

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



y 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the	e 2014 ca	lendar year, or tax year	r beginning			, an	d ending	L			
<u>B</u>	Check if	applicable	C Name of organization	New Florida	Majority Ec	ducation Fun	d Inc fka	Flonda I	√e D Emplo	yer identi	fication number	r
\sqcup	Address	change	Doing business as									
X	Name ch	anne	Number and street (or P	O box if mail is no	t delivered to s	treet address)	Room/suite	е	45-39567			
		•	8330 Biscayne Blvd		_		1		E Teleph	one numb	er	
Ш	Initial reti	um	City or town			State	ZIP code		(305) 754	4-0118		
	Final return	n/terminated	Miami			FL.	33138	-4-14-	_			
一	Amended	d cotum	Foreign country name	Foreigi	n province/state	e/county	Foreign po	istai code	G Gross	racounte £		858,494
님	Allender	ı iciain		· · ·					G Gross	receipts #		
Ш	Application	on pending	F Name and address of pri	ncipal officer				H(a) I	s this a group reti	um for subo	rdinates?	Yes X No
			Gıhan Perera 8330 Bı	scayne Blvd ,	Miami, FL 3	33138		Н(Ь)	Are all subordir	nates inclu	ded?	Yes No
1	Tax-exem	npt status	X 501(c)(3) 501(c) () ·	(insert no)	4947(a)(1) or 5:	27	If "No," attach	a list (see	instructions)	
J	Website	e: ► flne	wmajorityeducationfun	d ora		<u> </u>		H(c)	Group exempti	on number	. ▶	
		rganization		Trust Assoc	uation C	ther ▶	Ι,	Year of fo			State of legal do	micile CI
_	Part I			A3300	iation	uler >		rear or io	rmation 201	11 1 100	State of legal do	micile FL
	1		mmary lescribe the organization	n's mission or	most signif	icant activitie	.c T	o conto	the people o	of Florida	through the	
æ		_	ment of educational pr		_					oi Fiorida	a through the	·
auc		develop	illent of educational pr	ogranis to em	DOME! JESIU	ents to strent	guien uien	COMMINE	1111162			
Governance												
ò	2		his box ▶ if the o					ed of m	ore than 25	1 - 1	net assets	_
ග්			of voting members of							3	ļ	3
es	4		of independent voting)) .	•	4		2
ž	5		imber of individuals em				iine ∠a)		-	5	 	19
Activitles &	6		imber of volunteers (es irelated business rever				· .			6	<u> </u>	
٩	7a		ireiated business rever elated business taxable					•	•	7a 7b	-	<u>0</u>
_	b	Net unit	eialeu busiriess laxabil	income inom				$\overline{}$	Prior Year		Currer	nt Year
Revenue	8	Contribi	utions and grants (Part	VIII line 1h	NOV 2	5 2015	•			336,500	Guitei	853,485
	9		n service revenue (Par				, .			245,500	1	5,000
Ş.	10		ent income (Part VIII, o							0		9
ď	11		evenue (Part VIII, colum				 e)	·	·	0		
	12		enue—add lines 8 throu							582,000	· · · · · · · · · · · · · · · · · · ·	858,494
	13									0		0
	14		ants and similar amounts paid (Part IX, column (A), lines 1–3) nefits paid to or for members (Part IX, column (A), line 4)							0		0
Š	15		, other compensation, en				s 5–10) .	. $lacksquare$		599,454		498,833
Expenses	16a		ional fundraising fees (•		٠.			0		0
g	b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 132,417									
யி	17	Other ex	xpenses (Part IX, colur	nn (A), lines 1	1a-11d, 11f	–24e) .			(514,486		398,396
	18	Total ex	penses Add lines 13-	17 (must equa	l Part IX, co	lumn (A), line	e 25)		1,2	213,940		897,229
	19	Revenu	e less expenses. Subtr	act line 18 from	m line 12.	•			-(31,940		-38,735
Sor	2							Beg	inning of Curr		End o	of Year
Assets	20		sets (Part X, line 16)							559,428		426,357
Net A	21		bilities (Part X, line 26)			•	•	·		264,335		170,001
			ets or fund balances. S	Subtract line 21	from line 2	0	•			295,093		256,356
	art II		Inature Block y, I declare that I have examin					 				
			y, i declare that i have examiled, and complete operaration								je	
			Mida	~	•		<u>-</u>			11/3/	15	
Sig			Signature of officer						Dat	e +		
He	ere	- I N	Gihan Perera				S	ecretary				
į			Type or print name and title									
.j		Prin	t/Type preparer's name		Preparer's sig	gnature			ate	I	PTIN	
₹Pa		NAC-	nuel A Paucar CPA		Manuel A	Paucar CBA			1/13/2015	Check self-emp	loved POOS	43680
	epare					Paucar CPA			1/13/2015		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	43000
ζUs	e Only	, –		stachs & Com					Firm's EIN			
			n's address ► 5825 Suns					-	Phone no	305-	<u>665-0151</u>	
Ма	y the IF	RS discus	s this return with the p	reparer shown	above? (se	e instruction	s)		•		X Y	es No
Fo	Papen	work Red	uction Act Notice, see	the separate in	structions.	· · · · · · · · · · · · · · · · · · ·	-				For	m 990 (2014)

Form 9	90 (2014)	New Florida Majority Education Fund Inc. fka Florida New Majority Ed Fund	45-3956785	Page 2
Pa	rt III	Statement of Program Service Accomplishments	<u> </u>	
		Check if Schedule O contains a response or note to any line in this Part III		X
1	To serve	escribe the organization's mission the people of Florida through the development of educational programs to empower to strengthen their communities		
2	the prior	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ? describe these new services on Schedule O	. Yes	X No
3	services	organization cease conducting, or make significant changes in how it conducts, any program describe these changes on Schedule O	. Yes	X No
4	Describe expense	the organization's program service accomplishments for each of its three largest program services, see Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported		
4a	of the ca) (Expenses \$ 198,788 including grants of \$) (Revenue on Building Mobilize community leaders to significantly expand democratic rights for littles that have been historically marginalized, excluded and silenced. The key components impaign are voting rights, immigration reform, fighting mass incarceration and standing upen and our young people.		
4b				
	launching such as t Rights, M	fter the Florida legislature shortened the early voting period, FNMEF countered by g a broad program of voter education and mobilization, in partnership with organizations the Advancement Project, Color of Change, Presente, the Lawyers Committee for Civil fi Familia Vota, NAACP, the Southern Christian Leadership Council and social justice Jacksonville and Miami		
			·	
			·	
4c	their com) (Expenses \$ 101,333 including grants of \$) (Revenue Build & Connect Development of educational programs to empower residents to strenghten immunities by building leaders whocan organize in their own neighborhoods and inspire a new on dedicated to ensuring equity and fairness in Florida)
	A	V		
			·	
4d	(Expense		0)	
4e	Total pro	gram service expenses ► 646,140		

Part	IV Checklist of Required Schedules		•	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Ιx
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	ļ		
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	۳		 ^
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	İ		
	"Yes," complete Schedule D, Part I	6		x
7		 		 ^
•	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		"
_	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II.	⊢-		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	١.		
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	ŀ		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt	İ		
	negotiation services? If "Yes," complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	FF T T T T T	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			-
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	111	-	
-	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14Ь		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	175		 ^`
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x_
46		13	_	 ^-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		l
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			١.
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .	20a	L	Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	İ		
	employees? If "Yes," complete Schedule J	23	ļ	x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		ļ	
	24b through 24d and complete Schedule K If "No," go to line 25a	24a	1	×
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	 ^
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1-40	<u> </u>	
·	to defease any tax-exempt bonds?	24c		
	·	24d	 	<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		_
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	├	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		ļ	
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	-	į	
	990-EZ? If "Yes," complete Schedule L, Part I.	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or	İ		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	İ	1	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		· Par	1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	100	1 77	- T.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28Ь		×
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	İ	×
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	t^-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		 ^
30	conservation contributions? If "Yes," complete Schedule M	30		x
24	·	30	<u> </u>	 ^-
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	34		l 🗸
22	Part I	31	 	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	20	Ì	l
	If "Yes," complete Schedule N, Part II	32	 	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1.	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		Ī	
	VI	37	Ī	×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>	†	
55	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
		J JU	т ^	

	990 (2014) New Florida Majority Education Fund Inc. fka Florida New Majority Ed Fund 45-399	0100		age 5
ra	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of note to any line in this rart v.	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	Ļ	↓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	İ		l
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	<u> x</u> _
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	l		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		+-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		x
_	required to file Form 8282?	7с		Ĥ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
e •	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		 ^
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		+^
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ļ
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter]
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter	,		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			14
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	7,3,		
b	Enter the amount of reserves the organization is required to maintain by the states in which	3.00		
	the organization is licensed to issue qualified health plans			

Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

13c

X Upon request

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records

5825 Sunset Drive, Suite 302, South Miami, FL 33143

l Own website

20

Another's website

Paucar, Sistachs and Company, P. A.

financial statements available to the public during the tax year

Other (explain in Schedule O)

Form 990 (2014)	New Florida Majority Education Fu									45-39567	85 Page 7
Part VII	Compensation of Officers, Dire		es, K	еу	Em	ıpid	oyee	s, F	lighest Comp	ensated	
	Employees, and Independent C				. 1		a +b.a	. D.	v+ \ //I		
Section A	Check if Schedule O contains a re									<u> </u>	· · · L
Section A.	Officers, Directors, Trustees, Key E										
organization's	•	•	·								
List all c List the who received	of the organization's current officers, di on Enter -0- in columns (D), (E), and (I of the organization's current key emplo organization's five current highest con reportable compensation (Box 5 of Fon	F) if no compens yees, if any. See npensated emplo	ation instr oyees	wa: ructi (ot	s pa ons her	iid for thar	defin	ition	of "key employe er, director, trust	ee " ee, or key emplo	
• List all o	nd any related organizations. of the organization's former officers, ke eportable compensation from the organ							ed e	employees who r	eceived more that	an
	of the organization's former directors of				-			ity a	as a former direc	ctor or trustee of	the
organization, r	more than \$10,000 of reportable compe	ensation from the	orga	ınıza	atioi	n an	id any	/ rel	ated organizatio	ns.	
	the following order individual trustees	or directors, ins	titutio	nal	trus	tee	s, offi	cers	s, key employees	s, highest	
	employees, and former such persons	1_44	_4.				. ,		. سرم		
Check this	s box if neither the organization nor any	related organiz	ation	con			ted ar	ту с	urrent officer, di	rector, or trustee	,
	(A) Name and Title	(B) Average hours per	òох,	unles	Pos ieck ss pe	rson	than o	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	_	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Maria R	odriguez	10 00									
President		10 00	х		х						
(2) Gihan F	Perera	10 00							•		
Secretary		40 00	Х		Х		L		38,296	31,332	
(3) Emily E	ıssenhauer	10 00									
Treasury		40 00	Х	<u> </u>	X	_	ļ				
(4)											
(5)											,
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)										"	

P	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week (list any	box,	unles er an	Pos neck ss pe d a d	rson	e than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated nount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fi org an	pensat rom the anization d relate anization	on d
(15)													-
(16)				-									
(17)			_			_							
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													•
(25)									, , , , , , , , , , , , , , , , , , , ,				
1b c	Sub-total Total from continuation sheets to Part VII, So	ection A .	· ·		•			• •	38,296 0	31,332 0		•	0
d 	Total (add lines 1b and 1c) Total number of individuals (including but not lirreportable compensation from the organization	mited to those lis	ited a		e) v	vho	recei	ved	38,296 more than \$100	31,332 ,000 of			0
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched		-	mpl		e, c	r high	nest	compensated		3	Yes	No X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greater	of reportable com	pens	atic						יי			
5	Individual									 Idual	4		X
500	for services rendered to the organization? If "Yotion B. Independent Contractors	es," complete So	hedu	le J	for	suc	h per	son	<u>.</u>		5		<u> </u>
1	Complete this table for your five highest compecompensation from the organization. Report co year										ax		
	(A) Name and business addi	ress							(B) Description of serv	rices C	(C) ompen		
													0
													0
						_			<u> </u>	-			0
					_				· · · · ·			_	0
2	Total number of independent contractors (includence than \$100,000 of compensation from the	-	ed to	tho	se li	ste	abo	ve)	who received		_		

Par	V III	Check if Schedule O contains a respon	se or i	note to any line in	this Part VIII			
	-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	+			ŀ	
s, G	С	Fundraising events	. <u> 1c</u>					į
Gift	d	Related organizations	<u>1d</u>	0				ļ
ns, Sim	е	- · · · · · · · · · · · · · · · · · · ·	<u>1e</u>	0				
utio	f	All other contributions, gifts, grants, and						
출형		similar amounts not included above	_1f	853,485			Į.	İ
Con	g	Noncash contributions included in lines 1a-1f	\$	0			J	
	h	Total. Add lines 1a–1f		_	853,485			
an				Business Code				
Program Service Revenue	2a	Program services		900099	5,000		ļ	
ag	b				0			
Ϋ́	С				0			
Ser	d				0			
ащ	е			<u> </u>	0			
ō	f	All other program service revenue			0			
_	g	Total. Add lines 2a–2f		. ▶	5,000			
	3	Investment income (including dividends, in	terest,	and			1	1
		other similar amounts)	-	▶]	9	<u>-</u>	ļ	
	4	Income from investment of tax-exempt bor	nd prod	ceeds 🕨	0		<u>.</u>	
	5	Royalties .		.	0			
	_	(i) Re	aı	(ii) Personal				4
1	6a	Gross rents						
	b	Less rental expenses						
	C	Rental income or (loss)	0		<u>-</u>			
	d	Net rental income or (loss)	· ·	(II) Other	0			
	7a			- ```			İ	
		assets other than inventory .	0	0				ŀ
	b	Less cost or other basis			1		ŀ	
	_	and sales expenses	0	· -				
	C	Gain or (loss)	U	0		<u> </u>		
İ	d	Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	а	0				
ᆴ	b	Less direct expenses	. b	0			İ	
0		Net income or (loss) from fundraising even		•	0			
		Gross income from gaming activities						
		See Part IV, line 19 .	а	l ol	ľ			
	b	Less direct expenses	b	0	·			
		Net income or (loss) from gaming activities	,		0			
ı		Gross sales of inventory, less						
}		returns and allowances	а	اه ا				
	b	Less cost of goods sold .	. b	0	1			
		Net income or (loss) from sales of inventor	v -	•	0			
1		Miscellaneous Revenue		Business Code	 			
ı	11a			1	0		<u> </u>	†
	b				0		<u> </u>	Ì
	C				0			
	d	All other revenue		 	0			
	е	Total. Add lines 11a–11d .		▶	0		<u> </u>	
	12	Total revenue. See instructions		▶	858 494	ñ	0	

	on 501(c)(3) and 501(c)(4) organizations must complete all Check if Schedule O contains a response or note				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic			!	
	ındıvıduals See Part IV, line 22	0			
3	Grants and other assistance to foreign			}:	
	organizations, foreign governments, and foreign	_			
_	individuals See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,			4.540	0.540
•	trustees, and key employees	38,296	27,229	4,519	6,548
6	Compensation not included above, to disqualified]		
	persons (as defined under section 4958(f)(1)) and	ا			
_	persons described in section 4958(c)(3)(B).	0	045 070	40.005	
7	Other salaries and wages	345,808	245,870	40,805	59,133
8	Pension plan accruals and contributions (include	ا			
•	section 401(k) and 403(b) employer contributions)	77.000	55.242	0.460	42.200
9	Other employee benefits	77,696	55,242	9,168	13,286
10	Payroll taxes	37,033	26,330	4,370	6,333
11	Fees for services (non-employees)	00.704	00.704		
a	Management	83,761	83,761	6.070	
D	Legal	6,072		6,072 7,670	
C	Accounting	7,670		7,670	
đ	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	<u>-</u>			
g	Other. (If line 11g amount exceeds 10% of line 25, column	684		684	
12	(A) amount, list line 11g expenses on Schedule O)	004		004	-
13	Advertising and promotion	15,274	7,954	5,616	1,704
14	Office expenses Information technology	15,308	10,884	1,806	2,618
15	Royalties	15,500	10,004	1,000	2,010
16	0	80,358	57,135	9,482	13,741
17	Travel	27,930	19,858	3,296	4,776
18	Payments of travel or entertainment expenses	21,000	10,000	5,255	
	for any federal, state, or local public officials .	ا ا			
19	Conferences, conventions, and meetings .	93,049	66,158	10,980	15,911
20	Interest	0		70,000	
21	Payments to affiliates	0	· -		
22	Depreciation, depletion, and amortization	8,328	0	8,328	0
23	Insurance	48,928	34,787	5,774	8,367
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Trainning Expenses	4,102	4,000	102	
b	Stipends/ Fellowships	6,720	6,720		
С		0			
d		0			
е	All other expenses	212	212		
25	Total functional expenses. Add lines 1 through 24e .	897,229	646,140	118,672	132,417
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs			İ	
	from a combined educational campaign and			İ	
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

32

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

45-3956785 Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X... (A) (B) Beginning of year End of year 28,746 Cash-non-interest-bearing 294,100 2 2 62.509 Savings and temporary cash investments. 3 Pledges and grants receivable, net . . 3 4 150.000 259,000 Accounts receivable, net . . . 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 97,763 7 67,763 Notes and loans receivable, net . 8 Inventories for sale or use . 898 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 25,000 8.339 Less accumulated depreciation. 10b 16,661 16,667 **10c** h 11 11 0 Investments—publicly traded securities Investments—other securities See Part IV, line 11. 0 12 0 12 Investments—program-related See Part IV, line 11. 0 13 0 13 0 14 Intangible assets ol 14 15 Other assets. See Part IV, line 11. ol 15 0 16 559,428 16 426.357 Total assets. Add lines 1 through 15 (must equal line 34) 330l 17 17 Accounts payable and accrued expenses . . . 18 18 Grants payable . . 19 Deferred revenue . . . 19 20 20 Tax-exempt bond liabilities . . . 21 Escrow or custodial account liability Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 0 23 0 Secured mortgages and notes payable to unrelated third parties 0 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 170,001 264,005 25 Part X of Schedule D . . . Total liabilities. Add lines 17 through 25 264,335 26 170,001 Organizations that follow SFAS 117 (ASC 958), check here ► X and Balances complete lines 27 through 29, and lines 33 and 34. 15,093 27 27 Unrestricted net assets -136,144280,000 28 28 Temporarily restricted net assets 392,500 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here ŏ complete lines 30 through 34. Net Assets 30 30 Capital stock or trust principal, or current funds. 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . .

256,356

426,357

32

33

34

295,093

559.428

Form 9	90 (2014) New Florida Majority Education Fund Inc. fka Florida New Majority Ed Fund	4	5-39567	85 F	age 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8	58,494
2	Total expenses (must equal Part IX, column (A), line 25)	2		8	97,229
3	Revenue less expenses Subtract line 2 from line 1	3	-	-	38,735
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	95,093
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-2
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		2	56,356
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
	<u></u>			Ye	s No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		,		
	Schedule O.		į]
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		. 2	a	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			i	
b	Were the organization's financial statements audited by an independent accountant?		2	ьх	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			!	
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		7	С	Х
	If the organization changed either its oversight process or selection process during the tax year, explain in	•			Ŷ
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?			a	l _x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	•	· -		+~
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3	ь	
					0 (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

		rida Majority Education Fund Inc						56785			
Pai	t 1	Reason for Public Char	ity Status (All org	ganizations must co	mplete th	nis part.)	See instructions.				
	orga	inization is not a private foundat	•		-		•				
1	Ц	A church, convention of church	es, or association o	f churches described i	n section	170(b)(1)	(A)(i).				
2		A school described in section	1 70(b)(1)(A)(ii). (Att	ach Schedule E)							
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(l	b)(1)(A)(ii	i).				
4		A medical research organization hospital's name, city, and state	•	nction with a hospital o	lescribed	ın section	170(b)(1)(A)(iii). Er	nter the			
5		An organization operated for the section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desi	cribed in			
6	П	A federal, state, or local govern	•	ntal unit described in se	ction 170)(b)(1)(A)((v).				
7	X										
8	П				II)						
9	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
10	\sqsubseteq	An organization organized and	operated exclusivel	ly to test for public safe	ety See se	ection 509	9(a)(4).				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g										
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.										
b	,	Type II. A supporting organic control or management of the organization(s). You must of Type III functionally integral.	e supporting organi complete Part IV, S	zation vested in the sa	me perso	ns that co	ntrol or manage the	supported			
·	١	its supported organization(s						irated with,			
đ		Type III non-functionally in that is not functionally integr	itegrated. A suppor ated. The organizat	ting organization operation generally must sati	ated in cor sfy a distr	nection with	vith its supported org				
		requirement (see instruction	•								
е	H	Check this box if the organized functionally integrated, or Ty					ı Type I, Type II, Typ	e III			
f		Enter the number of supported	•	illy integrated supporting	ig organiz	ation					
a		Provide the following information	_	ed organization(s)	•	•	·	<u> </u>			
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)											
(B)											
(C)											
(D)											
(E)				···							
Tota	ı						o	0			

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

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

Sec	tion A. Public Support				<u> </u>		
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		ļ	1,497,500	582,000	858,494	2,937,994
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	0	0	1,497,500	582,000	858,494	2,937,994
5	The portion of total contributions by each person (other than a governmental unit	1					
	or publicly supported organization)						
	of the amount shown on line 11, column (f)						1,318,073
6	- · · · · · · · · · · · · · · · · · · ·						1,619,921
	etion B. Total Support	4			/		.,,0,,0,0
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	0	0	1,497,500	582,000	858,494	2,937,994
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on				·		0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support. Add lines 7 through 10						2,937,994
		e instructions) .				12	
	First five years. If the Form 990 is for the org organization, check this box and stop here	•	econd, third, fourth	or fifth tax year as	s a section 501(c)(3)	. X
Sec	tion C. Computation of Public Sup	<u>port Percenta</u>	ge				
14	Public support percentage for 2014 (line 6, co))		14	0 00%
15	Public support percentage from 2013 Schedul	•			• • • •	15	0 00%
	33 1/3% support test—2014. If the organization dualifies as and stop here. The organization qualifies as	a publicly support	ed organization			•	.
b	33 1/3% support test—2013. If the organization and stop here. The organization qualifies				s 33 1/3% or more	, check this	▶ 🗆
17a	10%-facts-and-circumstances test—2014. is 10% or more, and if the organization meets Part VI how the organization meets the "facts-organization	the "facts-and-cir	cumstances" test,	check this box and	stop here. Explai	n in	. ▶□
b	10%-facts-and-circumstances test—2013. 15 is 10% or more, and if the organization me Part VI how the organization meets the "facts-supported organization"	ets the "facts-and-	-circumstances" te	st, check this box a	nd stop here. Ex		▶□
18	Private foundation. If the organization did no	ot check a box on	line 13, 16a, 16b	17a or 17h check	this box and see	·	
. •	instructions .	,	10, 100, 100,	, 0, 0.1001			. ▶□

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the					ŀ	
	organization without charge .						. 0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year .					į.	_ 0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6)						0
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	0	0	0]	0	0	0
14	First five years. If the Form 990 is for the or	•	econd, third, fourth	n, or fifth tax year a	s a section 501(c)((3)	
_	organization, check this box and stop here .				· · ·	·	▶∟
Sec	tion C. Computation of Public Sur					<u> </u>	
15	Public support percentage for 2014 (line 8, co	* * * * * * * * * * * * * * * * * * * *		f))	•	15	0 00%
	Public support percentage from 2013 Schedu			•		16	0 00%
	tion D. Computation of Investmen				 -	T	
17	Investment income percentage for 2014 (line		•	olumn (f))	•	17	0 00%
18	Investment income percentage from 2013 Sc			•		18	0 00%
19a	33 1/3% support tests—2014. If the organiz						
	not more than 33 1/3%, check this box and s		•		•		. ▶
b	33 1/3% support tests—2013. If the organization of the set that 12 1/2% about the set that 12 1/2% abo						
	line 18 is not more than 33 1/3%, check this I						▶ ⊨
20	Private foundation. If the organization did n	ot check a box on le	ine 14, 19a, or 19	b, check this box a	nd see instructions	,	. ▶]

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2		
3a		!
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
90		
9с		
10a		
10b		
rm 990 or	990-EZ	2014

Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

За

3b

Schedule A (Form 990 or 990-EZ) 2014 New Florida Majority Education Fund Inc. fka Florida Majority			3956785 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			tructions. All
other Type III non-functionally integrated supporting organizations must co	mplet	e Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ly-ınte	egrated Type III supporting	organization (see
instructions).			

		Florida Majority Education			5-3956785 Page 7
Part \		lly Integrated 509(a)(3) Supporting Organi	zations (continued)	·· <u>-</u> ·-
Section	on D - Distributions				Current Year
1_	Amounts paid to supported organ				
2	Amounts paid to perform activity t	•	ot purposes of supported		
	organizations, in excess of incom				
	Administrative expenses paid to a		es of supported organiza	ations	
	Amounts paid to acquire exempt-				
	Qualified set-aside amounts (prior			-	
	Other distributions (describe in Pa				
	Total annual distributions. Add			<u> </u>	0
8	Distributions to attentive supporte		ne organization is respor	nsive	
	(provide details in Part VI). See in				
9	Distributable amount for 2014 from				0 000
10	Line 8 amount divided by Line 9 a	imount		/!!\	0 000
S	ection E - Distribution Allocation	s (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from	n Section C, line 6			0
2	Underdistributions, if any, for year	rs prior to 2014			
	(reasonable cause required-see ii	nstructions)			
3	Excess distributions carryover, if	any, to 2014		×	
<u>a</u>					
<u>b</u>					
СС					
d					
	Total of lines 3a through e		0		
	Applied to underdistributions of pr			0	
<u>h</u>	Applied to 2014 distributable amo				0
 !-	Carryover from 2009 not applied (
	Remainder Subtract lines 3g, 3h,		0		
4	Distributions for 2014 from Sectio				
	D, line 7	\$ 0			
	Applied to underdistributions of pr			0	
	Applied to 2014 distributable amo Remainder. Subtract lines 4a and				0
<u>c</u> 5			0		
9	Remaining underdistributions for yany. Subtract lines 3g and 4a from				
	greater than zero, see instructions			0	
6	Remaining underdistributions for 2				
Ü	and 4b from line 1 (if amount great	The state of the s			
	instructions)	iter triair zero, see			0
7	Excess distributions carryover	to 2015 Add lines 3			0
•	and 4c	to Edia. Add lines of	اه		
8	Breakdown of line 7				
а		- ::			
b					
С					
	Excess from 2013	0:			
e	Excess from 2014	0		•	

	orm 990 or 990-EZ) 2014	New Florida Majority Educa	ation Fund Inc.	fka Florida New Majority Ed F	und 45-3956785 Page 8
Part VI	Supplemental I	nformation. Provide the ex	planations re	equired by Part II, line 10, F	fund 45-3956785 Page 8 Part II, line 17a or 17b; and
	Part III. line 12.	Also complete this part for a	nv additiona	Linformation (See instructi	ons).
			,		
					·

SCHEDULE D (Form 990)

Supplemental Financial Statements

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

OMB No 1545-0047

Inspection

New Florida Majority Education Fund Inc fka Florida New Majority Ed Fund 45-3956785 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 6 used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?. Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b C Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included in Form 990, Part VIII, line 1 .

Assets included in Form 990, Part X

Sched	ile D (Form 990) 2014 New Florida Majority Edi	ucation Fund Ir	nc. fka <u>f</u> le	orida New	Majority Ed I	-und	45-3956	785	F	age Z
Part	Organizations Maintaining Col	lections of A	Art, Hist	orical Tr	easures, o	r Othe	er Similar Asse	ts (con	tinuec	1)
3	Using the organization's acquisition, access	ion, and other	records, o	check any	of the follows	ng that	are a significant			
	use of its collection items (check all that app	oly)								
а	Public exhibition		d	Loan	or exchange	progran	ns			
b	Scholarly research		е 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and	explaın h	ow they fu	irther the orga	anızatıd	on's exempt purpo	se in		
5	During the year, did the organization solicit									
	assets to be sold to raise funds rather than t		ed as par	t of the ore	ganization's c	ollectio	in?	Ye	es	No_
Part	Complete if the organization ansi 990, Part X, line 21.		to Form	990, Pai	t IV, line 9,	or rep	orted an amour	nt on Fo	orm	
1a	Is the organization an agent, trustee, custod	lian or other int	termediar	v for conti	ributions or of	ther as	sets not			
	included on Form 990, Part X?							☐ Ye	es 🗍	No
b	If "Yes," explain the arrangement in Part XII	I and complete	the follo	wing table						
		•		•			/	Amount		
С	Beginning balance			•		10	C			0
d	Additions during the year					10	d			
е	Distributions during the year					10				
f	Ending balance	-		•	•	1				0
2a	Did the organization include an amount on F	Form 990, Part	X, line 2	1, for escr	ow or custodi	al acco	ount liability?	∐ Ye	s X	No
b	If "Yes," explain the arrangement in Part XII	I. Check here	f the expl	anation ha	as been provi	ded in	Part XIII	•		
Part	V Endowment Funds.				•					
	Complete if the organization ans	wered "Yes"	to Form	990, Pai	t IV, line 10)				
	(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	0								
b	Contributions									
C	Net investment earnings, gains,									
	and losses .									
d	Grants or scholarships .									
е	Other expenditures for facilities									
_	and programs							 		
f	Administrative expenses .							-		
g	End of year balance	0	h -1 /	0		0		0		0
2	Provide the estimated percentage of the cur	rrent year end i	-	line 1g, co	olumn (a)) nei	a as				
a	Board designated or quasi-endowment		<u>%</u> -							
b	Permanent endowment Temporarily restricted endowment	<u>%</u>								
С		%	1 /							
3a	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse			n that are	held and ad	minista	red for the			
Ja	organization by	ession or the or	i yariizatic	iii iiiai ai c	neid and adi	IIIIIISIC	red for the		Yes	No
	(i) unrelated organizations							3a(i)		-110
	(ii) related organizations		•			•		3a(ii)		
b	If "Yes" to 3a(ii), are the related organization		uired on	Schedule	R?			3b		
4	Describe in Part XIII the intended uses of th					·				
Part										
	Complete if the organization ans		to Form	990, Pai	rt IV, line 11	a. Se	e Form 990, Pa	rt X, line	e 10.	
	Description of property	(a) Cost or oth			st or other		Accumulated		ook valu	
		(investm			s (other)	Ì	depreciation			
1a	Land		0		0					0
b	Buildings		0		0		0			0
C	Leasehold improvements .		0		0		0			0
d	Equipment		0		25,000		16,661			8,339
е	Other .		0	1	0		.0			0
Tatal	Add lines to through to (Column (d) must	anual Earn 00	0 Dod V	column 1	D) /mo 1001		▶ I			0 220

Part VII	Investments—Other Securitie Complete if the organization and		00 Part IV line 11h See Forn	n 000 Part Y line 12
(a)	Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)	(b) Book Value	Cost or end-of-year n	
(1) Financial of	-	_	0	
	eld equity interests		0	
(3) Other				
(<u>A</u>)			 	
(B)				
(<u>C)</u>		 		
			 	
				·-··
				
<u>(G)</u>				
	must equal Form 990, Part X, col (B) line 12)		0	
Part VIII	Investments—Program Relate		<u> </u>	
rait viii	Complete if the organization an		90 Part IV line 11c See Form	n 990 Part X line 13
			(c) Method of va	
	(a) Description of investment	(b) Book value	Cost or end-of-year r	
(1)				
(2)				
(3)				
(4)				· · · · · · · · · · · · · · · · · · ·
(5)				
(6)			-	
(7)				
(8)				
(9)				
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 13)		0	
Part IX	Other Assets.			
	Complete if the organization an	swered "Yes" to Form 9	90, Part IV, line 11d. See Forr	
	(a) Description		(b) Book value
(2)				
(3)			<u></u>	
(4)			· · · · · · · · · · · · · · · · · · ·	
(5)				
(6)				
(7)				
(8)	· · · · · · · · · · · · · · · · · ·			
Total (Colum	nn (b) must equal Form 990, Part X, col	I /R) line 15)		
Part X	Other Liabilities.	(b) iiio 10)		
ruitx	Complete if the organization an	swered "Yes" to Form 9	90 Part IV line 11e or 11f Se	e Form 990 Part X
	line 25.	5WC1CG 1C5 101 01111 0	50, 1 dit 10, mio 110 di 111. de	, , , , , , , , , , , , , , , , , , , ,
1.	(a) Description of liability	(b) Book value		
	income taxes		0	
	he New Florida Majority (f/k/a Florida	170,00	1	
(3)	,		7	
(4)		•		
(5)				
(6)				
(7)				
(9)				
Total. (Column (b) m	nust equal Form 990, Part X, col. (B) line 25.)	170,00	1	

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

Par	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, Pa		•	er Return.	
1	Total revenue, gains, and other support per audited financial statements	it iv, i	iiie iza	1 4 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•	•	327735	
a	Net unrealized gains (losses) on investments	2a	1		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1		4	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
C	Add lines 4a and 4b			4c	0
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		<u>.</u>	5	0
Par	t XII Reconciliation of Expenses per Audited Financial Stateme		•	per Return.	
	Complete if the organization answered "Yes" to Form 990, Pa	<u>rt IV, I</u>	line 12a.		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		- 0. 74	
C	Other losses	2c			
d	Other (Describe in Part XIII)	2d			_
e	Add lines 2a through 2d	-		2e	0
3	Subtract line 2e from line 1	i .		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	l _			
а	Investment expenses not included on Form 990, Part VIII, line 7b.	4a		_ :	
b	Other (Describe in Part XIII.)	4b			•
C C	Add lines 4a and 4b	•		4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	:		5	0
_	t XIII Supplemental Information.				
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P				aπ X, line
	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro		ny additional infor	mation.	
Part	X Line 2 The organization assesses its tax positions in accordance with accounting	9			
for u	ncertainties in income taxes as prescribed by the accounting standards codificatio	_			
ioi ui	incertainties in income taxes as prescribed by the accounting standards codification				
which	h provides guidance for financial statement recognition and measurement of unce	rtaın			

tax p	positions taken or expected to be taken in a tax return for open tax years (generally	' 			•••••
a per	riod of three years from the later of each returns due date or the date filed) that				
romo	our subject to examination by the erganizations major toy juried stone. The				
Terria	ain subject to examination by the organizations major tax jurisdictions The				
orgai	nization assesses its tax positions and determines whether it has any material				
191991					
unred	cognized liabilities for uncertain tax positions. The organization records these				
liabili	ities to the extent it deems them more likely than not to be incurred. Interest and				
pena	alties related to uncertain tax positions, if any, would be classified as a component				
of inc	come tay expense. The organization boliouse that it does not have any expense.				
01 1110	come tax expense. The organization believes that it does not have any significant				
unce	ertain tax positions requiring recognition or measurement in the accompanying con	bined			
	g and g and				
finan	icial statements				

Schedule D (Form	990) 2014	New Florida Majority Education Fund Inc. fka Florida New Majority Ed Fund	45-3956785	Page 5
Part XIII	Supple	emental Information (continued)		
- 				<u> </u>
	-			
	·	•		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

New Florida Majority Education Fund Inc. fka Florida New Majority Ed Fund 45-3956785 Form 990, Part III, Line 4d Program Service Expenses 149,314, Grants and allocations 0, Revenue 0 Other program services Form 990, Part VI, Section B, Line 12c Review of annual disclosure forms submitted by covered persons, compile and maintain a list of potentially conflicted entities and individuals Proposed transactions can then be matched against the list as a means of identifying possible conflicts when dealing with major vendors and service providers Form 990, Part VI, Section B, Line 15b. The organization considers asking the vendor or service provider to disclose any relationship, personal, financial or otherwise, that the vendor or service provider has with any of the organizations directors, officers, employees or volunteers. Form 990, Part VI, Section B, Line 11b. A draft of the return is reviewed by the President and the organization attorney. Changes and additions are made to the return based on their review A revised draft is then provided and approved before release Form 990, Part VI, Section B, Line 15a The organization follows a 3 step process to determine appropriate compensation. The board arranges for an independent body to conduct a comparability review, the independent body looks at comparable salaries and benefits data, such as data available from surveys, to learn what employers of a similar budget size organization located in the same, or a similar geographic region, pay their senior leaders, the board/independent body documents who was involved and the process used to conduct the review, as well as the disposition of the full board's decision to approve the executive director's compensation

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
New Florida Majority Education Fund Inc. fka Florida New Majority Ed Fund	45-3956785
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its Instructions is at www irs.gov/form990.

Employer identification number Open to Public OMB No 1545-0047 Inspection

45-3956785

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

New Florida Majority Education Fund Inc. fka Florida New Majority Ed Fund

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	(μ)						
(2)							
(3)							
(4)							
(5)							
(9)	(9)						
Part II	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ions Complete if the ng the tax year.	organization an	swered "Yes" or	ı Form 990, Pa	rt IV, line 34 becau	se it had
	(a) Name address and Eln of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling	(g) Section 512(b)(13)

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had	zations Complete if th	ne organization an	swered "Yes" on	Form 990, Part IN	/, line 34 becaus	e it had	
one or more related tax-exempt organizations during the tax year.	uring the tax year.						
(a)	(q)	(2)	(p)	(0)	€	(6)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 512(b)(13) controlled entity?	2(b)(13) led ??
						Yes	No
(1) Florida New Majority, Inc 27-0167620	See Supp Inf				:		
8330 Biscayne Blvd, Suite 1 Miami, FL 33138		FL	501(c)(4)		N/A		×
(2) Florida Freedom PAC 45-5370928	See Supp Inf.						
8330 Biscayne Blvd, Suite 1 Miami, FL 33138		FL	527		N/A		×
(3)							
(4)							
(5)							
(9)							
(2)							

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

Schedule R (Form 990) 2014

Page 2

New Florida Majority Education Fund Inc. fka Florida New Majority Ed Fund

Schedule R (Form 990) 2014

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. 45-3956785 Part III

(k) Percentage ownership									1	(I) Section 512(b)(13) controlled entity?	No s				-				Schedule R (Form 990) 2014
) ral or iging her?	No								, Par		Yes					<u> </u>			(Form
(J) General or managing partner?	Yes				ŀ				990	(h) Percentage ownership									ule R
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	Share of Per end-of-year assets ow									Sched
	Ŷ				:				ered										
(h) Disproportionata allocations?	Yes		† 		i				answ ear.	(f) are of total income									
4									Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answ IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(f) Share of total income								_	
(9) Share of end-c year assets									organi: uring th	(e) Type of entity (C corp, S corp, or trust)									
(f) Share of total income									e if the trust d	Type o									
Share									nplet on or				<u> </u>						
ant d, d, sr 514)									ust Cor	(d) Direct controlling entity									
(e) Predominant income (related, unrelated, excluded from tax under							:		or Tru saco	رد Pir									
ori es									ation Ited a	(c) Legal domcile e or foreign couni									
) ntrolling ity									orpora	(c) Legal domicile (state or foreign country)			:			:			
(d) Direct controlling entity									is a C	s)									
		•					 		a ble a	(b) y activity			:		!				
(c) Legal domicile (state or foreign country)						ļ			s Tax	(b) Primary activity									
									ration						. ,				
(b) Primary activity				,					ganiz e or n										
) Primari									ed Or	ıızatıon									
									Relat	d organ									
									on of	(a) Name, address, and EIN of related organization									
nd EIN o cation									ficati e 34 b	(a and EIN									
(a) ne, address, and Elh related organization									Identi IV, Im	address									
(a) Name, address, and EIN of related organization									_	Name,									
z		(1)	(2)	(3)	(4)	(2)	(9)	(3)	Part IV			(1)	(2)	(3)	(4)	(5)	(9)	(2)	

45-3956785

Part V Tra

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

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.			Yes	SS No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	organizations listed in	Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	-		1a	×
b Gift, grant, or capital contribution to related organization(s).	•		1p	×
c Gift, grant, or capital contribution from related organization(s)		•	10	×
d Loans or loan quarantees to or for related organization(s)		•	1d	×
e Loans or loan quarantees by related organization(s)			1	×
	•			
f Dividends from related organization(s)			7=	×
Sale of assets to related organization(s)			10	×
Control of the contro			. .	>
n Furchase of assets from related organization(s)			≣ ;	,
			-	×
j Lease of facilities, equipment, or other assets to related organization(s)			1	×
k Lease of facilities, equipment, or other assets from related organization(s)			1k	×
I Performance of services or membership or fundraising solicitations for related organization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	•		1	×
			t ×	
(a) a contraction of the contrac	-	· ·	╀	
o sharing of paid employees with related of ganization(s)			-	
n Baimhirreamant and to related organization(e) for expanses			4. ×	
	•		╀	+
q Reimbursement paid by related organization(s) for expenses	•		19	×
				:
 Other transfer of cash or property to related organization(s) 			-	×
s Other transfer of cash or property from related organization(s)		•	1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	, including covered rela	ationships and transacti	ion threshold	S
(a)	(q)	(2)	(p)	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	lermining volved
(1) Florida New Majority, Inc	0	541,786	Actual costs	l
			Actual costs	
(2) Florida New Majority, Inc	d	258,164		
(3)				
(4)				
(c)				
(9)				
		Sched	Schedule R (Form 990) 2014	990) 2014

45-3956785

Part VI

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

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

or gross revenue, mar was not a related organization see instructions regarding exclusion or certain investment patricisms.	o ligarization o		sparuming excursi			ilvesillelli pari	Gianips.	:	-			Ì	
(a) Name address and EIN of earthy	(b)	(c)	(a)	(e)	0		(6)	(F)	_	(3)			2
ישות, מכניפטט, מוס הוא כן מותיץ	ביווופו ל פכוועול	(state or foreign country)	_8.	section 501(c)(3) organizations?	ations?	total income	share of end-of-year assets	olsproportoriate allocations?		amount in box 20 of Schedule K-1 (Form 1065)	ceneral or managing partner?		ownership
				Yes	ş			Yes	Ŷ		Yes	Š	
(1)													
(2)													
(6)													
(4)													
(9)													
(9)		:											
(7)				_					_				
(8)													
(6)													
(10)													
(11)													
(12)													
(13)													
(14)						ı						,	
(15)													
(16)					-								
		: :	; ;							Sched	tule R (Form 9	Schedule R (Form 990) 2014

Schedule R (Fo	m 990) 2014	New Florida Majority Education Fund Inc. fka Florida New Majority Ed Fund	45-3956785	Page 5
Part VII		nental Information additional information for responses to questions on Schedule R (see instr		
Part II Line 1	Ib Educate	communities in Florida to win equity and fairness		
Part II Line 2	b Federal p	political committee in support of FNM's mission in Florida.		
				•
	·			
				• • • • • • • • • • • • • • • • • • • •
				
		•••••		
***************************************	·			