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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning 11-01-2014 , and ending 10-31-2015**

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
FLORIDA HUMANITIES COUNCIL INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
599 2ND STREET SOUTH

City or town, state or province, country, and ZIP or foreign postal code
ST PETERSBURG, FL 337015005

**D Employer identification number**
23-7304964

E Telephone number
(727) 553-3804

**G** Gross receipts $ 2,940,252

**F** Name and address of principal officer
JANINE FARVER
599 2ND STREET SOUTH
ST PETERSBURG,FL 337015005

**H(a)** Is this a group return for subordinates? ☐ Yes ☑ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ FLORIDAHUMANITIES ORG

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1980

**M** State of legal domicile FL

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities
PROVIDING THE OPPORTUNITY TO EXPLORE THE HERITAGE, TRADITIONS AND STORIES OF OUR STATE

**2** Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 24 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 24 |
| **5** | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | **5** | 14 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 30 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 0 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 2,058,454 | 2,360,377 |
| **9** | Program service revenue (Part VIII, line 2g) | 120,698 | 118,016 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 12,896 | 59,732 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,669 | 1,325 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,193,717 | 2,539,450 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 383,679 | 570,202 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 898,218 | 1,000,975 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶188,396 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 841,220 | 873,051 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 2,123,117 | 2,444,228 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 70,600 | 95,222 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 1,593,423 | 1,556,717 |
| **21** | Total liabilities (Part X, line 26) | 346,876 | 382,882 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 1,246,547 | 1,173,835 |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

****** | 2016-08-12
Signature of officer | Date

JANINE FARVER EXECUTIVE DIRECTOR
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| BETTY ISLER CPA | BETTY ISLER CPA | | | P00541979 |

Firm's name ▶ CBIZ MHM LLC — Firm's EIN ▶ 27-3605969

Firm's address ▶ 13577 FEATHER SOUND DR STE 400
CLEARWATER, FL 33762 — Phone no (727) 572-1400

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

**1** Briefly describe the organization's mission

THE FLORIDA HUMANITIES COUNCIL WAS FORMED TO SUPPORT ACTIVITIES THAT FOSTER PUBLIC INVOLVEMENT AND APPRECIATION OF THE HUMANITIES AMONG THE CITIZENS OF THE STATE ITS MISSION - TO BUILD STRONG COMMUNITIES AND INFORMED CITIZENS BY PROVIDING FLORIDIANS WITH THE OPPORTUNITY TO EXPLORE THE HERITAGE, TRADITIONS AND STORIES OF OUR STATE AND ITS PLACE IN THE WORLD - IS ACHIEVED BY RE-GRANTING AND ADMINISTERING FUNDS AWARDED BY THE NATIONAL ENDOWMENT FOR THE HUMANITIES FOR EDUCATIONAL AND CULTURAL PROGRAMS AND BY PROVIDING PUBLIC HUMANITIES EDUCATION FOR THE PEOPLE AND COMMUNITIES OF FLORIDA

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses $ 429,018 including grants of $ 309,483 ) (Revenue $ )

RE-GRANTS THE RE-GRANTS PROGRAM IS DESIGNED TO PROVIDE GRANTS TO FUND PUBLIC PROGRAMS IN THE DISCIPLINES OF HUMANITIES SINCE ITS ORIGIN IN 1971, THE FHC GRANTS PROGRAM HAS AWARDED MORE THAN $8 MILLION IN SUPPORT OF PUBLIC PROGRAMS THROUGHOUT THE STATE THESE PROGRAMS HELP PRESERVE FLORIDA'S RICH CULTURAL HERITAGE, PROMOTE CIVIC ENGAGEMENT, AND FOSTER CONNECTIONS AMONG HUMANITIES SCHOLARS, CULTURAL ORGANIZATIONS, AND COMMUNITY GROUPS THE GRANTS PROGRAM PRIMARILY RESPONDS TO COMMUNITY INTERESTS AND INITIATIVES, AND IS INTENDED TO ADDRESS THE CONCERNS OF FLORIDIANS PREFERENCE IS GIVEN TO PROJECTS THAT ADDRESS IMPORTANT PUBLIC ISSUES, REACH UNDERSERVED AUDIENCES, CREATE RESOURCES FOR COMMUNITIES OR CULTURAL INSTITUTIONS, AND/OR REACH A BROAD PUBLIC AUDIENCE

**4b** (Code ) (Expenses $ 614,761 including grants of $ 260,720 ) (Revenue $ )

PUBLIC PROGRAMS EACH YEAR HUNDREDS OF FREE PUBLIC HUMANITIES PROGRAMS ARE FUNDED AND/OR CREATED BY FHC THAT EXAMINE A VARIETY OF FLORIDA TOPICS, BOTH PAST AND PRESENT HOSTED BY COMMUNITY CENTERS, LIBRARIES, THEATERS AND OTHER PUBLIC VENUES STATEWIDE, THESE PROGRAMS HELP FLORIDIANS LEARN MORE ABOUT THE RICHLY DIVERSE STATE IN WHICH WE LIVE OUR ROAD SCHOLARS TRAVEL THE STATE OF FLORIDA, BRINGING THOUGHT-PROVOKING HUMANITIES PROGRAMS TO LIBRARIES, COMMUNITY CENTERS, MUSEUMS, AND OTHER PUBLIC VENUES IN 2015, JUST AS FLORIDA'S POPULATION REACHED 20 MILLION, WE AT FHC EXPANDED OUR REACH TO NEW AUDIENCES AND ISSUES IMPORTANT TO OUR DYNAMIC, DIVERSE STATE WE BROUGHT THE NATIONAL "TELLING PROJECT" TO FLORIDA, SPONSORING DRAMATIC STAGE PRESENTATIONS FEATURING MILITARY VETERANS IN THE TAMPA BAY AREA AND PENSACOLA AND PRODUCING A STATEWIDE PUBLIC-TELEVISION DOCUMENTARY THIS PROGRAM IS DESIGNED TO HELP BRIDGE THE COMMUNICATION GAP BETWEEN VETERANS AND AN AMERICAN SOCIETY IN WHICH LESS THAN ONE PERCENT OF THE POPULATION HAS SERVED IN THE MILITARY OVER THE PAST DOZEN YEARS OF WAR WE LAUNCHED COLLEGE-BASED HUMANITIES SUMMER CAMPS FOR HIGH SCHOOL JUNIORS AND SENIORS THESE WEEKLONG RESIDENTIAL SEMINARS, LED BY FACULTY, ENGAGED TEENS IN INTRIGUING CULTURAL EXPLORATIONS THROUGH DISCUSSIONS AND FIELD TRIPS WHILE GIVING THEM A TASTE OF CAMPUS LIVING WE CREATED TECHNOLOGY APPLICATIONS THAT HELP FLORIDA COMMUNITIES SPREAD THE WORD DIGITALLY ABOUT THEIR HISTORIES AND CULTURAL LIFE OUR FIRST LOCAL WALKING-TOUR APP WAS LAUNCHED IN ST AUGUSTINE, PROVIDING A LIVELY, AUTHENTIC CULTURAL GUIDE FOR VISITORS TO OUR NATION'S OLDEST CITY IN ADDITION, WE PILOTED OUR COLORFUL, ACCESSIBLE TOUCH-SCREEN DISPLAY FOR SMALL FLORIDA MUSEUMS-HELPING THEM BRING A STATEWIDE PERSPECTIVE TO THEIR AUDIENCES AND THROUGH ALL OF OUR PROGRAMS, WE INCLUDED A FOCUS ON FLORIDA'S RELATIONSHIP WITH WATER, SOMETIMES CALLED "THE OIL OF THE 21ST CENTURY " WE PROVIDED OPPORTUNITIES FOR COMMUNITIES TO TRACE OUR HISTORICAL CONNECTIONS WITH THIS PRECIOUS COMMODITY THROUGH THE STUDY OF ART, CULTURE, AND LITERATURE AND TO EXPLORE THE ISSUES WE FACE TODAY

**4c** (Code ) (Expenses $ 407,432 including grants of $ ) (Revenue $ 88,618 )

TEACHER CENTER THE TEACHER CENTER USES THE HUMANITIES TO PROVIDE PROFESSIONAL DEVELOPMENT FOR EXCELLENT TEACHERS IN FLORIDA PARTICIPANTS ARE SELECTED THROUGH A COMPETITIVE APPLICATION PROCESS THE SEMINARS ADDRESS A VARIETY OF HUMANITIES TOPICS AS PART OF OUR MISSION TO BUILD STRONG COMMUNITIES AND INFORMED CITIZENS, FHC'S TEACHERS CENTER INVESTS IN THE PROFESSIONAL DEVELOPMENT OF FLORIDA TEACHERS THROUGH EXPERIENTIAL SUMMER SEMINARS, "HUMANITIES IN SCHOOLS" PROGRAMS, AND THE CREATION OF ON-LINE CLASSROOM RESOURCES FOR EDUCATORS OFFERING GRADUATE-LEVEL CONTENT TO OUTSTANDING K-12 TEACHERS, MEDIA SPECIALISTS, GUIDANCE COUNSELORS, AND ADMINISTRATORS, ALL FHC TEACHER PROGRAMS CORRELATE DIRECTLY TO THE SUNSHINE STATE STANDARDS, WHILE OFFERING RIGOROUS STUDY OF FASCINATING HUMANITIES TOPICS WITH NOTED SCHOLARS PROGRAMS INCLUDE SUMMER SEMINARS FHC'S SUMMER SEMINARS OFFER PARTICIPANTS THE UNIQUE OPPORTUNITY TO ENGAGE IN AN INTENSIVE EXPLORATION OF A CURRICULUM-RELEVANT HUMANITIES TOPIC THROUGH FIELD TRIPS, READINGS, LECTURES, DISCUSSIONS, FILMS, AND CULTURAL EXPERIENCES THE SEMINARS PROVIDE A COLLEGIAL FORUM FOR TEACHERS TO EXCHANGE IDEAS AND STRATEGIES WITH THEIR PEERS AND DISTINGUISHED PROFESSORS DURING A FIVE-DAY PROGRAM WITH MEALS, MATERIALS, AND LODGING PROVIDED AT NO COST TO PARTICIPANTS HUMANITIES IN SCHOOLS FHC MAKES HUMANITIES SPEAKERS AND PROGRAMS AVAILABLE TO YOUR SCHOOL OR DISTRICT YEAR-ROUND THROUGH FULL-DAY DISTRICT-BASED PROGRAMS DESIGNED AND IMPLEMENTED BY FHC RESOURCES FOR TEACHERS FHC STRIVES TO CREATE USEFUL RESOURCES ON FLORIDA HUMANITIES TOPICS FOR K-12 TEACHERS, INCLUDING WEBSITES AND OTHER CLASSROOM MATERIALS

See Additional Data

**4d** Other program services (Describe in Schedule O )

(Expenses $ 393,920 including grants of $ ) (Revenue $ 30,723 )

**4e** **Total program service expenses ▶** 1,845,131

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 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 | Yes | |
| 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 | | No |
| 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 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 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 | | No |
| 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 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.* | 11a | Yes | |
| 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 | | No |
| 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 | | No |
| 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 | Yes | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | Yes | |
| 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 | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | Yes | |
| 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 | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| 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 | | No |
| 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 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | | |
|---|---|---|---|---|
| **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** | Yes | |
| **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** | | No |
| **23** | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | | No |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | **24a** | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **25a** | **Section 501(c)(3), 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** | | No |
| **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** | | No |
| **26** | 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? *If "Yes," complete Schedule L, Part II* | **26** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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** | | No |
| **28** | 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* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | No |
| **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** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | No |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | | No |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | **34** | | No |
| **35a** | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | **35a** | | No |
| **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** | | No |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | **38** | Yes | |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | 1a | 41 | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c | | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . | 2a | 14 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | | Yes | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . | 3a | | | No |
| 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 account)? . . . . . | 4a | | | No |
| 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 | | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | 6a | | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | 6b | | | |
| 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? . . . . . | 7a | | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | 7c | | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | 7e | | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | 7f | | | No |
| 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 sponsoring organization have excess business holdings at any time during the year? . . . . . | 8 | | | |
| 9a | 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 | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | |
| a | Gross income from members or shareholders . . . . . | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . | 13b | | | |
| c | Enter the amount of reserves on hand . . . . . | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | 14a | | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | 14b | | | |

**Part VI** **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . ☑

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** | Enter the number of voting members of the governing body at the end of the tax year . . . . . | **1a** | 24 | | |
| | 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 . . . . . | **1b** | 24 | | |
| **2** | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | **2** | | | No |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | **3** | | | No |
| **4** | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . | **4** | | | No |
| **5** | Did the organization become aware during the year of a significant diversion of the organization's assets? . | **5** | | | No |
| **6** | Did the organization have members or stockholders? . . . . . | **6** | | | No |
| **7a** | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . | **7a** | | | No |
| **b** | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . | **7b** | | | No |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| **a** | The governing body? . . . . . | **8a** | | Yes | |
| **b** | Each committee with authority to act on behalf of the governing body? . . . . . | **8b** | | Yes | |
| **9** | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . . . . | **9** | | | No |

## Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

| | | | Yes | No |
|---|---|---|---|---|
| **10a** | Did the organization have local chapters, branches, or affiliates? . . . . . | **10a** | | No |
| **b** | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | **10b** | | |
| **11a** | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . | **11a** | Yes | |
| **b** | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . . | | | |
| **12a** | Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . . . . | **12a** | Yes | |
| **b** | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . | **12b** | Yes | |
| **c** | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* . . . . . | **12c** | Yes | |
| **13** | Did the organization have a written whistleblower policy? . . . . . | **13** | Yes | |
| **14** | Did the organization have a written document retention and destruction policy? . . . . . | **14** | Yes | |
| **15** | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| **a** | The organization's CEO, Executive Director, or top management official . . . . . | **15a** | Yes | |
| **b** | Other officers or key employees of the organization . . . . . | **15b** | Yes | |
| | 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** | | No |
| **b** | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | **16b** | | |

## Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed ▶ FL

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶ BRENDA O'HARA

599 2ND ST S
ST PETERSBURG, FL 33701 (727) 873-2008

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |

**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 hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |

| | | | | |
|---|---|---|---|---|
| **1b** | **Sub-Total** ▶ | | | |
| **c** | **Total from continuation sheets to Part VII, Section A** ▶ | | | |
| **d** | **Total (add lines 1b and 1c)** ▶ | 243,842 | 0 | 36,744 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

| | | | Yes | No |
|---|---|---|---|---|
| **3** | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | **3** | | No |
| **4** | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | **4** | | No |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | **5** | | No |

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or 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 |
|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 2,103,425 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 256,952 | | | |
| | g Noncash contributions included in lines 1a-1f $ | | | | | |
| | h **Total.** Add lines 1a-1f | | 2,360,377 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a THE GATHERING | 611710 | 61,700 | 61,700 | | |
| | b FORUM MAGAZINE | 511120 | 29,398 | 29,398 | | |
| | c TEACHERS SEMINARS | 611710 | 26,918 | 26,918 | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g **Total.** Add lines 2a–2f | | 118,016 | | | |
| | 3 Investment income (including dividends, interest, and other similar amounts) | | 12,006 | | | 12,006 |
| | 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) | | | | | |
| | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | 448,528 | | | | |
| | b Less cost or other basis and sales expenses | 400,802 | | | | |
| | c Gain or (loss) | 47,726 | | | | |
| | d Net gain or (loss) | | 47,726 | | | 47,726 |
| Other Revenue | 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | b Less direct expenses | b | | | | |
| | c Net income or (loss) from fundraising events | | | | | |
| | 9a 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 641 | | | | |
| | b Less cost of goods sold | b 0 | | | | |
| | c Net income or (loss) from sales of inventory | | 641 | 641 | | |
| | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | 684 | 684 | | |
| | e **Total.** Add lines 11a–11d | | 684 | | | |
| | 12 **Total revenue.** See Instructions | | 2,539,450 | 119,341 | 0 | 59,732 |

## 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 response or note to any line in this Part IX . . . . . ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 570,202 | 570,202 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 296,239 | 83,868 | 171,449 | 40,922 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 540,766 | 448,676 | 49,132 | 42,958 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 22,849 | 19,769 | 516 | 2,564 |
| 9 Other employee benefits | 81,109 | 67,914 | 3,960 | 9,235 |
| 10 Payroll taxes | 60,012 | 38,415 | 15,772 | 5,825 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 990 | | 990 | |
| c Accounting | 22,525 | | 22,525 | |
| d Lobbying | 30,000 | | 30,000 | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | 8,935 | | 8,935 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 163,443 | 101,051 | 4,339 | 58,053 |
| 12 Advertising and promotion | 3,943 | 3,943 | | |
| 13 Office expenses | 115,611 | 56,830 | 40,805 | 17,976 |
| 14 Information technology | 25,357 | 22,856 | 1,795 | 706 |
| 15 Royalties | | | | |
| 16 Occupancy | 41,407 | 31,606 | 5,844 | 3,957 |
| 17 Travel | 297,547 | 248,909 | 44,995 | 3,643 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 7,299 | 5,749 | 1,035 | 515 |
| 20 Interest | 198 | | 198 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 20,679 | 13,466 | 5,171 | 2,042 |
| 23 Insurance | 3,240 | | 3,240 | |
| 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) | | | | |
| a HONORARIA | 80,920 | 80,920 | | |
| b FORUM PUBLICATION | 50,957 | 50,957 | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 2,444,228 | 1,845,131 | 410,701 | 188,396 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 197,812 | 1 | 43,324 |
| | 2 | Savings and temporary cash investments | | | 2 | 261,335 |
| | 3 | Pledges and grants receivable, net | | 265,836 | 3 | 146,602 |
| | 4 | Accounts receivable, net | | 4,275 | 4 | |
| | 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 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 21,590 | 9 | 42,635 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 195,039 | | | |
| | b | Less accumulated depreciation | 10b 113,142 | 30,354 | 10c | 81,897 |
| | 11 | Investments—publicly traded securities | | 906,913 | 11 | 839,112 |
| | 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 | | 166,643 | 15 | 141,812 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 1,593,423 | 16 | 1,556,717 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 122,852 | 17 | 176,141 |
| | 18 | Grants payable | | 196,186 | 18 | 160,782 |
| | 19 | Deferred revenue | | 23,210 | 19 | 44,890 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 4,628 | 25 | 1,069 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 346,876 | 26 | 382,882 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 1,065,819 | 27 | 1,017,938 |
| | 28 | Temporarily restricted net assets | | 166,643 | 28 | 141,812 |
| | 29 | Permanently restricted net assets | | 14,085 | 29 | 14,085 |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 1,246,547 | 33 | 1,173,835 |
| | 34 | Total liabilities and net assets/fund balances | | 1,593,423 | 34 | 1,556,717 |

## Part XI Reconcilliation 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 | 2,539,450 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,444,228 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 95,222 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,246,547 |
| 5 | Net unrealized gains (losses) on investments | 5 | -143,103 |
| 6 | Donated services and use of facilities | 6 | -24,831 |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,173,835 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | 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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in 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? | 3a | Yes | |
| 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 | 3b | Yes | |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 23-7304964
**Name:** FLORIDA HUMANITIES COUNCIL INC

**Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)**

(Code ) (Expenses $ 393,920 including grants of $ ) (Revenue $ 30,723 )

COMMUNICATIONS THE OUTREACH PROGRAM WORKS WITH OUTSIDE PROGRAMS TO FURTHER DEVELOP THE PUBLIC HUMANITIES PROGRAMMING AND RESOURCES FOR THE STATE THE PROGRAM WORKS TO STRENGTHEN THE CAPACITY OF CULTURAL INSTITUTIONS TO PROVIDE QUALITY HUMANITIES PROGRAMMING THAT EXPLORES THE STORIES OF FLORIDA, ITS HISTORY AND CULTURAL HERITAGE, LITERARY AND ARTISTIC LIFE, ENVIRONMENT AND DEVELOPMENT, ISSUES AND IDEAS, COMMUNITIES AND TRADITIONS

## Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) STEVE SEIBERT<br>CHAIR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (1) NANCY POULSON<br>VICE-CHAIR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (2) MICHAEL PENDER<br>TREASURER | 2 00 | X | | | | | | 0 | 0 | 0 |
| (3) DEBORAH KYNES<br>SECRETARY | 2 00 | X | | | | | | 0 | 0 | 0 |
| (4) WAYNE ADKISSON<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (5) JOHN BELOHLAVEK<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (6) JUAN BENDECK<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (7) GREGORY BUSH<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (8) JOSE FERNANDEZ<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (9) CASEY FLETCHER<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (10) JOSEPH HARBAUGH<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (11) DAVID JACKSON<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (12) SUE KIM<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (13) KERRY KIRSCHNER<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (14) ANDY MAASS<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (15) MERCEDES QUIROGA<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (16) SANDY RIEF<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (17) AUDREY RING<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (18) KATHRYN STARKEY<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (19) PENNY TAYLOR<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (20) ROBERT TAYLOR<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (21) SAMUEL H VICKERS<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (22) GLENDA WALTERS<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (23) IRANETTA WRIGHT<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (24) JANINE FARVER<br>EXECUTIVE DIRECTOR | 35 00 | | | X | | | | 107,545 | 0 | 13,736 |

## Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (26) BRENDA O'HARA<br>FISCAL OFFICER | 32 00 | | | X | | | | 77,050 | 0 | 11,876 |
| (1) PATRICIA PUTMAN<br>ASSOCIATE DIRECTOR | 35 00 | | | X | | | | 59,247 | 0 | 11,132 |

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **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**

**Name of the organization**
FLORIDA HUMANITIES COUNCIL INC

**Employer identification number**
23-7304964

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9 ☐ 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 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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

a ☐ **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 organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 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 ") | 1,838,731 | 1,459,809 | 1,561,520 | 2,058,454 | 2,360,377 | 9,278,891 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | 1,838,731 | 1,459,809 | 1,561,520 | 2,058,454 | 2,360,377 | 9,278,891 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 9,278,891 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 1,838,731 | 1,459,809 | 1,561,520 | 2,058,454 | 2,360,377 | 9,278,891 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 15,109 | 14,405 | 23,174 | 14,479 | 12,006 | 79,173 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) | 1,319 | 2,973 | 1,958 | 572 | 684 | 7,506 |
| 11 **Total support** Add lines 7 through 10 | | | | | | 9,365,570 |

| | | | |
|---|---|---|---|
| 12 | Gross receipts from related activities, etc (see instructions) | 12 | 939,846 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 14 | Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 14 | 99 070 % |
| 15 | Public support percentage for 2013 Schedule A, Part II, line 14 | 15 | 98 960 % |

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

**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.)

## Section A. Public Support

| Calendar 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 ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6 ) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12 ) | | | | | | |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2013 Schedule A, Part III, line 15 | 16 | |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from **2013** Schedule A, Part III, line 17 | 18 | |

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and 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

| | | Yes | No |
|---|---|---|---|
| **1** | 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.* | 1 | | |
| **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).* | 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.* | 3a | | |
| **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.* | 3b | | |
| **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.* | 3c | | |
| **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.* | 4a | | |
| **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.* . . . | 4b | | |
| **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.* | 4c | | |
| **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).* | 5a | | |
| **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? | 5b | | |
| **c** | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| **6** | 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.*** | 6 | | |
| **7** | 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) .* | 7 | | |
| **8** | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).* | 8 | | |
| **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.*** | 9a | | |
| **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.*** | 9b | | |
| **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.*** | 9c | | |
| **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.* | 10a | | |
| **b** | 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).* | 10b | | |
| **11** | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| **a** | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| **b** | A family member of a person described in (a) above? | 11b | | |
| **c** | A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.* | 11c | | |

## Part IV Supporting Organizations (continued)

### Section B. Type I Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.* | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.* | 2 | | |

### Section C. Type II Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).* | 1 | | |

### Section D. All Type III Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).* | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.* | 3 | | |

### Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

| | | | Yes | No |
|---|---|---|---|---|
| 2 | Activities Test **Answer (a) and (b) below.** | | | |
| **a** | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.* | 2a | | |
| **b** | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.* | 2b | | |
| 3 | Parent of Supported Organizations **Answer (a) and (b) below.** | | | |
| **a** | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.* | 3a | | |
| **b** | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* | 3b | | |

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

### Section A - Adjusted Net Income

| | | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4) | 8 | | |

### Section B - Minimum Asset Amount

| | | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e | **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____ | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | **Minimum Asset Amount** (add line 7 to line 6) | 8 | | |

### Section C - Distributable Amount

| | | | | Current Year |
|---|---|---|---|---|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 | ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | | |

| Section D - Distributions | Current Year |
|---|---|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 **Total annual distributions.** Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2014 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 |
|---|---|---|---|
| 1 Distributable amount for 2014 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2014 | | | |
| a From 2009. . . . . | | | |
| b From 2010. . . . . | | | |
| c From 2011. . . . . | | | |
| d From 2012. . . . . | | | |
| e From 2013. . . . . | | | |
| f **Total** of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2014 distributable amount | | | |
| i Carryover from 2009 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2014 from Section D, line 7 $ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2014 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 **Excess distributions carryover to 2015.** Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a From 2010. . . . . | | | |
| b From 2011. . . . . | | | |
| c From 2012. . . . . | | | |
| d From 2013. . . . . | | | |
| e From 2014. . . . . | | | |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test |
| --- |
| |

| Return Reference | Explanation |
| --- | --- |

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# SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

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

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

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

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

**If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| Name of the organization | Employer identification number |
|---|---|
| FLORIDA HUMANITIES COUNCIL INC | 23-7304964 |

## Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

## Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

## Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---|---|---|---|---|
| | | | | |
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**Part II-A** **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
|---|---|---|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | 0 | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | 30,000 | |
| c Total lobbying expenditures (add lines 1a and 1b) | 30,000 | |
| d Other exempt purpose expenditures | 2,414,228 | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 2,444,228 | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | 272,211 | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | 68,053 | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | 0 | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | 0 | |

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over $500,000 | 20% of the amount on line 1e |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000 |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000 |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000 |
| Over $17,000,000 | $1,000,000 |

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

## 4-Year Averaging Period Under section 501(h)
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

### Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
|---|---|---|---|---|---|
| 2a Lobbying nontaxable amount | 234,685 | 254,339 | 258,906 | 272,211 | 1,020,141 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 1,530,212 |
| c Total lobbying expenditures | 28,075 | 28,000 | 27,500 | 30,000 | 113,575 |
| d Grassroots nontaxable amount | 58,671 | 63,585 | 64,727 | 68,053 | 255,036 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 382,554 |
| f Grassroots lobbying expenditures | | | | | |

## Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| *For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.* | | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c | Media advertisements? | | | |
| d | Mailings to members, legislators, or the public? | | | |
| e | Publications, or published or broadcast statements? | | | |
| f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i | Other activities? | | | |
| j | Total Add lines 1c through 1i | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

## Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of $2,000 or less? | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | | |

## Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | | |
|---|---|---|---|
| 1 | Dues, assessments and similar amounts from members | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).** | | |
| a | Current year | 2a | |
| b | Carryover from last year | 2b | |
| c | Total | 2c | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

## Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

| Return Reference | Explanation |
|---|---|
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**Part IV Supplemental Information *(continued)***

| Return Reference | Explanation |
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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

**Name of the organization**
FLORIDA HUMANITIES COUNCIL INC

**Employer identification number**
23-7304964

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 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) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

## Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an 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 Year |
|---|---|---|
| a | 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 |
| d | 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 ▶ _____

4 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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

b 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 ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

## Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

| | | Amount |
|---|---|---|
| c | Beginning balance | 1c |
| d | Additions during the year | 1d |
| e | Distributions during the year | 1e |
| f | Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

## Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|---|
| 1a | Beginning of year balance | 180,728 | 203,885 | 472,974 | 871,724 | 1,059,052 |
| b | Contributions | 10,878 | 12,552 | 14,114 | 271,371 | 488,355 |
| c | Net investment earnings, gains, and losses | | | | -4,769 | -43,752 |
| d | Grants or scholarships | | | | | |
| e | Other expenditures for facilities and programs | 35,709 | 35,709 | 283,203 | 665,352 | 631,931 |
| f | Administrative expenses | | | | | |
| g | End of year balance | 155,897 | 180,728 | 203,885 | 472,974 | 871,724 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 9 030 %
- c Temporarily restricted endowment ▶ 90 970 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | No |
| (ii) related organizations | 3a(ii) | | No |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds

## Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 51,292 | 37,189 | 14,103 |
| e Other | | 143,747 | 75,953 | 67,794 |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 81,897 |

**Part VII** **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | | |

**Part VIII** **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| | | |
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| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 13 )* ▶ | | |

**Part IX** **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|---|---|
| (1) GIFTED FACILITIES | 141,812 |
| | |
| | |
| | |
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| | |
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| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | 141,812 |

**Part X** **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1 (a) Description of liability | (b) Book value |
|---|---|
| Federal income taxes | |
| CAPITAL LEASE OBLIGATION | 1,069 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 1,069 |

**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 ☑

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** 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 | 2,807,693 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | 324,904 | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 324,904 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 2,482,789 |
| 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 | 4a | 8,935 | | |
| b | Other (Describe in Part XIII ) | 4b | 47,726 | | |
| c | Add lines **4a** and **4b** | | | 4c | 56,661 |
| 5 | Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12 ) | | | 5 | 2,539,450 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 2,785,028 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | 349,735 | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 349,735 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 2,435,293 |
| 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 | 4a | 8,935 | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 8,935 |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | 2,444,228 |

**Part XIII Supplemental Information**

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

| Return Reference | Explanation |
|---|---|
| PART V, LINE 4 | THE TEMPORARILY RESTRICTED ASSETS ARE COMPRISED OF ASSETS CONTRIBUTED BY DONORS FOR GIFTED FACILITIES PERMANENTLY RESTRICTED ASSETS CONSIST OF A DONOR-RESTRICTED ENDOWMENT FUND THE CORPUS IS MAINTAINED IN AN INVESTMENT ACCOUNT INVESTMENT INCOME IS DESIGNATED FOR UNRESTRICTED PURPOSES AND IS CLASSIFIED AS UNRESTRICTED SUPPORT UPON APPROPRIATION |
| PART X, LINE 2 | FHC HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 INCOME EARNED IN FURTHERANCE OF FHC'S TAX-EXEMPT PURPOSE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES FHC IS TREATED AS A PUBLICLY SUPPORTED ORGANIZATION, AND NOT AS A PRIVATE FOUNDATION FASB ASC TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, CLARIFIES THE ACCOUNTING AND RECOGNITION FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN FHC'S INCOME TAX RETURNS FHC'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY TAXING AUTHORITIES AND FILINGS FOR PERIODS AFTER FISCAL 2011 ARE OPEN FOR EXAMINATION FHC DOES NOT BELIEVE IT HAS ANY UNRECOGNIZED EXPOSURE RELATING TO UNCERTAIN TAX POSITIONS AT OCTOBER 31, 2015 |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | REALIZED GAIN ON SALE OF INVESTMENTS 47,726 |
| | |
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**Part XIII Supplemental Information *(continued)***

| Return Reference | Explanation |
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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization
FLORIDA HUMANITIES COUNCIL INC

**Employer identification number**
23-7304964

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 40

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| | | | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference | Explanation |
|---|---|
| PART I, LINE 2 | ALL GRANTEES RECEIVE A DETAILED GRANT ADMINISTRATION PACKET UPON NOTIFICATION OF FUNDING THE PACKET CONTAINS INFORMATION ABOUT SEVERAL GRANT REPORTING FORMS TO BE USED THROUGHOUT THE GRANT AWARD PERIOD A GRANT CHANGE REQUEST FORM IS REQUIRED FOR ANY EXPECTED CHANGES TO THE SCOPE OR OBJECTIVES OF THE PROJECT, APPROVED PROJECT ACTIVITIES, THE PROJECT DIRECTOR, OR BUDGET THE EVENT LISTING FORM IS REQUIRED FOR REPORTING ON ALL PUBLIC ACTIVITIES AND THE AUDIENCE EVALUATION FORM IS REQUIRED TO BE DISTRIBUTED AT ALL PUBLIC ACTIVITIES THE CASH REQUEST FORM IS USED TO REQUEST INSTALLMENTS ON THE GRANT AWARD AWARDS ARE SENT IN TWO INSTALLMENTS (90% INITIAL, 10% FINAL) FOR SMALL GRANTS OF $5,000 OR LESS LARGE AWARDS OF UP TO $15,000 ARE SENT IN THREE INSTALLMENTS (45% INITIAL, 45% INTERIM, AND 10% FINAL) ALL INITIAL REQUESTS MUST BE ACCOMPANIED BY A SIGNED COPY OF THE GRANT AGREEMENT AND OFFICIAL DOCUMENTATION OF NON-PROFIT STATUS ALL INTERIM CASH REQUESTS MUST BE ACCOMPANIED BY NARRATIVE AND FINANCIAL REPORTS OF ACTIVITIES COMPLETED TO DATE AND FUNDS EXPENDED ALL FINAL CASH REQUESTS ARE PAID ON A REIMBURSEMENT BASIS AND MUST BE ACCOMPANIED BY FINAL NARRATIVE AND FINANCIAL REPORTS ON FORMS PROVIDED BY FHC ALL GRANTEES ARE ALSO REQUIRED TO SUBMIT WITH THE FINAL REPORTS COPIES OF AUDIENCE EVALUATION FORMS COLLECTED, COPIES OF PUBLICITY AND MARKETING MATERIALS IDENTIFYING SPONSORSHIP CREDIT TO FHC, AND COPIES OF ANY PRESS RECEIVED FOR THEIR GRANT FUNDED PROJECT AN INDEPENDENT EVALUATOR IS ALSO ASSIGNED BY FHC TO ALL LARGE GRANTS AND A COPY OF THEIR EVALUATIVE REPORT IS PROVIDED TO THE PROJECT DIRECTOR OF THE GRANT FINAL REPORTS MUST BE SUBMITTED WITHIN 60 DAYS OF THE CLOSE OF THE GRANT CONTRACT PERIOD UPON APPROVAL OF FINAL REPORTS, THE FINAL INSTALLMENT OF THE GRANT AWARD IS RELEASED TO GRANTEE |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 23-7304964
**Name:** FLORIDA HUMANITIES COUNCIL INC

**Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ECKERD COLLEGE4200 5TH AVE S ST PETERSBURG,FL 33711 | 59-0859121 | 501(C)(3) | 20,000 | | | | BECOMING HUMAN IN A CONNECTED WORLD |
| FLORIDA ATLANTIC UNIVERSITY-HARRIET L WILKES HONORS COLLEGE 5353 PARKSIDE DR JUPITER,FL 33458 | 59-0917284 | 501(C)(3) | 20,000 | | | | FLORIDA ON THE EDGE OF TOMORROW CHANGE, INNOVATION AND THE HUMANITIES |
| UNIVERSITY OF FLORIDA 1480 INNER RD STE 224 GAINESVILLE,FL 32611 | 59-6002052 | 501(C)(3) | 20,000 | | | | HUMANITIES AND THE SUNSHINE STATE EXPLORING FLORIDA'S PAST, PRESENT, AND FUTURE |

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|---|---|---|---|---|---|---|---|
| FLORIDA ATLANTIC UNIVERSITY FOUNDATION UNIVERSITY GALLERIES 777 GLADES RD BOCA RATON,FL 33431 | 59-0917284 | 501(C)(3) | 15,000 | | | | BEANIE BACKUS AND FLORIDA'S HIGHWAYMEN HISTORY, COMMERCE AND ART |
| FLORIDA CULTURAL RESOURCES INC115 ATHENS ST TARPON SPRINGS,FL 34689 | 41-2082009 | 501(C)(3) | 15,000 | | | | SEMINOLE PEOPLE OF THE CLOTH A PATCHWORK HISTORY |
| FLORIDA HISTORICAL SOCIETY435 BREVARD AVE COCOA,FL 32922 | 59-6153077 | 501(C)(3) | 15,000 | | | | WINDOVER PEOPLE EXHIBIT |

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|---|---|---|---|---|---|---|---|
| MAIN STREET MONTICELLO FLORIDA INC<br>PO BOX 923<br>MONTICELLO,FL 32345 | 65-1239949 | 501(C)(3) | 15,000 | | | | MONTICELLO COMMUNITY HUMANITIES PROJECTS |
| MAITLAND ART AND HISTORY ASSOCIATION<br>231 W PACKWOOD AVE<br>MAITLAND,FL 32751 | 59-1710129 | 501(C)(3) | 15,000 | | | | LANDMARK MOBILE APPLICATION |
| NEW COLLEGE FLORIDA<br>5800 BAY SHORE RD<br>SARASOTA,FL 34243 | 90-0057281 | 501(C)(3) | 15,000 | | | | TRAGEDY AND SURVIVAL BICENTENNIAL OF THE SOUTHWARD MOVEMENT OF BLACK SEMINOLES ON THE GULF COAST |

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|---|---|---|---|---|---|---|---|
| ST AUGUSTINE ART ASSOCIATION22 MARINE ST<br>ST AUGUSTINE, FL 32084 | 59-0719524 | 501(C)(3) | 15,000 | | | | TOUCH ST AUGUSTINE "BRAILLE TRAIL" AUDIO GUIDE |
| UNIVERSITY OF SOUTH FLORIDA3702 SPECTRUM BLVD<br>TAMPA, FL 336129946 | 59-3102112 | 501(C)(3) | 15,000 | | | | COLLEGE VISIONS INNOVATION AND CREATIVITY IN THE HUMANITIES |
| POLK COUNTY HISTORICAL MUSEUM AND GENEALOGICAL LIBRARY 330 W CHURCH ST<br>BARTOW, FL 33830 | 59-6000809 | 501(C)(3) | 13,000 | | | | THE HEART OF CENTRAL FLORIDA POLK COUNTY HERITAGE TRAIL |

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|---|---|---|---|---|---|---|---|
| AFRICAN AMERICAN HERITAGE SOCIETY200 E CHURCH ST PENSACOLA,FL 325026017 | 59-3022641 | 501(C)(3) | 5,000 | | | | VANISHING OCCUPATIONS BLACK JOCKEYS AND FARMERS |
| APALACHICOLA MUNICIPAL LIBRARY74 6TH ST APALACHICOLA,FL 32320 | 59-6000264 | 501(C)(3) | 5,000 | | | | AUTHORS IN APALACH 2015 |
| CEDAR KEY NEWS INC 12660 HODGSON AVE CEDAR KEY,FL 32625 | 43-1956949 | 501(C)(3) | 5,000 | | | | THINK WATER, THINK CEDAR KEY |

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|---|---|---|---|---|---|---|---|
| CLEWISTON MUSEUM109 CENTRAL AVE CLEWISTON,FL 33440 | 59-2460777 | 501(C)(3) | 5,000 | | | | DISCOVERING FLORIDA PAST AND PRESENT |
| COLLEGE OF CENTRAL FLORIDA3001 SW COLLEGE RD OCALA,FL 34474 | 59-1213999 | 501(C)(3) | 5,000 | | | | REMEMBERING PARADISE PARK |
| CREAIDE SCHOOL OF ART 600 ST ANDREWS BLVD WINTER PARK,FL 32792 | 59-1887887 | 501(C)(3) | 5,000 | | | | CENTRAL FLORIDA EXPLORES OUR CULTURE THROUGH QUILTS |

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|---|---|---|---|---|---|---|---|
| FLAGLER COLLEGE74 KING ST<br>ST AUGUSTINE,FL 320851027 | 59-1157081 | 501(C)(3) | 5,000 | | | | HERITAGE AT RISK CLIMATE CHANGE, COASTAL COMMUNITIES AND CULTURAL RESOURCES |
| FLORIDA SOUTHWESTERN STATE COLLEGE FOUNDATION8099 COLLEGE PKWY<br>FORT MYERS,FL 33919 | 59-6173638 | 501(C)(3) | 5,000 | | | | 2016 EDUCATION FOR A NEW HUMANITY COLLOQUIUM |
| FORT MOSE HISTORICAL SOCIETY AFRICAN-AMERICAN COMMUNITY OF FREEDOM INC15 FORT MOSE TRAIL<br>ST AUGUSTINE,FL 32084 | 31-1516528 | 501(C)(3) | 5,000 | | | | EXPERIENCE FORT MOSE - THE BIRTH PLACE OF FREEDOM PROGRAM SERIES |

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|---|---|---|---|---|---|---|---|
| GHOSTBIRD THEATRE COMPANY3401 NEW SOUTH PROVINCE BLVD UNIT 2 2 FORT MYERS,FL 33907 | 46-1921355 | 501(C)(3) | 5,000 | | | | KORESHANITY A HISTORICAL PLAY OF THE KORESHAN UNITY COMMUNITY OF ESTERO FLORIDA |
| HALIFAX HISTORICAL SOCIETY AND MUSEUM252 S BEACH ST DAYTONA BEACH,FL 32114 | 23-7432863 | 501(C)(3) | 5,000 | | | | JACKIE ROBINSON'S 1946 SPRING TRAINING IN DAYTONA BEACH AN ORAL HISTORY |
| HIGHLANDS ART LEAGUE 1989 LAKEVIEW DR SEBRING,FL 33870 | 59-1211648 | 501(C)(3) | 5,000 | | | | FLORIDA WILDLIFE CORRIDOR PHOTOGRAPHY EXHIBITION AND SPEAKER SERIES |

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|---|---|---|---|---|---|---|---|
| JEFFERSON COUNTY HISTORICAL ASSOCIATIONPO BOX 16 MONTICELLO,FL 32345 | 59-6153432 | 501(C)(3) | 5,000 | | | | HOW ARCHITECTS AND THEIR BUILDINGS EXPRESS NORTH FLORIDA CULTURE |
| LEAGUE OF WOMEN VOTERS OF PALM BEACH COUNTYPO BOX 6208 DELRAY BEACH,FL 334826208 | 59-1878902 | 501(C)(3) | 5,000 | | | | HIGH WATER LINE DELRAY BEACH |
| LOCUST PROJECTS3852 N MIAMI AVE MIAMI,FL 33127 | 65-1134780 | 501(C)(3) | 5,000 | | | | LOCUST TALKS LECTURE SERIES 2016 |

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|---|---|---|---|---|---|---|---|
| PLANT CITY PHOTO ARCHIVESPO BOX 1118 PLANT CITY,FL 33564 | 59-3654042 | 501(C)(3) | 5,000 | | | | STRAWBERRY LEGACIES FIELD TO FESTIVAL |
| ST PETERSBURG TIMES NEWSPAPER IN EDUCATION490 FIRST AVE S ST PETERSBURG,FL 33701 | 59-2040357 | 501(C)(3) | 5,000 | | | | FROM THE SCRUB TO THE TWIST AFRICAN-AMERICAN HISTORY IN TAMPA |
| THE WOLFSONIAN-FLORIDA INTERNATIONAL UNIVERSITY1001 WASHINGTON AVE MIAMI BEACH,FL 33139 | 65-0177616 | 501(C)(3) | 5,000 | | | | MYTH AND MACHINE COMMUNITY, HISTORY, AND VISUAL CULTURE PROGRAMS |

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|---|---|---|---|---|---|---|---|
| UNIVERSITY OF FLORIDA<br>1480 INNER RD STE 224<br>GAINESVILLE,FL 32611 | 59-6002052 | 501(C)(3) | 5,000 | | | | ORAL HISTORIES AND PUBLIC SYMPOSIUM MODERN ARCHITECTURE AS PLACE-MAKING IN FLORIDA |
| UNIVERSITY OF SOUTH FLORIDA3702 SPECTRUM BLVD<br>TAMPA,FL 336129446 | 59-3102112 | 501(C)(3) | 5,000 | | | | CIVIL WAR, CIVIL RIGHTS, AND BEYOND THE RESONANCE OF THE PAST IN THE PRESENT |
| UNIVERSITY OF SOUTH FLORIDA3702 SPECTRUM BLVD<br>TAMPA,FL 336129446 | 59-3102112 | 501(C)(3) | 5,000 | | | | FLORIDA HERITAGE POSTCARD DIGITAL EXHIBIT |

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|---|---|---|---|---|---|---|---|
| UNIVERSITY OF SOUTH FLORIDA3702 SPECTRUM BLVD TAMPA,FL 336129446 | 59-3102112 | 501(C)(3) | 5,000 | | | | FOOD FOR THOUGHT LECTURE SERIES |
| UNIVERSITY OF SOUTH FLORIDA3702 SPECTRUM BLVD TAMPA,FL 336129446 | 59-3102112 | 501(C)(3) | 5,000 | | | | FRENEMIES THE CURIOUS RELATIONSHIP BETWEEN THE SCIENCES AND THE HUMANITIES |
| FLORIDA WEST COAST PUBLIC BROADCASTING INC (WEDU)1300 N BOULEVARD TAMPA,FL 33607 | 59-0840626 | 501(C)(3) | 100,000 | | | | TELLING PROJECT DOCUMENTARY FILM |

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|---|---|---|---|---|---|---|---|
| ORANGE COUNTY LIBRARY SYSTEM101 E CENTRAL BLVD ORLANDO,FL 32801 | 59-2045143 | 501(C)(3) | 14,000 | | | | PRIME TIME PROGRAMMING |
| NORTH MIAMI PUBLIC LIBRARY835 NE 132ND ST NORTH MIAMI,FL 33161 | 59-6000390 | 501(C)(3) | 10,000 | | | | PRIME TIME PROGRAMMING |
| BROWARD PUBLIC LIBRARY FOUNDATION100 S ANDREWS AVE FT LAUDERDALE,FL 33301 | 59-2224746 | 501(C)(3) | 12,000 | | | | PRIME TIME PROGRAMMING |

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|---|---|---|---|---|---|---|---|
| UMATILLA PUBLIC LIBRARY412 HATFIELD DR UMATILLA,FL 32784 | 59-6000442 | 501(C)(3) | 12,000 | | | | PRIME TIME PROGRAMMING |
| PUTNAM COUNTY HISTORICAL SOCIETYPO BOX 35 PALATKA,FL 32178 | 59-2023423 | 501(C)(3) | 6,000 | | | | MUSEUM ON MAIN STREET |
| HIGH SPRINGS HISTORICAL SOCIETYPO BOX 1711 HIGH SPRINGS,FL 32655 | 34-1975179 | 501(C)(3) | 6,000 | | | | MUSEUM ON MAIN STREET |

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|---|---|---|---|---|---|---|---|
| CURTISS MANSION500 DEER RUN MIAMI SPRINGS,FL 33166 | 65-0878612 | 501(C)(3) | 6,000 | | | | MUSEUM ON MAIN STREET |
| DING DARLING WILDLIFE SOCIETY1 WILDLIFE DR SANIBEL,FL 33957 | 59-2240895 | 501(C)(3) | 6,000 | | | | MUSEUM ON MAIN STREET |
| OKEECHOBEE COUNTY TOURIST DEVELOPMENT COUNCIL2800 NW 20TH TRAIL OKEECHOBEE,FL 34972 | 59-6000768 | 501(C)(3) | 6,000 | | | | MUSEUM ON MAIN STREET |

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|---|---|---|---|---|---|---|---|
| SULPHUR SPRINGS MUSEUM AND HERITAGE CENTER1101 E RIVER COVE ST TAMPA,FL 33674 | 20-4279869 | 501(C)(3) | 6,000 | | | | MUSEUM ON MAIN STREET |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493251003156 |
|---|---|---|

**SCHEDULE O**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# 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**

| Name of the organization | Employer identification number |
|---|---|
| FLORIDA HUMANITIES COUNCIL INC | 23-7304964 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 11 | |
| FORM 990, PART VI, SECTION B, LINE 12C | THE ORGANIZATION ADDRESSES THE CONFLICT OF INTEREST POLICY AT ANY MEETING IN WHICH THEY DI SCUSS ANY NEW POTENTIAL GRANTS TO BE AWARDED THIS IS DONE TO ENSURE THAT THERE ARE NO POT ENTIAL CONFLICTS OF INTEREST WITH EACH AND EVERY GRANT AWARDED |
| FORM 990, PART VI, SECTION B, LINE 15 | COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED ANNUALLY BY THE BOARD OF DIRECTORS F OR THE ORGANIZATION SALARIES FOR ALL OF THE ORGANIZATION'S OFFICERS AND/OR KEY EMPLOYEES ARE INCLUDED IN THE BUDGET PROCESS WHICH IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD OF DIRECTORS |
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST |
| FORM 990, PART XII, LINE 2C | THE FINANCE COMMITTEE PROVIDES FINANCIAL ACCOUNTABILITY AND AUDIT OVERSIGHT THE MEMBERS R EVIEW THE ORGANIZATION'S FINANCIAL STATEMENTS, ENGAGE THE AUDITORS, AND REVIEW THE AUDITOR S' FINDINGS AND RECOMMENDATIONS THE COMMITTEE REVIEWS FORM 990 PRIOR TO IT BEING FORWARDE D TO THE BOARD FOR FINAL REVIEW |