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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.
▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052 **2014**Open to Public Inspection

Internal Revenue Service For calendar year 2014 or tax year beginning and ending Name of foundation A Employer identification number CADE MUSEUM FOUNDATION, 20-1884134 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 904 S MAIN ST 352-371-8001 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 32601-7925 GAINESVILLE, FL G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) \triangleright under section 507(b)(1)(B), check here 6,250,506. (Part I, column (d) must be on cash basis.) ▶\$ Analysis of Revenue and Expenses (d) Disbursements or charitable purposes (cash basis only) Part I (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome 910,868 Contributions, gifts, grants, etc., received If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 12 12 3 12.STATEMENT 26,560.STATEMENT Dividends and interest from securities 26,560. 26,560. 350 350. 350.STATEMENT 5a Gross rents STATEMENT b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Ο. 7 Capital gain net income (from Part IV, line 2) 0 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 846,679.STATEMENT 846,679 391,197 11 Other income RECEIVED1 784,469 418,119. 873,601 Total, Add lines 1 through 11 11,353. 77,615 وأن 3*.*881. 66,263. Compensation of officers, dir , trustees, etc Other employee salaries wagesjun 16 4,377 65,548 14 0 78,829. ₩18,096. 15 Pension plans, employee benefits 316. 6,269. 11,827. 16a Legal fees Stanten 6,838 350 6,838. 20,513. **b** Accounting fees 930 STMT 0. 930. c Other professional fees 0. 15,734 17 Interest 787. 2,806. 12,928. STMT 8 9,624 0. 0. 9,624. 18 Taxes 12,865 0. 0 Depreciation and depletion 19 5,199 29,149 1,457 23,950. 20 Occupancy 3,892 0 . 0 3,892. 21 Travel, conferences, and meetings 22 Printing and publications STMT 9 142,484 658 41,097 100,297. Operating 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 482,116 13,937 139,110 329,053. 25 Contributions, gifts, grants paid 0. 0. Total expenses and disbursements. Add lines 24 and 25 482,116 13,937. 139,110 329,053. 27 Subtract line 26 from line 12: 1,302,353 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 404,182 734,491 c Adjusted net income (if negative, enter -0-)

4 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2014) CADE MUSEUM FOUNDATION 20-1884134 Page 2 Attached schedules and amounts in the description Beginning of year End of year **Balance Sheets** column should be for end-of-year amounts only (a) Book Value (c) Fair Market Value (b) Book Value 108,673. 47,419 108,673. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 664,475 1,083,621. 1,083,621. 3 Accounts receivable ► Less: allowance for doubtful accounts 531,000. 4 Pledges receivable ► 362,856. 531,000. 531,000. Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 11,602. 11,602. 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment: basis Less accumulated depreciation 12 Investments - mortgage loans 3,147,908. STMT 10 2,771,805. 3,147,908. 13 Investments - other 1,202,769. 14 Land, buildings, and equipment: basis Less accumulated depreciation STMT 11▶ 66,148. 783,534. 1,136,621. 1,136,621. STATEMENT 12) 232,171. 231,081. 231,081. 15 Other assets (describe ► 16 Total assets (to be completed by all filers - see the 4,862,260. 6,250,506. 6,250,506. instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses 559 727. 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 283,172. 256,453. 21 Mortgages and other notes payable 22 Other liabilities (describe 283,731 257,180 23 Total liabilities (add lines 17 through 22) ightharpoonsFoundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Balances 5,622,262. 4,207,465. 24 Unrestricted 25 Temporarily restricted 371,064. 371,064 26 Permanently restricted Fund Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ò 27 Capital stock, trust principal, or current funds Net Assets 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 4,578,529. 5,993,326 30 Total net assets or fund balances 4,862,260. 6,250,506 31 Total liabilities and net assets/fund balances **Analysis of Changes in Net Assets or Fund Balances** Part III Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 4,578,529. Enter amount from Part I, line 27a 1,302,353. 3 Other increases not included in line 2 (itemize) ► UNREALIZED GAIN ON INVESTMENTS 112,444. Add lines 1, 2, and 3 4 5,993,326. Decreases not included in line 2 (itemize) 993,326. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 Form **990-PF** (2014)

	ribe the kind(s) of property trehouse; or common stoc			(b) F	low ac - Purc - Dona	quired hase ation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)	
1a				ļ						
b NO	NE			ļ						
<u>c</u>	· ·			 						
<u>d</u>				 						
(e) Gross sales price	(f) Depreciation allow (or allowable)		st or other basis expense of sale		(h) Gain or (loss) (e) plus (f) minus (g)					
<u>a</u>										
<u>b</u>										
d d										
e	.		- · · · · · · · · · · · · · · · · · · ·	\dashv						
Complete only for assets showing	g gain in column (h) and c	owned by the foundation	n on 12/31/69			(1) Gains (C	Col. (h) gain	minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	cess of col. (ı)				. (k), but	not less tha (from col. (n -0-) or	
a					·					
b										
С										
d										
е]							· · · · · · · · · · · · · · · · · · ·	
2 Capital gain net income or (net ca	pital loss) $ \begin{cases} \text{If gain,} \\ \text{If (loss)} \end{cases} $	also enter in Part I, line), enter -0- in Part I, line	7 7	}	2					
3 Net short-term capital gain or (los	s) as defined in sections 1	222(5) and (6):		\						
If gain, also enter in Part I, line 8,	column (c).			 						
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4940	Vol for Bodycoo	I Tay on Not	1000	3	ont Inc				
If section 4940(d)(2) applies, leave the Was the foundation liable for the sec f "Yes," the foundation does not qual	tion 4942 tax on the distrib ify under section 4940(e).	Do not complete this pa	ırt.						Yes X No	
1 Enter the appropriate amount in	each column for each year;	see the instructions be	fore making any e	ntries.						
(a) Base period years Calendar year (or tax year beginnii	ng in) Adjusted qua	(b) lifying distributions	Net value of no					(d) Distribution ratio (col. (b) divided by col. (c))		
2013		442,347.				6,720			.099701	
2012		737,177.				<u>1,561</u>			.240785	
2011		343,970. 221,404.				$\frac{3,709}{1,227}$.119280	
2010 2009		891,861.				1,237 7,915			.086783	
2003		051,001.			<u>, , , , , , , , , , , , , , , , , , , </u>	,,,, <u>,</u>	<u>'•</u>		54402.	
2 Total of line 1, column (d)							2		.891174	
3 Average distribution ratio for the	5-year base period - divide	the total on line 2 by 5,	or by the number	of year	ars					
the foundation has been in existe			•	•			3		.17823	
4 Enter the net value of noncharitat	le-use assets for 2014 from	m Part X, line 5					4		5,617,124	
Multiply line 4 by line 3							5		1,001,168	
2 Fata 40/ af act much man to account	on /40/ of Dood I have OZh								4 042	
6 Enter 1% of net investment incom	ie (176 Di Part I, line 27b)						6	-	4,042	
7 Add lines 5 and 6							7		1,005,210	
, , , ad imos o dila o										
B Enter qualifying distributions from	n Part XII, line 4						8		329,053	
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Pa	art VI, line 1b, and comp	olete that part usin	g a 1%	6 tax r	ate.				

Form 990-PF (2014) CADE MUSEUM FOUNDATION, INC Part VI Excise Tax Based on Investment Income (Section 4)	1940(a), 4940(b), 4940(e), or 4	20-1884 948 - see			Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here					
Date of ruling or determination letter: (attach copy of letter if					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%					
of Part I, line 27b					0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations ente	r 4% of Part I, line 12, col. (b).				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations onl	ly. Others enter -0-)	2			0.
3 Add lines 1 and 2		3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations on	ıly. Others enter -0-)	4			0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5			0.
6 Credits/Payments:	1				
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a				
b Exempt foreign organizations - tax withheld at source	6b				
c Tax paid with application for extension of time to file (Form 8868)	6c				
d Backup withholding erroneously withheld	6d				_
7 Total credits and payments. Add lines 6a through 6d		7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	attached	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpai	1 .	10			
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ Part VII-A Statements Regarding Activities	Refunded	11			
1a During the tax year, did the foundation attempt to influence any national, state, or local	legislation or did it participate or intervene	ın	T	Yes	No
any political campaign?			1a		Х
b Did it spend more than \$100 during the year (either directly or indirectly) for political pu	urposes (see instructions for the definition)?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	s and copies of any materials publishe	ed or			
distributed by the foundation in connection with the activities					
c Did the foundation file Form 1120-POL for this year?					X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .					
e Enter the reimbursement (if any) paid by the foundation during the year for political exp	enditure tax imposed on foundation				
managers. ► \$ 0 .					
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?					<u>X</u>
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 cha	*		3	-	<u>X</u>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	e year?	37 / 3	4a		<u>X</u>
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the y	ear		_5		<u>X</u>
If "Yes," attach the statement required by General Instruction T	ad author				
 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfie By language in the governing instrument, or 	ed either.				
 By state legislation that effectively amends the governing instrument so that no mand 	latory directions that conflict with the state	יייכן כ			
remain in the governing instrument?	ratory directions that conflict with the state	5 IQVV	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 XV	,	7	X	
The the foundation have at least \$6,000 in about at any time during the year. The feet	complete rare ii, con (c), and rare xv		-'-		
. 8a Enter the states to which the foundation reports or with which it is registered (see instru	uctions) >				
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	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of	of section 4942(j)(3) or 4942(j)(5) for cale	endar			
year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes			9	Х	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a so	chedule listing their names and addressesS	TMT 13	10	X	

	1990-PF (2014) CADE MUSEUM FOUNDATION, INC 20-1884 Out VII-A Statements Regarding Activities (continued)	<u>1134</u>		Page 5
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	T		Г
٠,	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		x
12	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		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► HTTP://WWW.CADEMUSEUM.ORG	L_::-		
14	The books are in care of ▶ JAMES MOORE & CO., P.L. Telephone no. ▶ 352-3	78-1	331	
• •	Located at ▶ 5931 NW 1ST PLACE, GAINESVILLE, FL ZIP+4 ▶32			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the	\ <u></u>		·
	foreign country			
Pa	rt VII-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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			
	(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)?			
	(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.)			
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		X
	Organizations relying on a current notice regarding disaster assistance check here			
C	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 2014?	10		X
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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014?			
	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.) N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3 a				
	during the year?			
b	If "Yes," did it have excess business holdings in 2014 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 Schedule C,			
_	Form 4720, to determine if the foundation had excess business holdings in 2014) N/A	3b		 _
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		_X_
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			v

	INC		<u>20-18841</u>	.34	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No]
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indir				1
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	9	Y€	es 🗶 No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				1
4945(d)(4)(A)? (see instructions)		Yo	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or				
the prevention of cruelty to children or animals?		Ye	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulatıons			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	nere		▶□□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined			
expenditure responsibility for the grant?	N	I/A 🔲 Ye	es 🔲 No	-	ŀ
If "Yes," attach the statement required by Regulations section 53 494		•			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	F-7 F	☐ Y ₆	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	x
If "Yes" to 6b, file Form 8870	or contain bonomic contract			-	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	chelter transaction?		es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu		I 11		7b	
Part VIII Information About Officers, Directors, Trust		nagers Highly		7.0	
Paid Employees, and Contractors	ccs, i candadon me	inagers, riigini	,		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e)	Expense
(a) Name and address	hòurs per week devoted to position	(If not paid,	(d) Contributions to employee benefit plans and deferred	acco	unt, other owances
	to position	enter -0-)	compensation	ant	wances
SEE STATEMENT 14		77,615.	0.		0
DEE BIAIEMENI 14		11,013.	<u>.</u>		0.
				 	
2 Compensation of five highest-paid employees (other than those inc				<u> </u>	
Compensation of tive highest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(0)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acco	unt, other
004 6 1171	devoted to position		compensation	allo	wances
	PROGRAM DIREC	1			_
GAINESVILLE, FL 32601	40.00	59,885.	0.		0.
				ļ	
		<u></u>		<u> </u>	
Fotal number of other employees paid over \$50,000			▶		0
			Form	990-F	PF (2014)

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Total. Add lines 1 through 3

CADE MUSEUM FOUNDATION Form 990-PF (2014) INC 20-1884134 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 680,852. a Average monthly fair market value of securities 1a Average of monthly cash balances 1b 748,677. 4,273,135. c Fair market value of all other assets 1c 5,702,664. d Total (add lines 1a, b, and c) 1đ Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 5,702,664. Subtract line 2 from line 1d 3 3 85,540. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 5,617,124. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 280,856. Minimum investment return Enter 5% of line 5 6

Minimum investment return from Part X, line 6		1	
Tax on investment income for 2014 from Part VI, line 5	2a		
Income tax for 2014. (This does not include the tax from Part VI.)	2b		
Add lines 2a and 2b	2c		
Distributable amount before adjustments. Subtract line 2c from line 1	3		
Recoveries of amounts treated as qualifying distributions	4	_	
Add lines 3 and 4	5		
Deduction from distributable amount (see instructions)	6		
Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and	7		

Qualifying Distributions (see instructions)

4940(e) reduction of tax in those years.

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	329,053.
b	Program-related investments - total from Part IX-B	1b	0.
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	329,053.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		,
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	329,053.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo	oundation qualifies for th	e section

Part XIII Undistributed Income (see		N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2013	2013	2014
Distributable amount for 2014 from Part XI, line 7				
Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only				
b Total for prior years:				
Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e				
Qualifying distributions for 2014 from				
Part XII, line 4: ► \$				
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2014 distributable amount				
e Remaining amount distributed out of corpus				
Excess distributions carryover applied to 2014				
(If an amount appears in column (d), the same amount must be shown in column (a))				
Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
c 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				- M -
amount - see instructions			•	
e Undistributed income for 2013. Subtract line			-	
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				
' 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)				
Excess distributions carryover from 2009				
not applied on line 5 or line 7				
Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a			ļ	
Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				
23581			1	Form 990-PF (2

a The name, address, and telephone number or e-mail 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:

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual,			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid dunng the year	Or Substantial Contributor	rospicit		
a Taid during the year				
NONE				
				_
				
Total			▶ 3a	0.
b Approved for future payment				
NONE				
· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
Total			▶ 3b	0.
		· · · · · · · · · · · · · · · · · · ·	Fe	orm 990-PF (2014)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded	oy section 512, 513, or 514	(e)		
Enter gross amount amous strict most indicates.	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt		
1 Program service revenue:	Business code	Amount	sion	Amount	function income		
a CADE PRIZE COMPETITION					103,468.		
b MUSEUM ACITIVITES-CADE					2007_200		
c LAB CLASSES					21,703.		
e							
f							
g Fees and contracts from government agencies							
2 Membership dues and assessments							
3 Interest on savings and temporary cash							
investments	[14	12.			
4 Dividends and interest from securities			14	26,560.			
5 Net rental income or (loss) from real estate:		-					
a Debt-financed property			30	-361.			
b Not debt-financed property							
6 Net rental income or (loss) from personal							
property							
7 Other investment income		•	15	391,197.			
8 Gain or (loss) from sales of assets other		•					
than inventory							
9 Net income or (loss) from special events		•					
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:							
a OTHER INCOME					20,000. 310,311.		
b OPERATING REVENUE					310,311.		
C							
d							
e							
12 Subtotal. Add columns (b), (d), and (e)			0.	417,408.	455,482.		
13 Total. Add line 12, columns (b), (d), and (e)				13	872,890.		

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of				
the foundation's exempt purposes (other than by providing funds for such purposes).				
IN 2010, THE CADE MUSEUM FOUNDATION LAUNCHED AN ANNUAL COMPETITION				
RECOGNIZING AND ENCOURAGING FLORIDA INNOVATORS. THE GOAL OF THE				
COMPETITION IS TO STRENGTHEN AND DEVELOP THE LONG-STANDING CULTURE OF				
INNOVATION IN GAINESVILLE AND THROUGHOUT FLORIDA AND TO HARNESS				
THE TREMENDOUS JOB-CREATING POTENTIAL OF THE NUMEROUS IDEAS SPRINGING				
FORTH FROM THE REGION EVERY DAY. THE FOUNDATION CONTINUED WITH THIS				
COMPETITION IN 2014.				
THE CADE MUSEUM FOUNDATION OFFERS A VARIETY OF LAB CLASSES FOR ALL				
AGES. LABS AND STUDIOS PROVIDE HANDS-ON EXPERIMENTS AND INTERACTIVE				
COLLABORATIONS.				

Form 990-PF (2014)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	Did the or	ganization directly or indi	rectly engage in any of the follow	ring with any other organization	n described in section 501(c) of		Yes	No
	the Code	(other than section 501(c)	c)(3) organizations) or in section 5	527, relating to political organia	zations?			
a	Transfers	from the reporting founda	lation to a noncharitable exempt o	organization of:				
	(1) Cash					1a(1)		_ X
	(2) Other	assets				1a(2)		X
b	Other tran	sactions:						
	(1) Sales	of assets to a noncharital	ible exempt organization			1b(1)		X
	(2) Purcl	hases of assets from a no	oncharitable exempt organization			1b(2)		X
	(3) Renta	al of facilities, equipment,	or other assets			1b(3)		X
	(4) Reim	bursement arrangements	;			1b(4)		_X_
	(5) Loan:	s or loan guarantees				1b(5)		X
			embership or fundraising solicitati	ions		1b(6)		X
C	Sharing o	f facilities, equipment, ma	ailing lists, other assets, or paid er	mployees		1c		X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other					, other ass	ets,		
					in any transaction or sharing arrangement,		-	
	column (d	i) the value of the goods,	other assets, or services received	d.				
a)L	ine no	(b) Amount involved	(c) Name of noncharitab	ole exempt organization	(d) Description of transfers, transactions, and	d sharing an	rangeme	nts
			N/A					
	ĺ	-					-	
				···· · · · · · · · · · · · · · · · · ·				
			 					
					<u> </u>			
2-	le the four	ndation directly or indirect	tly affiliated with, or related to, on	no or more toy event erganize	Divone decembed			
2 d		-	r than section 501(c)(3)) or in sec	, •	ations described	Yes	v	No
L		` '	· · · · · · ·	CHOIL 221	· ·	162	لما	J 140
<u>D</u>	ii res, co	omplete the following scho (a) Name of org	***	(b) Type of organization	(c) Description of relation	chin		
		N/A	janization	(b) Type of organization	(c) Description of relation	эшр		
		N/A						—
								—
					.			
				 				
_	Under	paralties of partial Lideolare	that the examined this return, include	ting accompanying schedules and s	tatements, and to the best of my knowledge			
e:	الم المصام				tion of which property has any knowledge.	lay the IRS of		
Sig	re		1 X	KKKIS	st	nown below	(see inst	
			X WWW			X Yes	L	J No
	Sigi	nature of officer or trustee		Date /	Title			
		Princt/Type preparer/s na	ame Preparer's	signature '	Date Check If PTIN			
D-	i.al				self- employed			
Pa			VILLEMAIRE CAROL			0005		
	eparer	Firm's name ► JAM	IES MOORE & CO.	, P.L.	Firm's EIN ► 59 – 3	2045	48	
US	e Only							
			31 NW 1ST PLAC					
		GA	INESVILLE, FL	<u> 32607-2063 </u>	Phone no. 352-3			
					I	Form 990)-PF	(2014)

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990 .

OMB No 1545-0047

Name of the organization Employer identification number CADE MUSEUM FOUNDATION, INC 20-1884134

Organiz	ation type (check o	ne):
Filers o	f:	Section:
Form 99	0 or 990-EZ	501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	nly a section 501(c)	s 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 instructions.
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1 Complete Parts I and II.
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III
	year, contributions is checked, enter h purpose Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.
but it m	ust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

CADE MUSEUM FOUNDATION, INC

MARY CADE	oroll oncash olete Part II for sh contributions) (d) e of contribution
No. Name, address, and ZIP + 4 Total contributions Type	e of contribution Tson X Troll
Same	yroll oncash olete Part II for sh contributions) (d) e of contribution
No. Name, address, and ZIP + 4 Total contributions Type	e of contribution
S	
No. Name, address, and ZIP + 4 Total contributions Type 3 LOREN ROBY 2218 MERRITT PARK DR ORLANDO, FL 32803 (a) (b) (c) (c) Total contributions No. Name, address, and ZIP + 4 Total contributions Type 4 TOM AND KAREN ROSE Persent Robins Type Persent Ro	
2218 MERRITT PARK DR \$ 20,000. Non (Complete	(d) e of contribution
No. Name, address, and ZIP + 4 Total contributions Type 4 TOM AND KAREN ROSE Personal Page Personal	
Pay	(d) e of contribution
(Compl	
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions Type	(d) e of contribution
3131 NW 58TH BLVD \$ 5,000. Pay Non (Complete)	rson X yroll
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions Type	(d) e of contribution
Pay	ncash

Name of drganization

Employer identification number

CADE MUSEUM FOUNDATION, INC

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	l space is needed	, , , , , , , , , , , , , , , , , , , ,
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SCOTT COSTELLO 4915 NW 43RD STREET GAINESVILLE, FL 32606	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MATT TROYER 2700 MARKET TOWER 10 WEST MARKET STREET INDIANAPOLIS, IN 46204	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ANTIONETTE BOCCARDY 551 NW 55TH STREET GAINESVILLE, FL 32607	\$5,300.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MAUREEN TARTAGLIONE 6020 NW 43RD STREET GAINESVILLE, FL 32653	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	CARLOS DEQUESADA 8408 BENJAMIN ROAD TAMPA, FL 33634	\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	EDWARD & CHRISTINE DOWLING 110 HAMMONASSETT MEADOWS ROAD MADISON, CT 06443-2010	\$5,000.	Person X Payroll

Name of organization

Employer identification number

CADE MUSEUM FOUNDATION, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	JENNIFER GARRETT 1004 NW 34TH STREET GAINESVILLE, FL 32605	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	APRIL SCHROEDER 224 NW 2ND AVENUE GAINESVILLE, FL 32601	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	MARTIN & GRACIA ANDERSEN FOUNDATION PO BOX 547918 ORLANDO, FL 32854	\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

CADE MUSEUM FOUNDATION, INC

Part II	Noncash Property (see instructions) Use duplicate copies of F	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
		\$	990, 990-EZ, or 990-PF) (

Name of org	anization		Employer identification number			
CADE M	AUSEUM FOUNDATION, INC	ributions to organizations describ	20-1884134 ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for			
	the year from any one contributor. Complete (completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	columns (a) through (e) and the foles, charitable, etc., contributions of \$1,000	OWING LINE ENTRY. For organizations			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_		(e) Transfer of g	uift			
-	Transferee's name, address, ar		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of g	ift			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of g	ift			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
		<u></u>				

	ST ON SAVING	GS AN	TEMPOR	ARY C	ASH IN	VESTMENTS	STATEMENT	1
SOURCE			REVENUE NET IN		(B) VESTMENT COME	(C) ADJUSTED NET INCOME		
INTEREST				12. 12.				12.
TOTAL TO PART I, LI	INE 3			12.		12.		12.
FORM 990-PF	DIVIDENDS	AND :	INTEREST	FROM	I SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	G	PITAL AINS IDENDS	REV	A) ENUE BOOKS		(C) ST- ADJUST DME NET INC	
DIVIDENDS	26,560.		0.	2	6,560.	26,56	26,5	60.
TO PART I, LINE 4	26,560.		0.	2	6,560.	26,56	26,5	60.
FORM 990-PF		RENTA	AL INCOM	<u> </u>		ACTIVITY	STATEMENT	3
						1101111	GILODD	
KIND AND LOCATION C	PROPERTY					NUMBER	RENTAL INC	OME
KIND AND LOCATION C	PROPERTY					NUMBER ————————————————————————————————————		OME 50.
		LINE !	5A				3	
S MAIN STREET	PF, PART I, I		5A L EXPENSI	ES			3	50.
S MAIN STREET TOTAL TO FORM 990-P	PF, PART I, I			VITY	A		3	50.
S MAIN STREET TOTAL TO FORM 990-P FORM 990-PF DESCRIPTION EMPLOYEE WAGES EMPLOYEE BENEFITS INTEREST OCCUPANCY	PF, PART I, I		L EXPENS	VITY	A	MOUNT 388. 32. 79. 146.	3 STATEMENT	50.
S MAIN STREET TOTAL TO FORM 990-P FORM 990-PF DESCRIPTION EMPLOYEE WAGES EMPLOYEE BENEFITS INTEREST	PF, PART I, I		ACTIV	VITY	A	MOUNT 388. 32. 79.	3 STATEMENT TOTAL	50.
S MAIN STREET TOTAL TO FORM 990-P FORM 990-PF DESCRIPTION EMPLOYEE WAGES EMPLOYEE BENEFITS INTEREST OCCUPANCY	PF, PART I, I	RENTA	ACTIV	VITY BER	A	MOUNT 388. 32. 79. 146.	3 STATEMENT TOTAL	50.

FORM 990-PF	OTHER	INCOME	\$	STATEMENT 5
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
GATORADE ROYALTIES CADE PRIZE COMPETITION MUSEUM ACITIVITES-CADE LAB CL OTHER INCOME OPERATING REVENUE	ASSES	391,197. 103,468. 21,703. 20,000. 310,311.	391,197. 0. 0. 0.	391,197. 103,468. 21,703. 20,000. 310,311.
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	846,679.	391,197.	846,679.
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING FEES	27,350	6,838	6,838	20,513.
TO FORM 990-PF, PG 1, LN 16B	27,350	6,838	6,838.	20,513.
FORM 990-PF C	THER PROFE	SSIONAL FEES	\$	STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	930	. 0	. 0.	930.
TO FORM 990-PF, PG 1, LN 16C	930	. 0	. 0.	930.

FORM 990-PF	TAX	ES	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
TAXES & FEES	9,624.	0.		0. 9,624.	
TO FORM 990-PF, PG 1, LN 18	9,624.	0.		9,624.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 9	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
PROMOTIONAL EXPENSES OFFICE EXPENSES INSURANCE MEALS AND ENTERTAINMENT PROGRAM EXPENSE FUNDRAISING AMORTIZATION	8,709. 29,384. 13,161. 5,620. 52,757. 31,763. 1,090.	0. 0. 658. 0. 0. 0.	33,86	2. 25,612. 7. 10,814. 0. 5,620.	
TO FORM 990-PF, PG 1, LN 23	142,484.	658.	41,09	7. 100,297.	
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 10	
DESCRIPTION		LUATION ETHOD BO	OK VALUE	FAIR MARKET VALUE	
GATORADE TRUST MUTUAL FUNDS		FMV FMV	2,362,830. 785,078.	2,362,830. 785,078.	
TOTAL TO FORM 990-PF, PART I	I, LINE 13		3,147,908.	3,147,908.	

FORM 990-PF DEPRECIATION OF ASS	ETS NOT HELD FOR	INVESTMENT	STATEMENT 11
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING	389,375.	38,126.	351,249.
BUILDING IMPROVEMENTS	28,687.	5,306.	23,381.
EQUIPMENT	21,405.	19,450.	1,955.
LAB EQUIPMENT	3,928.	851.	3,077.
LAND	29,125. 2,975.	0.	29,125. 560.
OFFICE EQUIPMENT CONSTRUCTION IN PROGRESS	727,274.	2,415. 0.	727,274.
TOTAL TO FM 990-PF, PART II, LN 1	4 1,202,769.	66,148.	1,136,621.
FORM 990-PF	OTHER ASSETS		STATEMENT 12
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
MUSEUM ASSETS	227,995.	227,995.	227,995.
LOAN COSTS, NET OF A/A	4,176.	3,086.	3,086.
TO FORM 990-PF, PART II, LINE 15	232,171.	231,081.	231,081.
	STANTIAL CONTRIBU	UTORS	STATEMENT 13
NAME OF CONTRIBUTOR	ADDRESS		
JENNIFER GARRETT	1004 NW 34TH S		
MARTIN AND GRACIA ANDERSEN FOUNDATION	P.O. BOX 54793	18	
	ORLANDO, FL 32	2854	

	- LIST OF OFFICERS, DI S AND FOUNDATION MANAC		STATI	EMENT 14
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
CATHY PERDUE-ADLER 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.
ED BLOCK 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.
LUIS DIAZ 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	∙0.	0.	0.
JOSEPH CAUTHEN 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.
MARY CADE 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.
PERRY MCGRIFF 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.
DAVID MASSIAS 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.
PHOEBE MILES 904 S. MAIN ST GAINESVILLE, FL 32601-7925	PRESIDENT 1.00	0.	0.	0.
RICHARD MILES 904 S. MAIN ST GAINESVILLE, FL 32601-7925	VICE PRESIDENT 1.00	0.	0.	0.
DAVID MOLYNEAUX 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.
SUSANNAH PEDDIE 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.

CADE MUSEUM FOUNDATION, INC			20-1884	134
SCOTT PERDUE 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.
RANDY SCOTT 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.
SHEILA SPENCE 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.
MARILYN TUBB 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.
MARTY WYNKOOP 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.
ROSE FAGLER 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.
SUSAN DAVENPORT 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.
PATTI BREEDLOVE 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.
JENNIFER DENAULT 904 S. MAIN ST GAINESVILLE, FM 32601-7925	CHIEF OPERATING 40.00	OFFICER 77,615.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	77,615.	0.	0.
	XV - LINE 1A UNDATION MANAGER	S	STATEMENT	15

NAME OF MANAGER

MARY CADE PHOEBE MILES RICHARD MILES

Form 990-PF, Part VI, Excise Tax Based on Investment Income:

The Cade Museum Foundation is in a 60-month termination under Section 507(b)(1)(B) beginning on January 1, 2012 and ending on December 31, 2016. Attached to this return is a copy of the letter from the IRS dated June 16, 2012 confirming the notification of intent to terminate was received by the IRS. In addition, the Foundation filed a consent under Section 6501(c)(4) with its notification to the IRS, this allows the organization to file Form 990-PF without paying the tax based on investment income. Attached to this return is a signed copy of the consent Form 872-B, as well as, a signed copy of Form 8940.

Farm **872-B** (Rev. Dec. 2004)

Department of the Treasury - Internal Revenue Service Consent to Extend the Time to Assess Miscellaneous Excise Taxes

In reply refer to:

Taxpayer Identification Number

20-1884134

Cade Museum Foundation, Inc. taxpayer(s) (Name(s)) of 904 S. Main Street, Gainesville, Florida 32601 and the (Number, Street, City or Town, State ZIP Code) Commissioner of Internal Revenue consent and agree to the following: (1) The amount of liability for Chapter 42 Excise Tax tax, imposed on the taxpayer(s) by of the Internal Revenue Code due for the period January 1, 2012 through December 31 (Internal Revenue Code, Revenue Act, etc.) 2016 May 15, 2021 may be assessed at any time on or before _ (Expiration date) (2) The collection provisions and limitations now in effect will also apply to any tax assessed within the extended period. (3) The taxpayer(s) may file a claim for credit or refund and the Service may credit or refund the tax within 6 months after this agreement ends. Your Rights as a Taxpayer You have the right to refuse to extend the period of limitations or limit this extension to a mutually agreed-upon issue(s) or mutually agreed-upon period of time. Publication 1035, Extending the Tax Assessment Period, provides a more detailed explanation of your rights and the consequences of the choices you may make. If you have not already received a Publication 1035, the publication can be obtained, free of charge, from the IRS official who requested that you sign this consent or from the IRS' web site at www.irs.gov or by calling toll free at 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled.

YOUR SIGNATURE HERE -1 am aware that I have the right to refuse to signt this consent or to first the extension to mutually agreed-upon issues and/or period of time as set forth in I R.C. § 6501(c)(4)(8) **TAXPAYER'S REPRESENTATIVE** SIGN HERE . am aware that I have the right to refuse to sign this consent or to limit the extension to mutually agreed-upon issues and/or pointed of time as set forth in I.R.C. § 6501(c)(4)(B). CORPORATE NAME CORPORATE (Date signed) OFFICER(S) SIGN HERE (Date signed) (Title) 1 (we) am aware that I (we) have the right to refuse to eigh this consent or to limit the extension to mutually agreed-upon Issues and/or period of time as set forth in I.R.C. § 6501(c)(4)(8). INTERNAL REVENUE SERVICE SIGNATURE AND TITLE (Division Executive Name - see instructions) (Division Executive Title - see instructions) (Authorized Official Signature and Title - see instructions) (Date signed)

www irs.gov

Form 8940 (Rev. June 2011) Department of the Treasury Internal Revenue Service

Request for Miscellaneous Determination

Under Section 507, 509(a), 4940, 4942, 4945, and 6033 of the Internal Revenue Code

OMB No. 1545-2211

Use the instructions to complete this form. A User Fee must be attached to this form, if required. For user fee information or additional help, visit our website at www.irs.gov/eo or call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. If the required information and documents are not submitted with payment of the appropriate user fee, the form may be returned to you.

Fall	212	K	dentification of Organiz	cation				
1a	Fu	ii Na	ame of Organization					
CADE	MU	SEU	M FOUNDATION, INC					
b	Add	dres	s (number, street and room/s	suite) If a P.O. Box, see	instructions.	c City	d State	e Zip Code + 4
904	s.	MAI	N STREET	•		GAINESVILLE	FL	32601-7925
2 20-1		•	yer Identification Number	3 Month Tax Year Ends (MM) 12	4 Person to Contact if More Information is Needed			
				12		HIPSCHMAN		
5 352~			ct Telephone Number		6 Fax Num	nber (optional)	i i	User Fee Submitted
	J / 1							400
Part	Ш	T	ype of Request					
8			select the Item(s) below that be the organization's name and			tachment, provide a detai	led explanation	of your request. Be sure
а		Ad	vance approval of certain s	et-asides described in	section 494	2(g)(2)		
b		Ad	vance approval of voter reg	istration activities des	cribed in sec	tion 4945(f)		
c		Ad	vance approval of scholars	hip procedures descri	bed in section	n 4945(g)		
ď		Ex	emption from Form 990 filir	ng requirements				
e		Ad	vance approval that a poter	ntial grant or contributi	ion constitute	es an "unusual grant"		
f		Ch	ange in Type (or initial dete	rmination of Type) of	a section 509	9(a)(3) organization		
g		Re	classification of foundation	status, including a vol	untary reque	st from a public charity	for private fo	undation status
h	X	Ter	mination of private foundat	ion status under section	on 507(b)(1)((B)-advance ruling red	quest	
i		Ter	mination of private foundat	ion status under section	on 507(b)(1)(B)60-month period e	ended	
Under p is true, o	enalti correc	es of t, and	perjury, I declare that I have exam I complete.	ined this application, includi	ng accompanyin	g statements and schedules,	and to the best o	of my knowledge and belief, it
Please Sign Here That (all (all (Signature of Officer, Director, Trustee or other authorized officer)		ficial.)			3/7/12 (Dale) D, director			
			_ Mary Co	rde		Board	menbe	v. director
For Da	D00:-	net !	(Type or print name of signer)			(Type or print title or a	uthority of signer	<i>'</i>
FOT PE	hes M	UK	Reduction Act Notice, see se	parate instructions.				Förm 8940 (Rev. 6-2011)



Form **8868** (Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

• If yo	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			▶ [X]	
• If yo	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).	•		
Do not	complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.		
Electro	onic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file ((5 months fo	or a corporation	
require	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 8	868 to requ	uest an extension	
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers .	Associated	With Certain	
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	ctronic filing	g of this form,	
visit wv	w.irs.gov/efile and click on e-file for Charities & Nonprofits	i					
Part	I Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).			
A corpo	pration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete			
Part I o	nly					🕨 🔲	
All othe	r corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	e	
	ncome tax returns.					ying number	
Туре о				Employer identification number (EIN) or			
print				` ´ `			
	CADE MUSEUM FOUNDATION, INC				20-1884134		
File by the	he			Social security number (SSN)			
filing your	PUT ON A S MATH ST			, , , , , ,			
return Se instruction							
	GAINESVILLE, FL 32601-7925						
		<u></u>					
Enter th	20 Patura and for the return that this application is for /file		to application for each return)			0 4	
Enter ti	ne Return code for the return that this application is for (file	a separa	tte application for each return)	· ······ ·		0 4	
A 1! A!		D-4	Application			Return	
Application		Return	Application				
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
	RICHARD MILES	~		01 70	0.5		
	books are in the care of > 904 S. MAIN ST.	• - G		01-79	25		
	phone No ► 352-371-8001		Fax No. 🕨			. —	
	e organization does not have an office or place of business					▶ 📖	
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this							
box 🕨					ers the ext	ension is for.	
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until							
_	AUGUST 15, 2015 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2014 or						
15							
Þ							
Þ	tax year beginning	, an	d ending				
2 if	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n		
[Change in accounting period						
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
	nonrefundable credits. See instructions.				\$	8,084.	
_	nonrefundable credits. See instructions. 3a \$ If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	estimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.	
	alance due. Subtract line 3b from line 3a Include your pa						
	by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$				8,084.		
	n. If you are going to make an electronic funds withdrawal						
Instruct		(Jinobi de	any marano ronn occo, see ronn o		.5 . 5//// 00	. • LO IOI payment	