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# SCANNED NOV 2 1 2016

Form **.990-PF** 

Department of the Treasury

EXTENDED TO NOVEMBER 15, 2016 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

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

For calendar year 2015 or tax year beginning	ili 950-er and its separate	. and ending	.govnomoopn	Open to Public Inspection
Name of foundation		, and ending	A Employer identification	number
			20 1004124	
CADE MUSEUM FOUNDATION, IN  Number and street (or P O box number if mail is not delivered to street	<del></del>	Room/suite	20-1884134	
904 S MAIN ST	address)	Roomvsuite	B Telephone number 352-371-80	01
City or town, state or province, country, and ZIP or foreign p	ostal code	<del></del>	C If exemption application is p	
GAINESVILLE, FL 32601-792				•
G Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	, check here
Final return	Amended return		2. Foreign organizations me	eting the 85% test .
Address change	Name change		Foreign organizations me check here and attach co	mputation
H Check type of organization: X Section 501(c)(3) ex		•	E If private foundation state	
	Other taxable private founda	X Accrual	under section 507(b)(1)	• •
Fair market value of all assets at end of year J Accounts		Accrual	F If the foundation is in a (	
(from Part II, col. (c), line 16)  \$\Bigsim \\$ 9,947,019. (Part I, colu	ther (specify)	pasis )	under section 507(b)(1)	(b), check here
Part I Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	2,932,651.			
2 Check In the foundation is not required to attach Sch. B				
Interest on savings and temporary cash investments	146.	146.		STATEMENT 1
4 Dividends and interest from securities	35,874.	35,874.	35,874.	STATEMENT 2
5a Gross rents				
<b>b</b> Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
D assets on line 6a		0.		
7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		<del></del>	0.	\ \
9 Income modifications	.,,			
Gross sales less returns 10a and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income	812,419.	415,081.		STATEMENT 3
12 Total. Add lines 1 through 11	3,781,090.	451,101.	848,439.	75 014
13 Compensation of officers, directors, trustees, etc	88,077.	4,404.	13,063.	75,014.
14 Other employee salaries and wages	188,444.	0.	82,989.	105,455.
15 Pension plans, employee benefits				
16a Legal fees   STMT 4	2,5,009.	6,252.	6,252.	18,757.
16a Legal fees   STMT 4   C Other professional fees   STMT 5	77,045		0.	77,045.
\$ 17 Interest	11,691.	5,85.	2,117.	9,574.
18 Taxes STMT 6	463,579	10 204C 399.	8,709.	31,870.
19 Depreciation and depletion	195/872	1 8 2016 Sp.	0.	
20 Occupancy	43 L978-	2,199.	7,964.	36,015.
21 Travel, conferences, and meetings	4,097	DEN, UT O.	0.	4,097.
22 Printing and publications	151 050	705	10 (43	121 546
17 Interest 18 Taxes STMT 6 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 7 24 Total operating and administrative expenses. Add lines 13 through 23	151,279.	725.	18,643.	131,546.
24 Total operating and administrative expenses. Add lines 13 through 23	650,071.	14,564.	139,737.	489,373.
expenses. Add lines 13 through 23  25 Contributions, gifts, grants paid	0.00,071.	T4,704.	137,131.	489,373.
26 Total expenses and disbursements			<del></del>	·
Add lines 24 and 25	_650,071.	14,564.	139,737.	489,373.
27 Subtract line 26 from line 12:	,			
Excess of revenue over expenses and disbursements	3,131,019.			
b Net investment income (if negative, enter -0-)		436,537.		
c Adjusted net income (if negative, enter -0-)			708,702.	5 000 PE (0045)

F01	m 98	OPF (2015) CADE MUSEUM FOUNDATION,	INC		L884134 Page 2
П	 >	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
column snowid be for end-of-year amounts only		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	108,673.	321,916.	321,916.
	2		1,083,621.	2,381,940.	2,381,940.
	_		1,005,021.	2,301,340.	2,301,340.
	3	Accounts receivable ► 570 •	<b>,</b>		
		Less: allowance for doubtful accounts		570.	570 <b>.</b>
	4	Pledges receivable ► 1,291,226.	i.	ļ	
		Less: allowance for doubtful accounts	531,000.	1,291,226.	1,291,226.
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	١		1	Ĭ	
		disqualified persons			
	7	Other notes and loans receivable	]		
	l	Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	11,602.		
¥	10a	Investments - U.S. and state government obligations			
		Investments - corporate stock			
		·			
	)	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	1		
	1	Less accumulated depreciation			
	12	Investments - mortgage loans		ŀ	
	13	Investments - other STMT 9	3,147,908.	4,068,597.	4,068,597.
	14	Land, buildings, and equipment: basis $\triangleright$ 1,738,797.	7=-7	=/ = / = / = /	
	1,11	Less accumulated depreciation STMT 8 86,019.	1 126 621	1 652 770	1 650 770
			1,136,621.	1,652,778.	1,652,778.
	1	Other assets (describe STATEMENT 10)	231,081.	229,992.	229,992.
	16	Total assets (to be completed by all filers - see the	Į.	ļ	
		instructions. Also, see page 1, item I)	6,250,506.	9,947,019.	9,947,019.
	17	Accounts payable and accrued expenses	727.	10,729.	
	18	Grants payable			, x
	19	Deferred revenue			*
Liabilities	l	i di			*
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			: 1
ig.	21	Mortgages and other notes payable	256,453.	235,691.	
_	22	Other liabilities (describe >)			* **
				1	•
	23	Total liabilities (add lines 17 through 22)	257,180.	246,420.	
		Foundations that follow SFAS 117, check here		220/2201	
		•			
Ŋ		and complete lines 24 through 26 and lines 30 and 31.	F 600 060	0 101 100	
ည	24	Unrestricted	5,622,262.	9,191,400.	
or Fund Balances	25	Temporarily restricted	371,064.	509,199.	
æ	26	Permanently restricted			
ď	İ	Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.			
ō					
ts	1	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ž	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances	5,993,326.	9,700,599.	
	ĺ				
	31	Total liabilities and net assets/fund balances	6,250,506.	9,947,019.	
				2,722.7922.0	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
		net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	st agree with end-of-year figure reported on prior year's return)		11	<u>5,9</u> 93,326.
2	Ente	amount from Part I, line 27a		2	3,131,019.
		r increases not included in line 2 (itemize) <b>UNREALIZED</b> (	GAIN ON INVEST	<del></del>	660,438.
		lines 1, 2, and 3		4	9,784,783.
			D.TITOMMEINIMO	<del></del>	
		eases not included in line 2 (itemize) PRIOR PERIOD A			84,184.
<u>6</u>	l otal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	iumn (b), line 30		9,700,599.
					Form <b>990-PF</b> (2015)

2-story brick wa	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)  (b) How acquired P - Purchase D - Donation			ow acquired - Purchase - Donation	(c) Date (mo.,	acquired day, yr.)	(d) Date sold (mo., day, yr.)	
b NO	NTE	<del></del>		┼—		<del> </del> -		<u> </u>
b NO	NE		<del></del>	<del> </del>				
d								
_e		<del>,</del>		L.,		L		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss is (f) minus	
b								<del></del>
c	·	<del>  - · - · - · - · - · - · · - · · · · · </del>						
d					··········			
e		l.,					··	
Complete only for assets showin	g gain in column (h) and owned by	1			,	(I) Gains (	Col. (h) gain not less tha	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		col. (1), if any			Losse	s (from col.	(h))
a b								
C		<del>                                     </del>		$\dashv$	<del></del>			
d								
е								
2 Capital gain net income or (net ca	pital loss) { If gain, also ente	r in Part I, line )- in Part I, line	7 7	}	2			
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) a	nd (6):						
If gain, also enter in Part I, line 8,		, ,		}				
Part V Qualification U	nder Section 4940(e) for	r Reduced	Tay on Not	Inve	3 estment in	come		
(For optional use by domestic private	<del></del>							
•	·	10 10(4) 141 011	. Hot invocations if	1001110.	•,			
If section 4940(d)(2) applies, leave th	iis part biank.							
Was the foundation liable for the sect			•	rıod?				Yes X No
If "Yes," the foundation does not quality  Forter the appropriate amount in e	fy under section 4940(e). Do not co ach column for each year; see the i			ntriae	<del></del>			<del></del>
(a)	(b)	iisii uciioiis ne	Tote making any e					(d) oution ratio
Base periód years Calendar year (or tax year beginnir	مرابع مرابط المرابع ال	stributions	Net value of no	(c) Inchari	table-use asse	ts		oùtion ratio vided by col. (c))
2014		9,053.		5 ,	617,12	4.		.058580
2013		2,347.			436,72			.099701
2012		37,177.	· · · · · · · · · · · · · · · · · · ·		061,56			.240785
2011		3,970.			883,70			.119280
2010		11,404.	<del></del>	_4,	551,23	<del>/ •   -  </del>	Τ	.086783
2 Total of line 1, column (d)						2		.605129
3 Average distribution ratio for the 5	i-year base period - divide the total	on line 2 by 5,	or by the number	of yea	ırs	<u> </u>	<u> </u>	1000123
the foundation has been in exister	ice if less than 5 years					3	<u> </u>	.121026
4 Enter the net value of noncharitab	le-use assets for 2015 from Part X.	line 5				4		4,998,531.
	,							
5 Multiply line 4 by line 3						_ 5	ļ	604,952.
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)					6	ļ	4,365.
7 Add lines 5 and 6						7		609,317.
B Enter qualifying distributions from	ı Part XII, line 4					8		489,373.
	line 7, check the box in Part VI, line	e 1b, and comp	olete that part usin	g a 1%	6 tax rate.			

	n 990-PF (2015) CADE MUSEUM FOUNDATION, INC		<u> 1884:</u>			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948 ·	see in	stru	<u>ictio</u>	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔛 and enter "N/A" on line 1.					ı
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					,
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	1	L			0.
	of Part I, line 27b					
C	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:	1				
	2015 estimated tax payments and 2014 overpayment credited to 2015					
	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d					
	Total credits and payments. Add lines 6a through 6d	7				0.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here If Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ 10				
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	<u>11</u>				
	art VII-A Statements Regarding Activities		<del>,</del>		<del></del>	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter	vene in			Yes	No
	any political campaign?			<u>1a</u>		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the defin	•	-	1b		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published the activities and copies of any materials and copies of any materials and copies of activities activities and copies of activities activities and copies of activities	lished or		۰.	!	^
	distributed by the foundation in connection with the activities.		İ			,
	Did the foundation file Form 1120-POL for this year?		}	1c		<u>X</u>
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	^		\$ **	,	· *,
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	0.	ŀ	;		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		}	Ś		*
	managers. > \$ 0.		l	ائما	>	्र . •
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		ŀ	2	*8	<u>X</u>
•	If "Yes," attach a detailed description of the activities.		}*.	. !	. 4	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporate	on, or		`		<i>%.</i> <b>V</b>
4-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  Did the foundation have unrelated business gross income of \$1,000 or more during the year?		}-	3		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4a		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	14	<b>'</b>	4D 5		_X
J	If "Yes," attach the statement required by General Instruction T.		-	-		<del></del> ,
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ļ			
•	By language in the governing instrument, or				,	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the	state law	}	- 1		
	remain in the governing instrument?	otato ian		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Pai	t XV	<u> </u>	7	X	
-	,					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	FL					
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			ļ		, t
_	of each state as required by General Instruction G? If "No," attach explanation		- 1	8b .	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	calendar	-		<del>-</del>	,
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	STMT	11	10	X	
			r		DE	(2015)

Form **990-PF** (2015)

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

orm 990-PF (2015) CADE MUSEUM FOUNDATION,	INC		<u> 20-18841</u>	<u>34 Page 6</u>
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:	•			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955); (	or to carry on, directly or indire			1 1
any voter registration drive?			es X No	] [ .
(3) Provide a grant to an individual for travel, study, or other similar purposes	3	Y(	es X No	1 1
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)		Y	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or t	for		
the prevention of cruelty to children or animals?		Yo	es X No	÷ ,
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulatıons		1 1
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check t	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined		
expenditure responsibility for the grant?			es 🔲 No	
If "Yes," attach the statement required by Regulations section 53.494		.,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay promising on		es X No	1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	nersonal henefit contract?	L		Sb X
If "Yes" to 6b, file Form 8870.	or bondr bonding contract.		<del>  '</del>	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	chalter transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu		1	. –	7b
Part VIII Information About Officers, Directors, Trust		nagere Highly		1 1
Paid Employees, and Contractors	ees, i ouiluation Ma	mayers, riigin	,	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	and deterred	(e) Expense account, other
	to position	enter -0-)	compensation	allowances
	{			
так статитут 12	-	00 077	ا م ا	0
SEE STATEMENT 12	<del></del>	88,077.	0.	0.
	<u> </u>		}	
<u></u>				
·····		<u>L</u>		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	l (a)	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) compensation	and deterred compensation	allowances
LESLIE L LADENDORF - 904 S MAIN	DEVELOPMENT D	IRECTOR		
STREET, GAINESVILLE, FL 32601	40.00	68,500.	0.	0.
PATRICIA LIPKA - 904 S MAIN STREET,	PROGRAM DIREC	TOR		
GAINESVILLE, FL 32601	40.00	64,808.	0.	0.
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
		†		
		1		
				<del></del>
			[	
Total number of other employees paid over \$50,000		L		0
i viai number of other employees paid over 400,000	<del></del>		Earn	990-PF (2015)
			FUIII	(2013)

	<u> 20-18841</u>	L <b>34</b> Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	e	(c) Compensation
NONE		
		·
	}	
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	E	Expenses
1 MUSEUM ACTIVITIES - CADE LAB CLASSES		
		17,942.
2 ANNUAL COMPETITION RECOGNIZING AND ENCOURAGING FLORIDA		
INNOVATORS		49,983.
3		25/3000
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 <u>N/A</u>	-	
2		
All other program-related investments. See instructions.  3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
		<b>990-PF</b> (2015)

For	m 990-PF (2015) CADE MUSEUM FOUNDATION, INC	20-1	384134	Page
P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see	instructions)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
а	Average monthly fair market value of securities	1a	1,036	
b	Average of monthly cash balances	1b	1,505	
C	Fair market value of all other assets	1c	2,533	
d	Total (add lines 1a, b, and c)	1d	5,074	,651
е	Reduction claimed for blockage or other factors reported on lines 1a and	] ]		
	1c (attach detailed explanation) 1e 0.			
2	Acquisition indebtedness applicable to line 1 assets	2		0
3	Subtract line 2 from line 1d	3	5,074	,651
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	76	,120
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,998	,531
6_	Minimum investment return. Enter 5% of line 5	6	249	,927
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(i)(3) and (j)(5) private operating foundations are foreign organizations check here <b>X</b> and do not complete this part.)	nd certain		
1	Mınımum investment return from Part X, line 6	1		
2a	Tax on investment income for 2015 from Part VI, line 5			
b	Income tax for 2015. (This does not include the tax from Part VI.)	`		
C	Add lines 2a and 2b	2c		
3	Distributable amount before adjustments. Subtract line 2c from line 1	3		
4	Recoveries of amounts treated as qualifying distributions	4		
5	Add lines 3 and 4	5		
6	Deduction from distributable amount (see instructions)	6		
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7		
Р	Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	3		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	489	,373
b	Program-related investments - total from Part IX-B	1b		0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2		
3	Amounts set aside for specific charitable projects that satisfy the:	Ž.		
a	Suitability test (prior IRS approval required)	3a		
þ	Cash distribution test (attach the required schedule)	3b		
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	489	,373
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	, ,		
	income. Enter 1% of Part I, line 27b	5		0

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2015)

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see		N/A		
	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
Distributable amount for 2015 from Part XI,	00.900	Tours prior to 2017		2010
line 7				
Undistributed income, if any, as of the end of 2015		···· ·· · · · · · · · · · · · · · · ·		
Enter amount for 2014 only				
Total for prior years:				<u></u>
		-		
Excess distributions carryover, if any, to 2015:				
From 2010				
From 2011				
From 2012				
1From 2013				
e From 2014				
Total of lines 3a through e				
Qualifying distributions for 2015 from				
Part XII, line 4: ► \$				
Applied to 2014, but not more than line 2a				
Applied to undistributed income of prior				
years (Election required - see instructions)				
Treated as distributions out of corpus				
(Election required - see instructions)				
Applied to 2015 distributable amount	·			
Remaining amount distributed out of corpus				
'		,		
Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount		•		
must be shown in column (a) )		<b>*</b>		,
Enter the net total of each column as	?	,	,	`
indicated below:	*			
Corpus Add lines 3f, 4c, and 4e Subtract line 5				
Prior years' undistributed income. Subtract			* *	*
line 4b from line 2b				*** * * * * * * * * * * * * * * * * * *
Enter the amount of prior years' undistributed income for which a notice of			4	
deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed	· · · · · · · · · · · · · · · · · · ·			
Subtract line 6c from line 6b. Taxable				
amount - see instructions		<del></del>		
Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.				
Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				
Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)		·		
Excess distributions carryover from 2010				
not applied on line 5 or line 7				
Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a			<u> </u>	
Analysis of line 9:			7'	
Excess from 2011				
Excess from 2012				
Excess from 2013				
Excess from 2014				
e Excess from 2015				

## NONE

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here LX if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF (2015)

3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	if recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient						
a Paid during the year								
NONE								
				: 				
				<del> </del>				
		l						
				1				
Total			<b>▶</b> 3a	0.				
b Approved for future payment			, P Ou	<u>_</u>				
NONE								
NONE		1						
				I				
				I				
				1				
Total			► 3b	0.				

## Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)
	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business	Amount	sion	Amount	function income
a CADE PRIZE COMPETITION					63,122.
b MUSEUM ACITIVITES-CADE					
c LAB CLASSES					80,267.
					00,207.
d					
f					
g Fees and contracts from government agencies		<del></del>			
2 Membership dues and assessments		<del></del> -			
3 Interest on savings and temporary cash					·····
investments			14	146.	
4 Dividends and interest from securities			14	35,874.	<del></del>
5 Net rental income or (loss) from real estate:				3070721	
a Debt-financed property					
b Not debt-financed property			1		<del></del>
6 Net rental income or (loss) from personal					
property	\ \				
7 Other investment income			15	415,081.	· · · · · · · · · · · · · · · · · · ·
8 Gain or (loss) from sales of assets other					
than inventory	1			ĺ	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a OTHER INCOME					245,807.
b OPERATING REVENUE					245,807. 8,142.
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		C	).	451,101.	397,338.
13 Total. Add line 12, columns (b), (d), and (e)				13	848,439.
(See worksheet in line 13 instructions to verify calculations.)					

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

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
1A	IN 2010, THE CADE MUSEUM FOUNDATION LAUNCHED AN ANNUAL COMPETITION
	RECOGNIZING AND ENCOURAGING FLORIDA INNOVATORS. THE GOAL OF THE
	COMPETITION IS TO STRENGTHEN AND DEVELOP THE LONG-STANDING CULTURE OF
	INNOVATION IN GAINESVILLE AND THROUGHOUT FLORIDA AND TO HARNESS
	THE TREMENDOUS JOB-CREATING POTENTIAL OF THE NUMEROUS IDEAS SPRINGING
	FORTH FROM THE REGION EVERY DAY. THE FOUNDATION CONTINUED WITH THIS
	COMPETITION IN 2015.
1B	THE CADE MUSEUM FOUNDATION OFFERS A VARIETY OF LAB CLASSES FOR ALL
	AGES. LABS AND STUDIOS PROVIDE HANDS-ON EXPERIMENTS AND INTERACTIVE
	COLLABORATIONS.

Form **990-PF** (2015)

	_					
Sign Here	and be	penalties of perjury, I declare that I have examined this life, it is true, correct, and complete Declaration of production of production of production of production of production of productions of the production of productions are productions.			r has any knowledge	May the IRS discuss this return with the preparer shown below (see instr.)?  X Yes No.
		Print/Type preparer's name	Preparer's signature	Date		PTIN
Paid		CAROL A. VILLEMAIRE	CAROL A. VILLEMAI	11/14/16	self- employed	P00005507
Prepa Use C		Firm's name ► JAMES MOORE		<u> </u>	Firm's EIN ► 5	9-3204548
		Firm's address - 5021 NW 1 CIT	DIACE		<del>                                     </del>	

GAINESVILLE, FL 32607-2063

Form **990-PF** (2015)



352-378-1331

Phone no.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No 1545-0047

Name of the organization

**Employer identification number** 

CA	DE MUSEUM FOUNDATION, INC	20-1884134
Organization type (check or	ne).	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt chantable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le See instructions.
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amour line 1 Complete Parts I and II	or 16b, and that received from
year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III	•
year, contributions is checked, enter h purpose Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled meter the total contributions that were received during the year for an exclusively religious implete any of the parts unless the <b>General Rule</b> applies to this organization because its, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box , charitable, etc ,
but it must answer "No" on	at is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

# CADE MUSEUM FOUNDATION, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SUSANNAH PEDDIE  405 NE 4TH AVE  GAINESVILLE, FL 32601	\$9,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARY CADE  529 NW 58TH ST  GAINESVILLE, FL 32607	\$384,667.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	COMMUNITY FOUNDATION OF NORTH CENTRAL FLORIDA  5214 SW 91ST DRIVE  GAINESVILLE, FL 32608	\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PHIL AND BARBARA EMMER  2736 NW 22ND DRIVE  GAINESVILLE, FL 32605	\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	LOREN ROBY  2218 MERRITT PARK DR  ORLANDO, FL 32803	\$100,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	JIM HENTGES  550 NW 55TH STREET  GAINESVILLE, FL 32607	\$ <u>16,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions)

# CADE MUSEUM FOUNDATION, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
7	RANDY SCOTT  1943 NW 104TH WAY  GAINESVILLE, FL 32606	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8	A H BURNETT FOUNDATION  105 GREEN TREE LANE  YALAHA, FL 34797	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9	ANTIONETTE BOCCARDY  551 NW 55TH STREET  GAINESVILLE, FL 32607	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
10	ALEJANDRO AND GRACIELA DEQUESADA  8408 BENJAMIN ROAD  TAMPA, FL 33634	\$500,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
11	MARTIN & GRACIA ANDERSEN FOUNDATION PO BOX 547918 ORLANDO, FL 32854	\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
12	BINGHAM GREENEBAUM DOLL, LLP  2700 MARKET TOWER  INDIANAPOLIS, IN 46204	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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CADE	MUSEUM FOUNDATION, INC		-1004134
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ROSEMARY DONOHUE  265 SEA CREST DRIVE  MELBOURNE BEACH, FL 32951	\$\$ <u>25,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	P.O. BOX 357700  GAINESVILLE, FL 32635	\$\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	MS. LISA MARKHAM  400 WEST ONTARIO STREET  CHICAGO, IL 60654	\$\$100,936.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	NOVABONE PRODUCTS, LLC  1551 ATLANTIC BOULEVARD  JACKSONVILLE, FL 32207	\$\$10,000.	Person X Payroll  Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	RTI SURGICAL, INC.  11621 RESEARCH CIRCLE  ALACHUA, FL 32615	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	MARGARET SAUNDERS AND LARRY HENCH 9900 BELLAGIO COURT FORT MYERS, FL 33913-7006	\$ 10,000.	Person X Payroll

Name of organization

Employer identification number

# CADE MUSEUM FOUNDATION, INC

CADE	MUSEUM FOUNDATION, INC	20	20-1884134		
Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
19	MICHAEL A. SINGER  16302 NW 90TH ST  ALACHUA, FL 32615	\$25,000.	Person X Payroll  Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	MARY SPILMAN AND DAN LEGAN  PO BOX 414  YELLVILLE, AR 72687	\$6,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21	MICHAEL TUBBS  1115 NE 6TH STREET  GAINESVILLE, FL 32601	\$ <u>250,000</u> .	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
22	DARBRA ADAIR  30304 LAURELWOOD LANE  WESLEY CHAPEL, FL 33543	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23	DR. AND MRS. JAMES H. FREE  520 PONCE DE LEON BOULEVARD  BELLEAIR, FL 33756	\$ 500,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)		
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
24	DAVID MASSIAS  1910 NW 112TH DRIVE  GAINESVILLE, FL 32606	\$\$,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)		
523452 10-2	6-15	Schedule B (Form	990, 990-EZ, or 990-PF) (2015)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 2 Name of organization Employer identification number CADE MUSEUM FOUNDATION, INC 20-1884134 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 GARY AND SUZY MILLER X Person Payroll 531 SW 26TH PLACE 25,000. Noncash (Complete Part II for GAINESVILLE, FL 32601 noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 26 **NANOTHERAPEUTICS** X Person Payroll 13859 PROGRESS BOULEVARD, SUITE 300 Noncash 5,000. (Complete Part II for ALACHUA, FL 32615 noncash contributions) (b) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (b) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for

(b)

Name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Person **Payroll** Noncash (Complete Part II for noncash contributions)

noncash contributions)

(d)

Type of contribution

(a)

No.

(c)

**Total contributions** 

# CADE MUSEUM FOUNDATION, INC

<del></del>	<del></del>	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given	See instructions   See instructions

Name of orga	nization		Employer identification number
CADE M	USEUM FOUNDATION, INC		20-1884134
Part III	Exclusively religious charitable, etc., contr	ibutions to organizations described	l in section 501(c)(7), (8), or (10) that total more than \$1,000 for
	the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 or	r less for the year (Enter this info once)
(a) No.	Use duplicate copies of Part III if additiona	al space is needed.	<del></del>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gif	rt .
	<b>-</b>	1710 4	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
-			
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-			
-			
		(e) Transfer of gif	it
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
-			
-			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-			
-		(e) Transfer of gift	t
		.,	
_	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
-			
(a) No.		<u></u>	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	t
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
<u> </u>	manufecto 3 name, address, an	V = 1 T T	riciationship of dansieror to dansieree
-			
-			

FORM 990-PF INTERE	ST ON SAVING	S AND T	EMPOR	ARY	CASH	INV	ESTMENTS	S	<b>PATEMENT</b>	1
SOURCE			(A) VENUE BOOK			INV	B) ESTMENT OME	1	(C) ADJUSTED NET INCOM	E
INTEREST			1	46.			146.		14	46.
TOTAL TO PART I, LI	NE 3		1	46.		·	146.		14	46.
FORM 990-PF	DIVIDENDS	AND INT	EREST	FRO	M SEC	URI	TIES	S'	<b>TATEMENT</b>	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	ß	RE	(A) VENUE BOOK		(B) NET INVES MENT INCO		(C) ADJUSTI NET INCO	
DIVIDENDS	35,874.		0.		35,87	4.	35,87	4.	35,8	74.
TO PART I, LINE 4	35,874.		0.		35,87	4.	35,87	4.	35,87	74.
FORM 990-PF		OTHER	INCO	ME				S	PATEMENT .	3
DESCRIPTION			RE	(A) VENU BOO			(B) T INVEST- NT INCOME		(C) ADJUSTEI NET INCON	
GATORADE ROYALTIES CADE PRIZE COMPETITION MUSEUM ACITIVITES-CADE LAB CLASSES OTHER INCOME OPERATING REVENUE				63 80 2 <b>4</b> 5	,081. ,122. ,267. ,807.		0	  •  •	415,08 63,12 80,26 245,80 8,14	22. 67. 07.
TOTAL TO FORM 990-P	F, PART I, I	JINE 11		812	,419.		415,081	 . •	812,41	19.

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	25,009.	6,252.	6,252.	18,757.	
TO FORM 990-PF, PG 1, LN 16B	25,009.	6,252.	6,252.	18,757.	
FORM 990-PF 0	THER PROFES	SIONAL FEES	ST	ATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OTHER PROFESSIONAL FEES	77,045.	0.	0.	77,045.	
TO FORM 990-PF, PG 1, LN 16C	77,045.	0.	0.	77,045.	
FORM 990-PF	TAX	ES	ST	'ATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TAXES & FEES PAYROLL TAXES	15,508. 25,071.	0. 399.	0. 8,709.	15,508. 16,362.	
TO FORM 990-PF, PG 1, LN 18	40,579.	399.	8,709.	31,870.	
FORM 990-PF	OTHER E	XPENSES	SI	'ATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PROMOTIONAL EXPENSES OFFICE EXPENSES INSURANCE PROGRAM EXPENSE FUNDRAISING AMORTIZATION	7,454. 25,123. 14,495. 17,925. 85,192. 1,090.	0. 0. 725. 0. 0.	977. 3,293. 2,625. 11,748. 0.	6,477. 21,830. 11,870. 6,177. 85,192.	
TO FORM 990-PF, PG 1, LN 23	151,279.	725.	18,643.	131,546.	

24 STATEMENT(S) 4, 5, 6, 7 15531115 789407 505611 2015.05000 CADE MUSEUM FOUNDATION, INC 505611\_1

FORM 990-PF DEPRECIATION OF	F ASSETS NO	T HELD FOR	INV	ESTMENT	STATEMENT	8
DESCRIPTION O	COST OR THER BASIS	ACCUMULAT DEPRECIAT		BOOK VALUE	FAIR MARKI VALUE	3T
BUILDING	645,741.	51,0	64.	594,677.	594,6	77.
BUILDING IMPROVEMENTS	31,739.		96.	24,543.		
EQUIPMENT	48,833.	23,2		25,583.		
LAB EQUIPMENT	3,928.		37.	2,291.		
LAND	29,125.	·	0.	29,125.		
OFFICE EQUIPMENT	5,475.	2,8	72.	2,603.		
CONSTRUCTION IN PROGRESS	957,296.	·	0.	957,296.		
EXHIBIT DESIGN	16,660.		0.	16,660.		
TO 990-PF, PART II, LN 14	1,738,797.	86,0	19.	1,652,778.	1,652,7	78.
FORM 990-PF	OTHER IN	VESTMENTS			STATEMENT	9
DESCRIPTION		ALUATION METHOD	во	OOK VALUE	FAIR MARKET	ľ
GATORADE TRUST		FMV		3,055,000.	3,055,00	00.
MUTUAL FUNDS		FMV		1,013,597.	1,013,59	
TOTAL TO FORM 990-PF, PART I	I, LINE 13	:		4,068,597.	4,068,59	97.
FORM 990-PF	OTHER	ASSETS			STATEMENT	10
DESCRIPTION		NNING OF OK VALUE		OF YEAR OK VALUE	FAIR MARKET	[
MUSEUM ASSETS LOAN COSTS, NET OF A/A		227,995. 3,086.		227,995. 1,997.	227,99	
TO FORM 990-PF, PART II, LIN	± 15	231,081.		229,992.	229,99	92.

	BSTANTIAL CONTRIBUTORS STATEMENT VII-A, LINE 10	11
NAME OF CONTRIBUTOR	ADDRESS	
MICHAEL TUBBS	1115 NE 6TH STREET GAINESVILLE, FL 32601	
CARLOS DEQUESADA	8408 BENJAMIN RD TAMPA, FL 33634	
LOREN ROBY	1380 GENE STREET WINTER PARK, FL 32789	
COMMUNITY FOUNDATION OF NORTH	3919 W. NEWBERRY ROAD, SUITE 3	
CENTRAL FLORIDA	GAINESVILLE, FL 32607	

ORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			STATEMENT 12	
NAME AND ADDRESS	TITLE AND AVRG HRS/WI	COMPEN- K SATION	EMPLOYEE BEN PLAN CONTRIB	
CATHY PERDUE-ADLER 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER	R 0.	0.	0.
ED BLOCK 904 S. MAIN ST GAINESVILLE, FL 32601-7925	CHAIR 1.00	0.	0.	0.
LUIS DIAZ 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER	R 0.	0.	0.
JOSEPH CAUTHEN 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER	R 0.	0.	0.
MARY CADE 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER	R 0.	0.	0.

CADE MUSEUM FOUNDATION, IN	rc			20-1884134	
DAVID MASSIAS 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	. 0.	0.	0.	
PHOEBE MILES 904 S. MAIN ST GAINESVILLE, FL 32601-7925	PRESIDENT 1.00	0.	0.	0.	
RICHARD MILES 904 S. MAIN ST GAINESVILLE, FL 32601-7925	VICE PRESIDENT 1.00	0.	0.	0.	
DAVID MOLYNEAUX 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.	
SCOTT PERDUE 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.	
MARTY WYNKOOP 904 S. MAIN ST GAINESVILLE, FL 32601-7925	TREASURER 1.00	0.	0.	0.	
ROSE FAGLER 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.	
SUSAN DAVENPORT 904 S. MAIN ST GAINESVILLE, FL 32601-7925	BOARD MEMBER 1.00	0.	0.	0.	
PATTI BREEDLOVE 904 S. MAIN ST GAINESVILLE, FL 32601-7925	SECRETARY 1.00	0.	0.	0.	
DAVID SALIWANCHIK 904 S. MAIN ST GAINESVILLE, FL 32601-7925	CHAIR 1.00	0.	0.	0.	
JENNIFER DENAULT 904 S. MAIN ST GAINESVILLE, FM 32601-7925	CHIEF OPERATING 40.00	OFFICER 88,077.	0.	0.	
TOTALS INCLUDED ON 990-PF, PA	AGE 6, PART VIII	88,077.	0.	0.	

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

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NAME OF MANAGER

MARY CADE PHOEBE MILES RICHARD MILES

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# **CADE MUSEUM FOUNDATION, INC.**

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

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