	3	Yes	
3	Did the organization list any former on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, is organization and related organization	officer, directle J for such sthe sum of the	tor or t individu reporta nan \$15 • •	ruste ual ble c 0,00	e, k omp 0?	ey e • ens f "Y • fror	ation : es, co	and	or highest compens other compensation lete Schedule J for su elated organization	sated employee from the ch for services		Yes	No
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Scheduler For any individual listed online 1a, is organization and related organization individual	officer, directle J for such sthe sum of the	tor or t individu reporta nan \$15 • •	ruste ual ble c 0,00	e, k omp 0?	ey e • ens f "Y • fror	ation : es, co	and	or highest compens other compensation lete Schedule J for su elated organization	sated employee from the ch for services	4	Yes	N o
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	reportanan \$15	ruste ual . ble c 0,00 • eensa	e, k omp 0? . tion	ey e • ens If "Y • fror	ation at the set of th	vee, • and • unro	or highest compens other compensation lete Schedule J for su elated organization	sated employee from the ch for services	4	Yes	N o
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such the sum of the	reportanan \$15	ruste ual . ble c 0,00 • eensa	e, k omp 0? . tion	ey e • ens If "Y • fror	ation at the set of th	vee, • and • unro	or highest compens other compensation elete Schedule J for su other compensation other compensation	sated employee from the ch for services	4	Yes (C	No No
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of the sum of the sum of the sure or accrust, "complete such as the sum of the su	reportanan \$15	ruste ual . ble c 0,00 • eensa	e, k omp 0? . tion	ey e • ens If "Y • fror	ation at the set of th	vee, • and • unro	or highest compens other compensation elete Schedule J for su other compensation other compensation	sated employee from the for services ethan	4	(c	No No
3 4 5	Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of the sum of the sum of the sure or accrust, "complete such as the sum of the su	reportanan \$15	ruste ual . ble c 0,00 • eensa	e, k omp 0? . tion	ey e • ens If "Y • fror	ation at the set of th	vee, • and • unro	or highest compens other compensation elete Schedule J for su other compensation other compensation	sated employee from the for services ethan	4	(c	No No

Part Stat

VIII							
				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1	a				
Contributions, gifts, grants and other similar amounts	ь	Membership dues	•				
<u> </u>	с	1th Fundraising events	'				
ઝ ⊯ ⊯	d	Related organizations 10					
્રે. <u>કેંક</u>	e	Government grants (contributions)					
<u>S</u> , <u>S</u>	f	All other contributions, gifts, grants, and	168,134	ŀ			
e de de	-	sımılar amounts not included above	·				
d it	g	Noncash contributions included in					
	h	lines 1a-1f \$ Total (Add lines 1a-1f)		1,627,093			
	₽	Total (Add Illes 14-11)	<u> </u>				
en	2a	TEACHERS SEMINARS	Business Code 900,099	68,650	68,650		
кеп	ь	THE GATHERING	900,099	28,190	28,190		
<u>æ</u>	С	FORUM MAGAZine	900,099	18,136	18,136		
Š	d						
38	e						
Ta I	f	All other program service revenue					
Program Service Revenue		Total. Add lines 2a-2f	_				
	g	► \$ 114,976					
	3	Investment income (including div	· · · · · · · · · · · · · · · · · · ·	10.775			10 775
		other similar amounts)		19,775			19,775
	4	Income from investment of tax-exempt	bond proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental					
		expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising	<u>.</u>				
		events (not including					
ar		\$ of contributions reported on line					
Other Revenue		1c) See Part IV, line 18					
Rev		Attach Schedule G if total exceeds \$15,000	.				
<u>a</u>	ь	Less direct expenses					
₽	c	Net income or (loss) from fundrais	sing events				
	9a	Gross income from gaming					
		activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
	ь	a Less direct expensesb					
	c	Net income or (loss) from gaming	activities				
	100	Construction of the contract o	<u> </u>				
	10a	Gross sales of inventory, less returns and allowances .					
		a					
	b	Less cost of goods sold b Net income or (loss) from sales o					
	С	Net income or (loss) from sales o Miscellaneous Revenue	Business Code	+			+
	11a	BOOK SALES	900,099	5,135	5,135		
	b	OTHER INCOME	900,099	453	453		\vdash
	с						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total Davisson Add Inc. 41. 0	\$ 5,588	1,767,432	120,564	0	19,775
	**	Total Revenue. Add lines 1h, 2g, 8c,		2,707,432	120,504	O]
		9c, 10c, and 11e	▶[

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do i	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	412,485	412,485		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	179,356	66,709	73,420	39,227
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	466,806	370,676		34,783
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	30,723	22,516	4,600	3,607
9	Other employee benefits	56,152	44,467	4,134	7,551
10	Payroll taxes	47,519	32,241	10,260	5,018
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	20,380		20,380	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	97,120	62,431	33,032	1,657
12	Advertising and promotion				
13	Office expenses				
14	Information technology	21,143	17,528	1,710	1,905
15	Royalties				
16	Occupancy	29,221	21,077	5,212	2,932
17	Travel	193,449	160,824	32,214	411
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	3,922	2,197	1,350	375
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	116,678	79,771	23,758	13,149
23	Insurance	1,494		1,494	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	HONORARIA	86,715	86,340	300	75
b	printing & publications	63,453	49,971	1,108	12,374
c	STIPENDS	60,000	60,000		
d	LIBRARIES	42,970	42,970		
e	postage	35,289	28,970	1,776	4,543
f	All other expenses	99,363	47,809	35,465	16,089
25	Total functional expenses. Add lines 1 through 24f	2,064,238	1,608,982	311,560	143,696
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			67,482	1	25,727
	2	Savings and temporary cash investments			749,579	2	902,469
	3	Pledges and grants receivable, net			999,244	3	701,693
	4	Accounts receivable, net			5,170	4	12,123
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>				5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			7,499	8	
22	9	Prepaid expenses and deferred charges			17,667	9	14,783
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	286,149			
•	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	255,606	147,221	10 c	30,543
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 <i>Complete Pal Schedule D</i>	t VII o	rf		12	
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part Part Part Part Part Part Part Part$			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,993,862	16	1,687,338
	17	Accounts payable and accrued expenses .			63,439	17	67,566
	18	Grants payable		335,028	18	350,028	
	19	Deferred revenue		12,510	19		
	20	Tax-exempt bond liabilities				20	
ē.	21	Escrow account liability Complete Part IV of Schedule D			21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25			410,977	26	417,594
ces		Organizations that follow SFAS 117, check here ► ✓ and complethrough 29, and lines 33 and 34.	ete lind	es 27			
Balance	27	Unrestricted net assets			571,211	27	615,534
89	28	Temporarily restricted net assets			997,589	28	640,125
됟	29	Permanently restricted net assets			14,085	29	14,085
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 and	l comp	lete			
5		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fur			32		
Net	33	Total net assets or fund balances			1,582,885	33	1,269,744
	34	Total liabilities and net assets/fund balances			1,993,862	34	1,687,338
Pa	rt XI	Financial Statements and Reporting					

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	_

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DLN: 93493074000140

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		i e organizat i IANITIES COUN						Em	ployer ide	ent if icat io	n numbe	r
FLORI	DA HUI	IANTI 1ES COUN	ICIL INC					23	-730496	4		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	bv all or	ganızatıo					
The	organiz			ation because it is (Please								
1	Γ	A church, c	onvention of ch	nurches, or association of ch	nurches de	scribed in	Section 1	L70(b)(1)	(A)(i).			
2	Γ	A school de	escribed in Sec l	tion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)						
3	Γ	A hospital	or a cooperativ	e hospital service organizati	ion descril	bed in Sec	tion 170(l	o)(1)(A)(i	i ii). (Attac	h Schedu	le H)	
4	Γ	A medical i	research organi	zation operated in conjuncti	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Γ	An organiza	ation operated 1	for the benefit of a college or	universit	y owned o	r operated	by a gov	ernmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	▽	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental ı	ınıt or fror	n the gene	ral publi	С
		describedi	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ns, membe	rship fees	, and gr	oss
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	′3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	income (l	ess sectio	on 511 ta:	x) from bu	sinesses	5
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)	
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpo	ses of
				orted organizations describe				•		Section 5	09(a)(3)).Check
		a T		type of supporting organiza			nes lle t nally Integ		n d	□ Type	III - O	ther
e	Г		• •	rtify that the organization is								
_	,	•	-	agers and other than one or			•			•	•	
		section 50			·		-					. ,
f				d a written determination fro	om the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organi	zation,
g		check this		as the organization accepte	d any dift	or contrib	ution from	any of the	<u>.</u>			1
9		following pe		as the organization accepte	a any gne	or contrib		uny or the	•			
		(i) a perso	n who directly o	r indirectly controls, either	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (111) bel	low, the govern	ng body of the the supported	orted organization?				11g(i)			
		(ii) a family	/ member of a p	erson described in (i) above	?					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) al	bove?				11g(iii)	
h		Provide the	following infori	mation about the organizatio	ns the org	janızatıon	supports					
				T	1				1			
		me of	(ii) EIN	(iii) Type of organization		s the		ou notify		s the		mount of
		orted		(described on lines 1-9 above or IRC section	-	ation in Iisted in		inization i) of your	_	ation in organized	sup	port?
Organization				(See Instructions))		verning		ort?		US?		
	document?											
					Yes	No	Yes	No	Yes	No		
					1	1		I	1			

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	<u>ked the box</u> or	n line 5, 7, or	8 of Part I.)				
Pı	ıblic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,683,804	2,181,749	2,117,490	1,622,679		1,627,093	9,232,815
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							
4	Total. Add line 1-3	1,683,804	2,181,749	2,117,490	1,622,679		1,627,093	9,232,815
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							9,232,815
Т,								
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(a)	2008	(f) Total
7	Amounts from line 4	1,683,804	31,381	2,117,490	1,622,679	(0)	1,627,093	9,232,815
8	Gross income from interest, dividends,							
_	payments received on securities loans, rents, royalties and income from similar	18,065	31,381	33,285	26,291		19,775	128,797
9	sources 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 IV)	9,355	12,315	7,051	16,076		5,588	50,385
11	Total Support (Add lines 7 through 10)							9,411,997
12	Gross receipts from related activities, etc	(See instruction	s)			12		547,823
13	First Five Years. If the Form 990 is for the organization, check this box and stop here	organization's fir	st, second, third	l, fourth, or fifth	tax year as a 5	01(c)(3) !	▶ □
C	omputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		98.100 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		98.310 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as	a publicly supp	orted organizati	on				►V
b	33 1/3% Test - 2007. If the organization did box and stop here. The organization qualifies				15 IS 33 1/3% OF	r more	, check thi	s ► ┌
17a	10% Facts and Circumstances Test - 2008.				3 . 16a . or 16b a	nd line	e 14 ıs 10'	
	more, and if the organization meets the "fac organization meets the "facts and circumst	ts and circumst	ances" test, che	ck this box and	stop here. Expl	aın ın	Part IV ho	
b	10% Facts and Circumstances Test - 2007.							
10	more, and if the organization meets the "fact the organization meets the "facts and circu	mstances" test	The organizatio	n qualifies as a	publicly suppor	ted or	ganızatıon	▶ ┌
18	Private Foundation. If the organization did instructions	посспеск тпе во	ox on time 13, 16	а, 100, 1/a or	170, CHECK THIS	рох а	iu see	▶ □

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B

If th	, , , ,	it nave NOT filed Form 5768 (election es," to Form 990, Part IV, Line 5 (P		(n)) Complete Part IFB Do r	not complete Pa	rt II-A
Na	nme of the organization DRIDA HUMANITIES COUNCIL INC	zations complete l'art ill			ntification numb	per
Par		by all organizations exempt ee the instructions for Schedule		23-7304964 n 501(c) and section		
1	Provide a description of the or	ganization's direct and indirect polit	ıcal campaıgn act	tivities in Part IV		
2	Political expenditures				\$	
3	Volunteer hours					
Par	rt I-B To be completed I for Schedule C for d	by all organizations exempt letails.)	under section	n 501(c)(3). (See the	instructions	
1	Enter the amount of any excis	e tax incurred by the organization ur	nder section 4955	5	\$	0
2	Enter the amount of any excis	e tax incurred by organization manag	gers under sectio	n 4955	\$	0
3	If the organization incurred in	a section 4955 tax, did it file Form 4	1720 for this year	٠٦	☐ Yes	┌ No
4a	Was a correction made?				☐ Yes	┌ No
b	If "Yes," describe in Part IV					
Par		by all organizations exempt s for Schedule C for details.)	under section	n 501(c), except sect	tion 501(c)((3).
1	Enter the amount directly exp	ended by the filing organization for s	ection 527 exemp	pt function activities	\$	
2	Enter the amount of the filing of 527 exempt funtion activities	organızatıon's ınternal funds contrıbı	uted to other orga	nizations for section	\$	
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add line	s 1 and 2 and ent	ter here and on Form	\$	
4	Did the filing organization file	Form 1120-POL for this year?			☐ Yes	☐ No
5	were made Enter the amount political contributions receive	nd Employer Identification Number (paid and indicate if the amount was p d and promptly and directly delivere action committee (PAC) If additions	oaid from the filing d to a separate po	g organization's own interna olitical organization, such a	al funds or were is a separate	
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount contribution and prom directly deli separate organization enter	s received only and vered to a political of the second sec

section 4911 tax for this year?

┌ Yes ┌ No

P		organizations exempt under section 501(c)(tion 501(h)). (See the instructions for Schedule C		68
A	_ _•	belongs to an affiliated group	, , , , , , , , , , , , , , , , , , , ,	
В	Check If the filing organization	checked box A and "limited control" provisions apply		
		obying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1 a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	21,950	
c	: Total lobbying expenditures (add line	es 1a and 1b)	21,950	
d	Other exempt purpose expenditures		2,042,288	
e	Total exempt purpose expenditures	add lines 1c and 1d)	2,064,238	
f	Lobbying nontaxable amount Enter t columns—	he amount from the following table in both	253,212	
	If the amount on line 1e, column (a)			
	or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)	63,303	
h	Subtract line 1g from line 1a Enter -	0- ıf lıne g ıs more than lıne a	0	
i	Subtract line 1f from line 1c Enter -)- If line f is more than line c	0	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total		
2a	Lobbying non-taxable amount	252,241	251,276	255,310	253,212	1,012,039		
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,518,059		
c	Total lobbying expenditures	30,000	27,874	27,363	21,950	107,187		
_d	Grassroots non-taxable amount	63,060	62,819	63,828	63,303	253,010		
е 	Grassroots ceiling amount (150% of line d, column (e))					379,515		
f	Grassroots lobbying expenditures	0	0	0				

	5768 (election under section 501(h)). (See the instructions for Schedule C for d					
		(a	1)		(b)	
	·	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
-	1) Did the patientias in line 1 agree the arrangements in the net decombed in section FO1/a)/2)2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes" enter the amount of any tax incurred under section 4912			+		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	Part II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization FLORIDA HUMANITIES COUNCIL INC

			23-7304964	
Pa	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 99		unds or Account	s. Complete if the
	organización answered 165 to FOITH 95	(a) Donor advised funds	(b) Funds and	other accounts
	Total number at end of year			
	Aggregate Contributions to (during year)			
	Aggregate Grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advised	┌ Yes ┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the berimpermissible private benefit?	nefit of the donor or donor advisor or othe	r	┌ Yes ┌ No
Ī	t III Conservation Easements. Complete	if the organization answered "Yes"	to Form 990, Part 1	IV, line 7.
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreat Protection of natural habitat	ion or pleasure) Preservation of a	n historically importa ertified historic struct	•
	Preservation of open space			
	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	lified conservation contribution in the forr	n of a conservation ea	asement
	and the tast any or the tax your		Held a	t the End of the Yea
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easement	ts	2b	
	Number of conservation easements on a certified h	istoric structure included in (a)	2c	
	Number of conservation easements included in (c)	acquired after 8/17/06	2d	
	Number of conservation easements modified, transfe	•	ed by the organization	n durina
	the taxable year 🕨	,,	, .	
	•			
	Number of states where property subject to conserv			
	Does the organization have a written policy regardin enforcement of the conservation easements it holds		lations, and	┌ Yes ┌ No
	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during th	e year ►	
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the y	rear ► \$	
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of se	ction	┌ Yes ┌ No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to the organization's financia		
ľ	Organizations Maintaining Collection Complete if the organization answered		or Other Similar	Assets.
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fill	for public exhibition, education or resea	rch in furtherance of p	
,	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research		
	(i) Revenues included in Form 990, Part VIII, line 1	L	► \$	
	(ii) Assets included in Form 990, Part X		► \$	
	If the organization received or held works of art, hist following amounts required to be reported under SFA	•		ride the
	Revenues included in Form 990, Part VIII, line 1		► \$	
			F 4	

b Assets included in Form 990, Part X

3	Using the organization's accession and othe							ontinuea)
	items (check all that apply)		. –					
а	Public exhibition	C	!	Loan or exch	ange programs			
b	Scholarly research	e	• 「	Other				
c	Preservation for future generations							
4	Provide a description of the organization's co Part XIV	ollections and explain h	now the	y further the or	ganızatıon's ex	empt purpose ın		
5	During the year, did the organization solicit						Yes	
Da	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the sold to raise funds rather than the sold to raise funds rather than the sold to raise funds rather than the sold to					<u> </u>		No
F C	Part IV, line 9, or reported an an				iizatioii aiiswe	ered res to re	ל וווויס	3 0,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermedıa	ary for c	ontributions oi	r other assets n		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table						
						A mou	nt	
C	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1?			Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	,						
Pa	rt V Endowment Funds. Complete							
		(a)Current Year	(b) Prior	Year (c)Two	Years Back (d)	Three Years Back (e	Four Y	ears Back
La	Beginning of year balance	1,011,674						
b	Contributions	372,025						
С	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs	729,489						
f	Administrative expenses							
g	End of year balance	654,210						
2	Provide the estimated percentage of the yea	r end balance held as						
а	Board designated or quasi-endowment 🕨							
ь	Permanent endowment > 2 150 %							
c	Term endowment ► 97 850 %							
3a	Are there endowment funds not in the posses	ssion of the organizatio	on that a	are held and ad	Iministered for t	the		
	organization by						Yes	No
	(i) unrelated organizations					3a(i)		Νo
	(ii) related organizations					3a(ii)		No
b	If "Yes" to 3a(11), are the related organization	•				3b		
4	Describe in Part XIV the intended uses of th	-						
Pa	t VI Investments—Land, Buildings	s, and Equipment.	. See F	orm 990, Pa	rt X, line 10.	<u> </u>	ı	
	Description of investment			a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) B	ook value
1a	Land							
b	Buildings							
_	Leasehold improvements							
_	C avvance at							
	Equipment		I					
d	Other				286,149	255,606		30,543

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

1,767,432	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2,064,238	2	Total expenses (Form 990, Part IX, column (A), line 25)	2
-296,806	3	Excess or (deficit) for the year Subtract line 2 from line 1	3
	4	Net unrealized gains (losses) on investments	4
	5	Donated services and use of facilities	5
	6	Investment expenses	6
	7	Prior period adjustments	7
-16,335	8	Other (Describe in Part XIV)	8
-16,335	9	Total adjustments (net) Add lines 4 - 8	9
-313,141	10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10
'n	er Ret	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	Par
1,827,695	1	Total revenue, gains, and other support per audited financial statements	1
		A mounts included on line 1 but not on Form 990, Part VIII, line 12	2
		Net unrealized gains on investments	а
		Donated services and use of facilities	b
		Recoveries of prior year grants	C
		Other (Describe in Part XIV)	d
60,263	2e	Add lines 2a through 2d	e
1,767,432	3	Subtract line 2e from line 1	3
		A mounts included on Form 990, Part VIII, line 12, but not on line 1	4
		Investment expenses not included on Form 990, Part VIII, line 7b . 4a	а
		Other (Describe in Part XIV)	b
0	4c	Add lines 4a and 4b	С
1,767,432	5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
			Part
2,140,836	1	Total expenses and losses per audited financial statements	1
		A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2
		Prior year adjustments	a b
		Losses reported on Form 990, Part IX, line 25	c
		Other (Describe in Part XIV) 2d	d
76,598	2e	Add lines 2a through 2d	e
2,064,238	3	Subtract line 2e from line 1	3
2,001,200		A mounts included on Form 990, Part IX, line 25, but not on line 1:	4
		Investment expenses not included on Form 990, Part VIII, line 7b 4a	a
		Other (Describe in Part XIV) 4b	ь
0	4c	Add lines 4a and 4b	c
2,064,238	5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
	ગ		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	the organization indends to use the endowment funds to further their program services the term endowment funds are related to assets contributed by donors and grantors for specific purposes and time periods these funds will be used for the purposes specified by the donors the permanent endowment consists of a donor-restricted fund in which the corpus is maintained in a certificate of deposit the interest income earned from the certificate is designated for unrestricted purposes for the futherance of the organizaton's programs and services
Part XI, Line 8 - Other Adjustments		RELEASE OF RESTRICTION - BUILDING LEASE -16335

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493074000140

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Employer identification number

FLORIDA HUMANITIES COU	NCIL INC						
						23-7304964	
Does the organization mathe selection criteria use	aintain records to s d to award the grar	nts or assistance?	t of the grants or assista				Г Yes
Part IV and Sch	her Assistance IV, line 21 for ar edule I-1 if addi	e to Governments ny recipient that rece tional space is	and Organizations erved more than \$5,0	in the United Star 00. Check this box	tes. Complete if the o	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of second organizations					•	_	15
3 Enter total number of oth			<u> </u>				
For Paperwork Reduction Act Not	ice, see the Instruct	tions for Form 990.		Cat No 50055	۲	Sc	hedule I (Form 990) 2008

Part III	Grants and Other Assistance	e to Individuals in the United States.	Complete if the organization	answered "Yes"	' on Form 990,	Part IV, line 22	2.
	Use Schedule I-1 (Form 990) if	addıtıonal space ıs needed.					

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
The state of the s	·	·	·		· · · · · · · · · · · · · · · · · · ·

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional	Data	able
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Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 ANY ORGANIZATION THAT RECEIVES FUNDS FROM FLORIDA HUMANITIES COUNCIL, INC (FHC) MUST HAVE THE PROJECT DIRECTOR FOR THE GRANT THAT THEY WERE AWARDED ATTEND A MEETING HELD BY FHC IN WHICH THE DIRECTOR'S ARE INSTRUCTED IN FHC'S REQUIREMENTS AND PROCEDURES FOR, PUBLICIZING THEIR GRANT AND PROGRAMS, REQUESTING APPROVAL OF ANY CHANGES THEY NEED TO MAKE IN BUDGET ALLOCATIONS, SCHOLARS, DATES OF PROGRAMS, ETC, FULFILLING THE FHC BOARD'S GRANT CONDITIONS, AND IN EVALUATING THEIR PROGRAMS AND COMPLETING THE REQUIRED FINANCIAL REPORTS IF THE GRANT FUNDS WILL BE SPENT WITHIN THREE MONTHS OF THE REQUEST, THE GRANTEE CAN REQUEST UP TO 90% OF THE GRANT AWARD IMMEDIATELY AT \$5,000 INCREMENTS PER MONTH OTHERWISE, FUNDS ARE REQUESTED IN AMOUNTS ACCORDING TO A THREE-MONTH NEED (UP TO 90%) FOR EACH CASH REQUEST AFTER THE FIRST ONE, A FINANCIAL REPORT IS REQUIRED SHOWING HOW THE GRANTEE HAS SPENT FUNDS TO DATE UPON REQUEST TO CLOSE THE GRANT, FHC REQUIRES THREE TYPES OF EVALUATIVE REPORTS - FROM THE PROJECT DIRECTOR, FROM AN INDEPENDENT EVALUATOR APPROVED BY FHC, AND FROM AUDIENCE MEMBERS FHC ALSO REQUIRES COPIES OF PROMOTIONAL MATERIALS, BROCHURES, HANDOUTS, ANY NEWSPAPER ARTICLES, ETC WRITTEN ABOUT THE PROJECT GRANTEES ARE ALSO REQUIRED AT THIS TIME TO SUBMIT FINANCIAL REPORTS ONCE ALL THE REQUIRED DOCUMENTATION HAS BEEN SUBMITTED THEN A GRANTEE CAN SUBMIT A CASH REQUEST FOR THE REMAINDER OF THE GRANT FUNDS
	+	

Software ID:

Software Version: EIN: 23-7304964

Name: FLORIDA HUMANITIES COUNCIL INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

i orini 990,3cheddie 1, Par	t II, Grants a	THE OTHER ASSISTANT	ce to dovernment.	and Organizatio	iis iii tiic oiiitea st	ates	T
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WPBT COMMUNICATIONS FOUNDATION INCPO BOX 610002 MIAMI,FL 33261	59-2141826	501(C)(3)	100,000				MAIN STREET IMAGINING COMMUNITY AND PLACE
wirn fm radio 913169 E FLA GLER STREET SUITE 1400 MIAMI,FL 331311213	23-7365001	501(C)(3)	16,973				WRITING SOUTH FL AND EPISODE OF UNDER THE SUN
LOXAHATACHEE river historical society INC500 CAPTAIN ARMOURS WAY JUNIPER,FL 33469	23-7448343	501(C)(3)	14,450				FLORIDA'S FIRST PEOPLE
THE museum of florida art INC600 N WOODLAND BLVD DELAND, FL 32720	59-0678769	501(C)(3)	20,000				LEGENDARY FLORIDA STORIES THROUGH IMAGE
WJCT INC100 FESTIVAL PARK AVENUE JACKSONVILLE, FL 322021397	59-0711482	501(C)(3)	20,000				JACKSONVILLE BEACH THROUGH THE CHANGE
WUSF4202 E FOWLER AVENUE TVB100 TAMPA,FL 33260	59-3102112	501(C)(3)	20,000				ST PETERSBURG PLACE IN THE SUN
WGCU-TV CHANNEL 30 10501 FGCU BLVD SOUTH FORT MEYERS,FL 33965	65-0753801	501(C)(3)	20,000				FLORIDA HEAVEN ON EARTH?
FLORIDA WEST COAST PUBLIC BROADCASTING INC1300 NORTH BOULEVARD TAMPA,FL 33607	59-0840626	501(C)(3)	19,925				VENICE, FL MOVING FORWARD BY LOOKING BACK
TALLAHASSEE WRITERS ASSOCIATION INCPO BOX 3428 TALLAHASSEE,FL 32315	30-0188322	501(C)(3)	5,000				TALLAHASSEE FESTIVAL OF BOOKS AND WRITERS CONFERENCE
DAYTONA STATE COLLEGE INC1200 WEST INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH,FL 32120	59-1211226	501(C)(3)	5,000				UNIQUELY FLORIDA - A LECTURE SERIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLAGLER COLLEGE INC PO BOX 1027 ST AUGISTINE, FL 32085	59-1157081	501(C)(3)	15,000				DISCOVER FIRST AMERICA LEGACIES OF LA FLORIDA
THE MARY BROGAN MUSEUM OF ART AND SCIENCE INC350 S DUVAL STREET TALLAHASSEE, FL 32301	59-0313279	501(C)(3)	5,000				THE KINSEY COLLECTION
SAINT PETERSBURG PRESERVATION INCPO BOX 838 ST PETERSBURG, FL 33731	59-1898534	501(C)(3)	6,986				WATERFRONT CENTENNIAL DISCUSSION SERIES
FLORIDA ATLANTIC UNIVERSITY FOUNDATION INC777 GLADES ROAD ADMIN 295 BOCA RATON,FL 33431	59-0917284	501(C)(3)	12,927				THE HISTORY AND CULTURE OF SURFING IN FLORIDA
THE FLORIDA HISTORICAL SOCIETY 435 BREVARD AVENUE COCOA,FL 32922	59-6153077	501(C)(3)	21,500				FLORIDA FRONTIERS

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization FLORIDA HUMANITIES COUNCIL INC **Employer identification number**

23-7304964

ldentifier	Return Reference	Explanation					
Form 990, Part III, line 4d	Other Program Services	THE RESOURCE CENTER WAS ESTABLISHED TO PROVIDE HUMANITIES PROGRAMMING IN THE UNDERSERVED AREAS OF THE STATE THIS PROGRAM FUNDS VARIOUS TRAVELING SPEAKERS AND A TRAVELING EXHIBIT SERIES THESE SPEECHES AND EXHIBITS ARE PROVIDED TO LIBRARIES, MUSEUMS AND COMMUNITY CENTERS ACROSS THE STATE Each year hundreds of free public humanities programs are funded and/or created by FHC that examine a variety of Florida topics, both past and present. Hosted by community centers, libraries, theaters and other public venues statewide, these programs help Floridians learn more about the richly diverse state in which we live. Our Road Scholars travel the state of Florida, bringing thought-provoking humanities programs to libraries, community centers, museums, and other public venues. \$ 180624. Including grants of \$ 0. Revenue \$ 18136.					

ldentifier	Return Reference	Explanation					
Form 990, Part VI, Section A, line 10		THE TAX RETURN IS INITALLY REVIEWED INTERNALLY BY THE FINANCE COMMITTEE OF THE ORGANIZATION ONCE THE FINANCE COMMITTEE'S QUESTIONS AND/OR CONCERNS ARE ADDRESSED AND/OR CORRECTED THEY THEN FOWARD THE RETURN TO THE BOARD OF DIRECTORS FOR COMMENTS AND QUESTIONS PRIOR TO FILING A DESIGNATED OFFICER THEN SIGNS THE RETURN AFTER COSIDERING ALL OF THE BOARD OF DIRECTORS COMMENTS AND QUESTIONS					

ldentifier	Return Reference	Explanation				
Form 990, Part VI, Section B, line 12c		The organization addresses the conflict of interest policy at any meeting in which they discuss any new potential grants to be awarded. This is done to ensure that there are no potential conflicts of interest with each and every grant awarded.				

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED ANNUALY BY THE BOARD OF DIRECTORS FOR THE ORGANIZATION SALARIES FOR ALL OF THE ORGANIZATIONS OFFICERS AND/OR KEY EMPLOYEES ARE INCLUDED IN THE BUDGET PROCESS WHICH IS REVIEWED AND APPROVED ANNUALY BY THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation		
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST		

ldentifier	Return Reference	Explanation					
FORM 990, PART V, LINES 7G & 7H		FORMS 8899 AND 1098-C WERE NOT REQUIRED TO BE FILED FOR 2008 AS THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY, CARS, BOATS, AIRPLANES, OR OTHER VEHICLES HAD SUCH CONTRIBUTIONS BEEN RECEIVED, THE ORGANIZATION WOULD HAVE FILED FORMS 8899 AND 1098-C AS REQUIRED					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493074000140

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. Attachment Sequence No 67

Name(s) shown on return FLORIDA HUMANITIES	COUNCIL INC	Business or a	activity to which	this form relate	s Ide	nt if y in	g number
TEORIDA HOMANITIES	COONCIL INC	Form 990 Pa	ge 10		23-	73049	64
	•	Certain Property United property, complete			ete Part I		
		s for a higher limit for cer			ctc r art i.	1	250,000
		ced in service (see instru				2	
		•	•			3	800.000
		y before reduction in limit	-	uctions) .			800,000
		from line 2 If zero or les	•			4	
	•	line 4 from line 1 If zero	or less, enter - 0	0- If married fili	ng		
separately, see instru	ctions					5	
				, 1			
(a) [Description of pro	perty	1 ` '	(business use only)	(c) Elected	cost	
6				omy,			
7 Listed property Enter	the amount from	line 29		. 7			Ґ
		erty Add amounts in col	umn (c) lines 6			8	1
9 Tentative deduction		·	ullili (c), lilles o	and /		-	
						. 9	
10 Carryover of disallower		•				10	
11 Business income limitation	Enter the smaller of	business income (not less tha	in zero) or line 5 (se	ee instructions)		11	
12 Section 179 expense	deduction Add I	ines 9 and 10, but do not	enter more tha	n line 11 ·		12	
13 Carryover of disallower	ed deduction to 2	009 Add lines 9 and 10	, less line 12	. 13			
Note: Do not use Part	II or Part III L	pelow for listed proper	rty. Instead, u	ise Part V.			•
Part II Special D	epreciation A	Allowance and Othe	r Depreciati	on (Do not in	clude listed p	ropert	y) (See instructions)
14 Special depreciation a		lified property (other thai	n listed property) placed in serv	ice during the		
tax year (see instruct	•					14	
15 Property subject to se	, , , ,	election				15	
16 Other depreciation (in						16	841
Part IIII MACRS De	epreciation (Do not include listed		ee instructions	.)		
			ection A				T
17 MACRS deductions fo	r assets placed i	n service in tax years be	ginning before 2	2008		17	
18 If you are electing		•	e during the t	ax year ınto o	ne or mo <u>re</u>		
general asset acco	unts, check he	re			▶l		
Section B-Ass	ets Placed in	Service During 20	08 Tax Year	Using the G	eneral Dep	recia	tion System
		(c) Basis for					
(a) Classification of	(b) Month and year placed in	I ' I (d) Recovery I				од	(g)Depreciation
property	service	use	period	(C) Convention	(i) Metil	°°	deduction
		only—see instructions)					
19a 3-year property							
b 5-year property							
c 7 - year property							
d 10-year property							
e 15-year property							
f 20-year property							
g 25-year property			25 yrs		S/L		
h Residential rental			27 5 yrs	ММ	S/L		
property			27 5 yrs	ММ	S/L		
i Nonresidential real			39 yrs	ММ	S/L		
property				ММ	S/L		
	on C—Assets Plac	ced in Service During 200	8 Tax Year Using	g the Alternativ		n Syst	em
20a Class life	4				S/L		
b 12-year			12 yrs		S/L		
c 40-year	(6	 	40 yrs	ММ	S/L		
	ry (See instruc					T ==	T
21 Listed property Enter						21	
22 Total. Add amounts fr	•	- '			1 Enter here	22	841
	•	curn Partnerships and S	•			1	
23 For assets shown abo portion of the basis at	•	•	icyear, enter the	e 23			
For Panerwork Peduction			Cat No 129	• •			orm 4562 (2008)

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment deduction vehicles first) basis Convention service use period use only) cost percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 4 Vehicle 1 Vehicle 3 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use No No Yes No No No Yes Yes Yes Yes Yes No during off-duty hours? . . . 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year begins percentage

42 A mortization of costs that begins during your 2008 tax year (see instructions)

44 Total. Add amounts in column (f) See the instructions for where to report

43 A mortization of costs that began before your 2008 tax year

115,837

115.837

43

44