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Change in Tex Year (See Form 1128) Starting OF 01/2015 (See Form 1128)

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2014

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public
► Information about Form 990 and its instructions is at www.irs gov/form990.

Department of the Treasury

Open to Public Inspection

Inter	nai Reve	inde Service				<u> </u>
A	For th	e 2014 calendar year, or tax year beginning 6/01 , 2014,	and ending	5/31		, 2015
В	Check If	applicable C		D Emp	loyer ident	ification number
	Add	dress change FLORIDA ASSOCIATION OF PUBLIC		59	- 2615	678 ·
	Na	me change PROCUREMENT OFFICIALS, INC.		E Telep	hone num	ber
	Init	8875 HIDDEN RIVER PARKWAY #300		(9	41) 5	75-3348
	Fina	TAMPA, FL 33637		<u> </u>		
	HAm	nended return		G Gros	s receipts	\$ 290,797.
	\vdash	plication pending F Name and address of principal officer	Н	(a) Is this a group re	turn for sul	
	Ш·#	SAME AS C ABOVE	н	(b) Are all subordina if No,' attach a li	tes include	
ī	Tax-e	exempt status 501(c)(3) X 501(c) (6) (Insert no) 4947(a)(1) or	527	if No, attach a li	st (see ins	structions) — —
<u>:</u>		osite: ► HTTP://WWW.FAPPO.ORG/		(c) Group exemption	number 🕨	•
<u>K</u>			Year of tormation			egal domicile FL
Pa	rt I	Summary		1300		
1 6	1	Briefly describe the organization's mission or most significant activities To	OFOSTER	AND PROMO	TF. AT	VANCEMENT IN
4.	-	THE PUBLIC PURCHASING PROFESSION THROUGH EDUCAT				
Governance		NETWORKING.		-3 C -=542;	: =	
rna			-			- -
ove		Check this box ► If the organization discontinued its operations or disp	osed of more	e than 25% of it	s net as	sets
		Number of voting members of the governing body (Part VI, line 1a)			3	4
တ္		Number of independent voting members of the governing body (Part VI, line			4	0
Activities &		Total number of individuals employed in calendar year 2014 (Pat V, line 2a Total number of volunteers (estimate if necessary))		5	0
ःई		Total unrelated business revenue from Part VIII, column (C), line 12			6 7a	0
⋖		Net unrelated business taxable income from Form 990-T, վկրայժ ար դրան 1	100		7a 7b	0.
		THE difference business taxable medite from 1 offi 150 1, inject 43 17 16 16	3-1:-	Prior Yea		Current Year
	8	Contributions and grants (Part VIII, line 1h)	11.3	1110116	41	Carrent Tear
ne		Program service revenue (Part VIII, line 2g)		262	975.	290,480.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7o)	ارـــــا	202	316.	317.
æ	,	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			310.	317.
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), li	rie 12)	263,	291.	290,797.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				1,500.
	14	Benefits paid to or for members (Part IX, column (A), line 1)				
)))	15	Salaries, other compensation, employee benefits (Part 17 column (A), lines	5 10)			
Expenses	l	Professional fundraising fees (Part IX, column (A), line (14)				·
i i	ł	Total fundraising expenses (Part IX, column (D), line 25) ►	5.17.4			
ŽÄ			174.			
	l .	Other expenses (Part IX, column (A), lines 11a-11d, 11i-24e)			469.	277,299.
,		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			469.	278,799.
) ★ 8	19	Revenue less expenses Subtract line 18 from line 12			822.	11,998.
ancie		Tatal accets (Dart V. Inc. 10)		Beginning of Curi		End of Year
Absets or	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)			353.	465,132.
Net /		¢ ·			107.	12,888.
	L	Net assets or fund balances Subtract line 21 from line 20		440,	246.	452,244.
	<u>irt II</u>	Signature Block				
Unde	er penalt	ies of perjury. Leeclare that I have examined this return, including accompanying scherules, and state eclaration of preparer (other than officer) is based op all information of which preparer has a ly knowle	ements and to the	e best of my knowled	dge and be	lief, it is true, correct, and
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			20/	
٠.		Signature of officer		Date	187.15	
Sig	an To					
He	re	FATIMA CALKINS Type or print name and title		TREASURER		
		Print/Type preparer's name Preparer's signature	Date .		$\overline{}$	DTIN
_			109/28	Check	∐ ıf	PTIN
Pa		DAVID RODRIGUES, CPA, PA	VILU	self-emp	oyed	P00544306
	epare					
US	e On	TOTAL MILESCONI IN BUILD D		Firm's El	<u>N ► 59-</u>	-3808063
		CLEARWATER, FL 33755		Phone no	(727	
	<u> </u>	RS discuss this return with the preparer shown above? (see instructions)				X Yes No
BA	A For	Paperwork Reduction Act Notice, see the separate instructions.	TEEA	0113L 05/28/14		Form 990 (2014)

	FLORIDA ASSOCIATION OF PUBLIC	59-2615678 Page 2
Part III State	ment of Program Service Accomplishments	
Check	of Schedule O contains a response or note to any line in this Part III	
1 Briefly describ	e the organization's mission	
TO FOSTER	R AND PROMOTE ADVANCEMENT IN THE PUBLIC PURCHASING PR	ROFESSION_THROUGH
EDUCATION	N, STUDY, DISCUSSION AND NETWORKING.	
2 Did the organiz	ation undertake any significant program services during the year which were not listed on t	the prior
Form 990 or 9	90-EZ?	Yes X No
If 'Yes,' descri	be these new services on Schedule O	
3 Did the organi	ization cease conducting, or make significant changes in how it conducts, any progra	am services? Yes X No
If 'Yes,' descri	be these changes on Schedule O	
4 Describe the o	organization's program service accomplishments for each of its three largest progran (3) and 501(c)(4) organizations are required to report the amount of grants and allo	n services, as measured by expenses
Section 501(c))(3) and 501(c)(4) organizations are required to report the amount of grants and allo if any, for each program service reported	cations to others, the total expenses,
and revenue,	in any, for each program service reported	
		\(\O_1\)
4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
	NIZATION SERVES OVER 1,000 PUBLIC PURCHASING OFFICERS	
	LY NEWSLETTER PROVIDED TO ALL MEMBERS. UNDER THE ORGA	
	NTINUED SUPPORT AND ENHANCEMENT TO MEMBER EDUCATION A	
LEAD TO A	ADVANCEMENTS IN THE GOVERNMENTAL PROCUREMENT PROFESSI	<u> </u>
4 b (Code) (Expenses \$ including grants of \$) (Revenue \$)
·		
		·
		·
4 c (Code:) (Expenses \$ including grants of \$) (Revenue \$
		·
		·
4 d Oth	n corrupce (Describe in Schodule O.)	
	n services (Describe in Schedule O)	
(Expenses	\$ including grants of \$) (Revenu))
4 e Total program	service expenses 0.	Form 900 (2014)

59-2615678

. u.			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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part i!	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes, complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes.' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	:	Х
10	Did the organization, directly or through a related organization, hold essets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 1.27 !f 'Yes,' complete Schedule D, Part VI	11 a	Х	
I	b Did the prganization 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	11 b		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 V!'l	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
•	e Did the organization report an amount for other liabilities in 'ert X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
1	f Did the organization's separate or consolidated mancial 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	11 f		Х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
1	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	·	Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.'	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5 000 cf aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F , Parts III and IV	16	_	Х
17	Did the organization report a total of more than \$15,000 of expenses for textustional fundraising services on Part IX column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part i (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 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
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Page 4 Checklist of Required Schedules (continued) Yes No 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 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 Х 22 Did the organization answer Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23 Х 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No. 'go to line 25a 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 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 b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? X 'Yes', complete Schedule L. Part II 26 Did the organization provide a grant or other assistance to an officer director, trustee key employee, 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 Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV X 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х Schedule L. Part IV 28b 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 Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its riet assets? If 'Yes,' complete Х Schedule N, Part II 32 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 Χ 33 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 Х 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a **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 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, $Part\ VI$ 37

BAA

Form 990 (2014)

37

X

Х

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197

Note. All Form 990 filers are required to complete Schedule O

Page 5

a	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 8	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 0			
١	Enter the number of Forms W-2G included in line 1a Enter ⋅0- if not applicable 1 b 0] !		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1 1		
	(gambling) winnings to prize winners?	1 c		
2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 0	-		
ļ	b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			17
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		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	3 b		
4	a 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 account)?	4 a		Х
	b If 'Yes,' enter the name of the foreign country	140	ļ	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	-		
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	<u> </u>	_
	•		 	
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
	not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
;	a 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?	7 a		
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		 -
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			<u> </u>
	Form 8282?	7с		
-	d if 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	<u></u>	
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
1	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	Ì	
	h If the organization received a contribution or cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		<u>L.</u> .
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 Ь		
	Section 501(c)(7) organizations. Enter	1		1
	a Initiation fees and capital contributions included on Part VIII, line 12	_		İ
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_	l	
	Section 501(c)(12) organizations. Enter			
	a 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)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Ì	
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	a 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		1	
	b Enter the amount of reserves the organization is required to maintain by the states in	1		
	which the organization is licensed to issue qualified health plans	1		
	c Enter the amount of reserves on hand	1	ł	١
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No' provide an explanation in Schedule O</i>	14b	1	l

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . a The governing body? 8a Х X b Each committee with authority to act on behalf of the governing body? 8 b is there any officer, director, trustee, or key employee listed in Part \ II. Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10 a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c X Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a X b Other officers or key employees of the organization 15_b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Χ b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form \$90 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Own website Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

ORLANDO FL 32827 (407) 825-2044

FATIMA F CALKINS 8652 CASA VERDE RD, BLDG 811

Part VII	T	Compensation of	of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees	, and
		Independent Co	ntractors		·	_	•	•	•	, -	

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

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

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

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

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

		(C)								
(A) Name and Title	(B) Average hours per	than	one both	box, an c	unles officer	eck mo ss pers and a ee)	on	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated, amount of other compensation
	(list any director related organizations below dotted line)		related organizations (W 2/1099 MISC)	from the organization and related organizations						
(1) FATIMA CALKINS	_ 10 _	ĺ	ιĺ							
TREASURER	0 '`10	X						0.	0.	0.
(2) JOE BENJAMIN PRESIDENT	- 10	Х						. 0.	0.	0.
(3) LAURIE VICTORY	.10									
SECRETARY	0	X						0.	0.	0.
(4) DIANE WETHERINGTON	_ 10 _									
VICE PRESIDENT	0	X	-		i 	!- - -		0.	0.	0.
_(5)			:	l	l					
(6)			¦			 				
<u></u>										1
(8)					-					
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(10)										
(1)	_ =									
(12)	ł									.,
(13)						 				
(14)										
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TEEA0107L 02/27/14

Form 990 (2014)

Form 990 (2014) FLORIDA ASSOCIATION OF	PUBLIC							III: Land Com	59-261567		Pag	
Part VII Section A. Officers, Directors, Tru	(B)	Key	<u>En</u>	ıpid ()		es,	and	Hignest Con	ipensated Emp	loyees	(contin	iued)
(A) Name and title	Average hours per week	box	, unle	Pos check ess po	sition more erson direct	e than is both or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amou	(F) stimated ant of oth pensatio	
	(list any hours for related organiza tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	from the organization and related organizations		
(15)		-	-			-						
(16)		╁	ļ			-						
(17)		-	-		-							
(18)		-	_	-								
(19)												
(20)		-					 	,			_	_
(21)		 	-				 					
(22)		-			-	 	 			-		
(23)												
(24)										-		
(25)												
1 b Sub-total c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	on A	,					A A A	0. 0.	0. 0.			0.
2 Total number of individuals (including but not limited from the organization ► 0	to those I	isted	aho	ve) v	who	recer	ved			pensatio	า	0.
											Yes	No
3. Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such that the last last last the second	ch individu	ıal			•					3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	150,0	00?	ensa If "	Yes'	com _i	otn plet	er compensation le Schedule J for	trom	4		Х
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e comper s,' comple	isatio	on fr	om dule	any J fo	unre or suc	late ch p	ed organization or person	ındıvıdual	5		Х
Section B. Independent Contractors 1 Complete this table for your five highest comper compensation from the organization Report comper	sated ind	epen the c	iden alen	t co dar	ntra year	ctors endi	tha	at received more t	han \$100,000 of ganization's tax yea	r		
(A) Name and business add	ress							Description) of services	Compe	C) Insatio	n
			-									
Total number of independent contractors (including)		ited t	o the	ose	liste	d abo	ve)	who received more	than			
\$100,000 of compensation from the organization	0											

	Check if Schedule O contains a response or note to any	line in this Part VII	ı ·		
•'		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 b Membership dues 1 b Total. Add lines 1a-1f b Membership dues 1 c Tundraising events 1 c Tundraising events 1 d Tundraising events 1	·			
Program Service Revenue	2a MEMBERSHIP DUES & ASSESSMENTS	290,480.			290,480.
æ	b CONFERENCE REGISTRA FEES				
/ice	C PROFESSIONAL DEVELOPMENT				_ _
S	d TRADE_SHOW_AND_WORKSHOPS				
ä	e		<u>·</u>		
<u>ē</u>	f All other program service revenue g Total. Add lines 2a-2f	200 400			
	g Total, Add lines 24-21	290,480.			
	3 Investment income (including dividends, interest and other similar amounts)	317.			317.
	4 Income from investment of tax-exempt bond proceeds.				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross rents]			
	b Less rental expenses c Rental income or (loss)				
	d Net rental income or (loss)				
	(v) Converting (v) Other				
	7 a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				,
	c Gain or (loss)			=	
	d Net gain or (loss)				
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
ě	See Part IV, line 18				
ē	b Less direct expenses b	Ì			
돭	c Net income or (loss) from fundraising events				
Ĭ	9 a Gross income from gaming activities See Part IV, line 19 a				,
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a				
	b Less. cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a				
	b				-
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	290,797.	0.	0.	290,797.

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a re		line in this Part IX		
	not.include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			,	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,500.	1,500.		
4 5	Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes ·				
11	Fees for services (non-employees)				
a	Management				
Ł	Legal				
(Accounting	595.		595.	 _
	Lobbying			373.	
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amt exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule 0).				
	Advertising and promotion	174.			174.
13	Office expenses	779.		779.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	<u> </u>	5;452.	5,452.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	97,000.	97,000.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,873.		1,873.	
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)				
ä	MANAGEMENT FEES	84,772.		84,772.	
	TRADE SHOW EXPENSES	31,824.	31,824.		
	WORKSHOPS	31,227.	31,227.		
	PROGRAM & GENERAL BUSINESS	8,144.	<u>~</u>	8,144.	
	All other expenses	15,459.	1,806.	13,653.	
25	Total functional expenses Add lines 1 through 24e	278,799.	168,809.	109,816.	174.
26	_ `			233,010.	

		Check if Schedule O contains a response or note to any line in this Part X			
		Great in Seriodate S Contains a response of field to any line in this tart is	(A)		(P)
			Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	131,722.	1	148,184.
	2	Savings and temporary cash investments	316,631.	2	316,947.
	3	Pledges and grants receivable, net	310,031.	3	310,347.
	4	Accounts receivable, net		4	
	_	I amount of their resourchies from ourrest and former officers direction			······································
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	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	
ts	7	Notes and loans receivable, net .		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis			
	,	Complete Part VI of Schedule D 10a 14, 467.			•
-	_ b	Less accumulated depreciation 10b 14,467		10 c	
,	11	Investments – publicly traded securities		11	-
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	1.
	16	Total assets. Add fines 1 through 15 (must equal line 34)	448,353.	16	465,132.
	17	Accounts payable and accrued expenses	5.	17	4,386.
	18 19	Grants payable Deferred revenue		18 19	
	20	Tax-exempt bond liabilities			
ß		·		20	
Liabilities	21 22	Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,		21	
bili	22	key employees, highest compensated employees, and disqualified persons			
Lia	-1	Complete Part II of Schedule L		22	
,	23	Secured mortgages and notes payable to unrelated third parties		23	
-	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
į	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Cort X of Schedule D.	8,102.	25	0 E00
	26	Total liabilities. Add lines 17 through 25	8,107.	26	8,502. 12,888.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete	0,107.1		14,000.
es		lines 27'through' 29, and lines 33 and 34.		}	
2	27	Unrestricted net assets	440,246.	27	452,244.
ala	28	Temporarily restricted net assets	110,210.	28	102,211.
d B	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ►		-	
ĒΡ	-	and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balances	33	Total net assets or fund balances	440,246.	33	452,244.
~	34	Total liabilities and net assets/fund balances	448,353.	34	465,132.
BA.	A				Form 990 (2014)

review, or compilation of its financial statements and selection of an independent accountant?

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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 BAA

ın Schedule O

Audit Act and OMB Circular A-133?

Form **990** (2014)

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2¢

3 a

3 b

SCHEDULE D (Form 990)

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Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

	FLORIDA ASSOCIATION OF PUB PROCUREMENT OFFICIALS, INC	50 2615670		
Pai		or Advised Funds or Other Similar Funds	59-2615678 S or Accounts	
Pai	Complete if the organization ansi	wered 'Yes' to Form 990, Part IV, line 6	or Accounts.	
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year	·		
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the assets held in dono organization's exclusive legal control?	r advised funds Yes No	
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant funds of the donor or donor advisor, or for any other pu	can be used only urpose conferring Yes No	
Pai				
ı aı		wered 'Yes' to Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by	· · · · · · · · · · · · · · · · · · ·		
	Preservation of land for public use (e.g., r	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		neld a qualified conservation contribution in the form o	f a conservation easement on the	
- ,	last day of the tax year		Held at the End of the Tax Yea	
	a Total number of conservation easements		2a	
	b Total acreage restricted by conservation ease	ments	2b	
	Number of conservation easements on a certi		2c	
		n (c) acquired after 8/17/06, and not on a historic		
	structure listed in the National Register	Tricy acquired after 6/1/700. and not on a historic	2 d	
3	Númber of conservation easements modified, traitax year ►	nsferred, released, extinguished, or terminated by the	organization during the	
4	Number of states where property subject to conse	ervation easement is located •		
5		garding the periodic monitoring, inspection, handle	·	
_	and, enforcement of the conservation easemen		Yes No	
ь	> .	inspecting, and enforcing conservation easements dur	ing the year	
7	Amount of expenses incurred in monitoring, insper	ecting, and enforcing conservation easements during the	he year	
8	Does each conservation easement reported o and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i) Yes No	
9	include, if applicable, the text of the footnote	s conservation easements in its revenue and expense to the organization's financial statements that des	statement, and balance sheet, and cribes the organization's accounting for	
Da	conservation easements	ctions of Art, Historical Treasures, or O	ther Similar Assets	
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line 8.		
	art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its final		nerance of public service, provide,	
	b If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenue sta or public exhibition, education, or research in furtherar	atement and balance sheet works of art, nce of public service, provide the	,
	(i) Revenue included in Form 990, Part VIII,	line 1	> \$	
	(ii) Assets included in Form 990, Part X		▶\$	_
	amounts required to be reported under SFAS	, ,		
	a Revenue included in Form 990, Part VIII, line	1	► \$	
	b Assets included in Form 990, Part X		> \$	

Page 2

Part III Organizations Mainta	ining Collec	ctions	of Art, Histo	rical Treasures	s, or O	ther Similar Ass	ets (c	ontinu	ed)
3 Using the organization's acquisition items (check all that apply)	, accession, an	nd other i	records, check ar	ny of the following th	at are a	significant use of its	collectio	n	
a Public exhibition			d Loan o	or exchange progra	ıms				
b Scholarly research			e Other						
c Preservation for future gener	ations		h			· · · · · · · · · · · · · · · · · · ·			-
4 Provide a description of the organiz Part XIII	ation's collection	ons and	explain how they	further the organiza	ition's e	xempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather th	han to be maii	ntained	as part of the o	rganization's collec	ction?		Yes	[No
Part IV Escrow and Custodia line 9, or reported an	I Arrangem amount on	ents. (Form S	Complete if t 990, Part X,	he organization line 21	answ	rered 'Yes' to For	m 990), Part 	: IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodiar	n, or oth	er intermediary	for contributions o	r other	assets not included	Yes	٢	No
b If 'Yes,' explain the arrangement	ın Part XIII aı	nd comp	lete the followi	ng table				<u></u>	_
							Amoun	t	-
c Beginning balance						1 c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1 f			
2a Did the organization include an a	mount on For	m 990, l	Part X, line 21,	for escrow or custo	odial ac	count liability?	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII C	Check he	ere if the explan	nation has been pio	ovided i	n Part XIII			
Part V Endowment Funds. C	omplete if t	the orc	lanization an	swered 'Yes' to	Form	990 Part IV Jun	a 10		
Tart V Lindownient Tunus.	(a) Current		(b) Prior year			(d) Three years back		Four year	s hack
1 a Beginning of year balance	(a) ourrent	, cai	(a) I Not your	(c) 140 years	3 Dack	(u) Three years back	(6)	our year	3 DOCK
b Contributions							 		
•									**
c Net investment earnings, gains, and losses	<u></u>								
d Grants or scholarships		- ''							
e Other expenditures for facilities and programs									
f Administrative expenses							1		
g End of year balance		1							
Provide the estimated percentage		nt year e		e 1g, cclumn (a)) l	neld as				
a Board designated or quasi-endowm			ار است-						
b Permanent endowment ▶	[%]								
c Temporarily restricted endowmer			_ % _						
The percentages in lines 2a, 2b,	and 2c should	l equal	100%						
3a Are there endowment funds not in to organization by	he possession	of the or	ganization that a	ire held and adminis	tered fo	r the	1	Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(II), are the related of	organizations l	listed as	required on So	hedule R?			3b		ļ
4 Describe in Part XIII the intended	d uses of the o	organiza	tion's endowme	ent funds			<u></u>		L.,
Part VI Land, Buildings, and	Equipment								
Complete if the organi			'Yes' to Form	n 990, Part IV, I	line 11	la. See Form 990), Par	X, lır	ne 10.
Description of property	(or other basis restment)	(b) Cost or othe basis (other)	r	(c) Accumulated depreciation	(d)	Book va	alue
1 a Land					$\neg \top$				
b Buildings	ļ	-			$\neg \uparrow$				
c Leasehold improvements	Ī		1		$-\dagger$				
d Equipment	į į			14,46	7. †	14,467.			0.
e Other	ţ			11/10		2.7.207.			
Total. Add lines 1a through 1e (Colum	nn (d) must ea	ual For	n 990, Part X. d	column (B), line 10	c)	>			0.
BAA	<u> </u>					Sched	ule D (F	orm 990	

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(a) Description of security or category (including name of security)	(b) Book value	, Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	.,	· · · · · · · · · · · · · · · · · · ·
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(1)		
Total (Column (b) must equal Form 990, Part X, column (B) line 12)		
Part VIII Investments - Program Related.		N/A
Complete if the organization answered		, Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
_(+)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13)		
Part IX Other Assets.	N/A	
Complete if the organization answered	l 'Yes' to Form 990	, Part IV, line 11d. See Form 990, Part X, line 15
	scription	(b) Book value
(1)		
(2)		
(3)		
(5)		
(6) · , · · ,		
(7)		
(8)		
(9)		-
(10)		
Total. (Column (b) must equal Form 990, Part X, column (E	3), line 15)	>
Part X Other Liabilities.		
Complete if the organization answered 'Yes' to Fo		e or 11f See Form 990, Part X, line 25
(a) Description of liability	(b) Book value	
(1) Federal income taxes		12
(2) NORMA SHOWLEY MEMORIAL FUND	8,50	2.
(3)		
(3)		
(4)		
(4) (5)		<u> </u>
(4) (5) (6)		
(4) (5) (6) (7)		
(4) (5) (6) (7) (8) (9)		
(4) (5) (6) (7) (8)		
(4) (5) (6) (7) (8) (9)		
(4) (5) (6) (7) (8) (9) (10)	8,50	

Schedule D (FORM 990) 2014 FLORIDA ASSOCIATION OF PUBLIC	39-2613678	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return. N/A	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	}	
b Donated services and use of facilities 2b		
c Recoveries of prior year grants.		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4 c	
5_Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return. N/A	
Complete if the organization answered 'Yes' to Form 990, Part IV, 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		
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Other losses 2c		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b		
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III lines 13 and 4, Part IV, lines 1b and 2b, Part V, line 4. Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization FLORIDA ASSOCIATION OF PUBLIC PROCUREMENT OFFICIALS, INC.

Employer identification number

59-2615678

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO DOCUMENTS AVAILABLE TO THE PUBLIC.