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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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 11-01-2018 , and ending 10-31-2019

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) 599 2ND STREET SOUTH

Room/suite

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) 873-2000

G Gross receipts $ 2,005,285

F Name and address of principal officer
STEVEN M SEIBERT
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**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	10
6	Total number of volunteers (estimate if necessary)	**6**	25
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	8,175
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)	2,175,931	1,964,035
9	Program service revenue (Part VIII, line 2g)	33,775	13,175
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,144	25,205
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,583	2,870
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,237,433	2,005,285
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	548,851	447,898
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)	846,034	870,186
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶106,169		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	724,622	623,398
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,119,507	1,941,482
19	Revenue less expenses Subtract line 18 from line 12	117,926	63,803

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,993,027	2,004,221
21	Total liabilities (Part X, line 26)	287,063	191,143
22	Net assets or fund balances Subtract line 21 from line 20	1,705,964	1,813,078

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

****** 2020-05-08
Signature of officer Date

STEVEN M SEIBERT 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
				P00100222

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

Firm's address ▶ 13577 FEATHER SOUND DR SUITE 400
CLEARWATER, FL 337625539 — 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 (CONTINUED ON SCHEDULE O) 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 $ 461,603 including grants of $ 167,250) (Revenue $ 5,000)
See Additional Data

4b (Code) (Expenses $ 465,794 including grants of $) (Revenue $ 2,870)
See Additional Data

4c (Code) (Expenses $ 438,594 including grants of $ 280,648) (Revenue $)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 1,365,991

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		No
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		
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

Part IV Checklist of Required Schedules *(continued)*

			Yes	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**	19		
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**	10		
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**	Yes
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**	Yes
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**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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**	21		
	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**	21		
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-A 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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								368,712	0	68,590

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	1,841,700		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	122,335		
	g Noncash contributions included in lines 1a - 1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		1,964,035		
Program Service Revenue		Business Code			
	2a FORUM MAGAZINE	511120	8,175		8,175
	b PUBLIC PROGRAM FEES	611710	5,000	5,000	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶		13,175		
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		25,205		25,205
	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				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) . . . . . ▶				
	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				
	b Less cost of goods sold . . b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue		2,870	2,870	
	e Total. Add lines 11a–11d . . . . . ▶		2,870		
	12 Total revenue. See Instructions . . . . . ▶		2,005,285	7,870	8,175	25,205

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	447,898	447,898		
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	435,779	198,234	198,650	38,895
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	327,107	255,761	48,360	22,986
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,782	10,551	2,748	483
9 Other employee benefits	41,899	25,490	14,610	1,799
10 Payroll taxes	51,619	31,556	15,959	4,104
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	28,155		28,155	
d Lobbying	30,000		30,000	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	10,882		10,882	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	188,713	162,841	6,001	19,871
12 Advertising and promotion	1,891	1,366	525	
13 Office expenses	147,773	91,265	44,717	11,791
14 Information technology	34,580	29,061	4,382	1,137
15 Royalties				
16 Occupancy	22,825	14,243	6,740	1,842
17 Travel	88,377	43,931	43,630	816
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,454	3,269	1,185	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,781	13,827	7,143	1,811
23 Insurance	11,167	4,898	5,635	634
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	21,350	21,350		
b STIPENDS	10,450	10,450		
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,941,482	1,365,991	469,322	106,169
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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	47,805	1	152,750
	2	Savings and temporary cash investments	130,664	2	138,770
	3	Pledges and grants receivable, net	339,948	3	212,489
	4	Accounts receivable, net		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	27,935	9	18,899
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 216,522			
	b	Less accumulated depreciation — 10b: 198,049	41,254	10c	18,473
	11	Investments—publicly traded securities	1,053,983	11	1,143,409
	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	351,438	15	319,431
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,993,027	16	2,004,221
Liabilities	17	Accounts payable and accrued expenses	167,664	17	58,989
	18	Grants payable	119,399	18	104,843
	19	Deferred revenue	0	19	27,311
	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		25	
	26	**Total liabilities.** Add lines 17 through 25	287,063	26	191,143
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	1,340,440	27	1,479,562
	28	Temporarily restricted net assets	351,439	28	319,431
	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	1,705,964	33	1,813,078
	34	Total liabilities and net assets/fund balances	1,993,027	34	2,004,221

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	2,005,285
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,941,482
3	Revenue less expenses Subtract line 2 from line 1	3	63,803
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,705,964
5	Net unrealized gains (losses) on investments	5	75,318
6	Donated services and use of facilities	6	-32,007
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	1,813,078

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 (2018)

Form 990, Part III, Line 4a:

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 MUSEUMS, PUBLIC LIBRARIES, HISTORICAL SOCIETIES, COLLEGES AND UNIVERSITIES AND OTHER NON-PROFIT ORGANIZATIONS STATEWIDE, THESE PROGRAMS HELP FLORIDIANS LEARN MORE ABOUT THE RICHLY DIVERSE STATE IN WHICH WE LIVE THESE PROGRAMS INCLUDE (CONTINUED ON SCHEDULE O)MUSEUM ON MAIN STREET - MUSEUM ON MAIN STREET IS A PARTNERSHIP PROGRAM THAT BRINGS SMITHSONIAN INSTITUTION EXHIBITIONS, RESOURCES, AND PROGRAMMING TO SMALL TOWNS ACROSS THE STATE THESE HIGH-QUALITY EXHIBITIONS ARE DESIGNED TO BRING REVITALIZED ATTENTION TO UNDERSERVED AND RURAL COMMUNITIES AND SERVE AS A LAUNCHING POINT FOR STORYTELLING AND LOCAL PRIDE OVER 22,700 PEOPLE VISITED MUSEUM ON MAIN STREET EXHIBITS IN SIX VENUES WITH AN ADDITIONAL 19,000 PEOPLE ATTENDING ONE OF 48 COMPLEMENTARY PUBLIC PROGRAMS FLORIDA STORIES WALKING TOUR APP - OUR DOWNLOADABLE WALKING TOUR APP ALLOWS USERS TO DELVE BEHIND THE SCENES OF FLORIDA TOWNS WITH AN EMPHASIS ON LOCAL HISTORY, CULTURE, AND ARCHITECTURE CONNECTED VIA A STATEWIDE PLATFORM, THE TOURS CREATE SUSTAINABLE CULTURAL TOURISM PRODUCTS THAT INCREASE KNOWLEDGE AND APPRECIATION OF LOCAL HISTORY THE APP NOW HOSTS A TOTAL OF 35 TOURS AND IS CURRENTLY ACCESSED BY MORE THAN 36,000 PEOPLE ANNUALLY FLORIDA TALKS - FLORIDA HUMANITIES' SPEAKERS DIRECTORY INCLUDES MORE THAN FIFTY EXPERT HISTORIANS, STORYTELLERS, RESEARCHERS AND AUTHORS WHO DELIVER THOUGHT-PROVOKING PROGRAMS ON A WIDE VARIETY OF SUBJECTS RELATED TO FLORIDA IN FISCAL YEAR 2019, 23 ORGANIZATIONS HOSTED 113 PROGRAMS STATEWIDE WITH AN ATTENDANCE OF OVER 12,500 PEOPLE SEMINARS FOR EDUCATORS AND HIGH SCHOOL STUDENTS - K-12 EDUCATORS AND HIGH SCHOOL STUDENTS FROM ACROSS THE STATE ANNUALLY PARTICIPATE IN CHALLENGING AND INTERDISCIPLINARY STUDIES OF THE HUMANITIES AT OUR ENRICHING SUMMER SEMINAR PROGRAM LED BY DISTINGUISHED SCHOLARS, THE SEMINARS COMBINE CLASSROOM SESSIONS WITH RELEVANT FIELD EXPERIENCES THAT HIGHLIGHT OUR STATE'S HISTORY AND CULTURE IN SUMMER 2019, 25 EDUCATORS AND 75 HIGH SCHOOL STUDENTS ATTENDED SEMINARS FAMILY LITERACY PROGRAMS IN PUBLIC LIBRARIES - FHC SUPPORTS A VARIETY OF READING AND DISCUSSION PROGRAMS FOR FAMILIES IN PUBLIC LIBRARIES THESE INCLUDE PRIMETIME FAMILY READING TIME AND ENGLISH FOR FAMILIES, A SERIES OF ESOL CLASSES THAT PROVIDE PARENTS AND THEIR CHILDREN WITH OPPORTUNITIES TO IMPROVE THEIR SPEAKING AND WRITING SKILLS TOGETHER SEVEN PUBLIC LIBRARIES EACH HOSTED ONE SIX-WEEK FAMILY READING AND DISCUSSION PROGRAM ATTENDED BY AN AVERAGE OF 40 PEOPLE WEEKLY FORUM MAGAZINE - THROUGH ITS INSIGHTFUL PERSPECTIVES ON FLORIDA, FORUM MAGAZINE PROVIDES READERS WITH ENGAGING AND COLORFUL STORIES ABOUT THE PEOPLE AND PLACES THAT DEFINE OUR STATE EACH ISSUE OF THE AWARD-WINNING MAGAZINE IS DISTRIBUTED TO OVER 15,000 PEOPLE STATEWIDE TO HIGHLIGHT THE WONDERFUL LITERARY ACCOMPLISHMENTS IN THE STATE, AN ANNUAL ISSUE OF FORUM RECOGNIZES AND HONORS THE ANNUAL WINNERS OF THE FLORIDA BOOK AWARDS AND THE LIFETIME ACHIEVEMENT AWARD FOR WRITING TWO ISSUES OF THE MAGAZINE WERE PUBLISHED AND DISTRIBUTED TO APPROXIMATELY 15,000 PEOPLE STATEWIDE POETRY OUT LOUD - POETRY OUT LOUD IS A NATIONAL POETRY RECITATION CONTEST FOR HIGH SCHOOL STUDENTS HOSTED ANNUALLY IN PARTNERSHIP WITH THE NATIONAL ENDOWMENT FOR THE ARTS AND THE POETRY FOUNDATION PARTICIPATING STUDENTS NOT ONLY LEARN ABOUT GREAT POETRY THROUGH MEMORIZATION, THEY ALSO MASTER PUBLIC SPEAKING SKILLS, BUILD SELF-CONFIDENCE AND LEARN ABOUT OUR LITERARY HISTORY MORE THAN 9,000 HIGH SCHOOL STUDENTS PARTICIPATED IN THE 2019 STATEWIDE COMPETITION

Form 990, Part III, Line 4b:

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 III, Line 4c:

RE-GRANTS SINCE 1973, FLORIDA HUMANITIES HAS AWARDED MORE THAN $15-MILLION IN FEDERAL FUNDING STATEWIDE IN SUPPORT OF THE DEVELOPMENT AND PRESENTATION OF HUMANITIES-RICH CULTURAL RESOURCES AND PUBLIC PROGRAMS THESE PROJECTS HELP PRESERVE FLORIDA'S RICH HISTORY AND HERITAGE, PROMOTE CIVIC ENGAGEMENT AND COMMUNITY DIALOGUE, AND PROVIDE OPPORTUNITIES FOR REFLECTING ON THE FUTURE OF OUR STATE THE GRANTS PROGRAM PRIMARILY RESPONDS TO COMMUNITY INTERESTS AND INITIATIVES, WITH PREFERENCE 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 (CONTINUED ON SCHEDULE O)IN FISCAL YEAR 2019, $285,000 IN GRANT FUNDING WAS AWARDED TO 61 NON-PROFIT ORGANIZATIONS STATEWIDE TO DEVELOP AND IMPLEMENT LOCAL HUMANITIES PROGRAMMING

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			
JOSEPH HARBAUGH CHAIR	2 00	X						0	0	0
THOMAS LUZIER VICE CHAIR	2 00	X						0	0	0
LINDA MARCELLI SECRETARY	2 00	X						0	0	0
JUAN BENDECK TREASURER	2 00	X						0	0	0
SALLY BRADSHAW DIRECTOR (11/1/18 - 7/19/19)	2 00	X						0	0	0
DANNY BERENBERG DIRECTOR	2 00	X						0	0	0
FRANK BIAFORA DIRECTOR	2 00	X						0	0	0
KURT BROWNING DIRECTOR	2 00	X						0	0	0
PEGGY BULGER DIRECTOR	2 00	X						0	0	0
REGINALD ELLIS DIRECTOR	2 00	X						0	0	0

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			
CASEY FLETCHER PAST CHAIR	2 00	X						0	0	0
MAKIBA FOSTER DIRECTOR	2 00	X						0	0	0
JOSE GARCIA-PEDROSA DIRECTOR	2 00	X						0	0	0
MARIA GOLDBERG DIRECTOR	2 00	X						0	0	0
DAVID JACKSON DIRECTOR	2 00	X						0	0	0
SUE KIM DIRECTOR	2 00	X						0	0	0
GEORGE LANGE DIRECTOR	2 00	X						0	0	0
JANET SNYDER MATTHEWS DIRECTOR	2 00	X						0	0	0
DABNEY PARK DIRECTOR	2 00	X						0	0	0
MICHAEL URETTE DIRECTOR	2 00	X						0	0	0

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			
GLENDA WALTERS SECRETARY	2 00	X						0	0	0
PATRICK YACK DIRECTOR	2 00	X						0	0	0
NANCY POULSON DIRECTOR (11/1/18 - 9/19/19)	2 00	X						0	0	0
SANDY RIEF TREASURER (11/1/18 - 9/1/19)	2 00	X						0	0	0
AUDREY RING DIRECTOR (11/1/18 - 2/1/19)	2 00	X						0	0	0
STEVEN M SEIBERT EXECUTIVE DIRECTOR	35 00			X				120,019	0	16,802
PATRICIA PUTMAN ASSOCIATE DIRECTOR	35 00			X				86,800	0	21,407
BRENDA O'HARA CFO	35 00			X				92,433	0	15,664
BARBARA BAHR DIRECTOR OF OPERATIONS	35 00			X				69,460	0	14,717

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (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), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	2,360,377	2,215,005	2,051,858	2,175,931	1,964,035	10,767,206
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	2,360,377	2,215,005	2,051,858	2,175,931	1,964,035	10,767,206
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						10,767,206

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	2,360,377	2,215,005	2,051,858	2,175,931	1,964,035	10,767,206
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,006	13,526	16,892	19,445	25,205	87,074
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)	684	2,568	3,314			6,566
11 **Total support.** Add lines 7 through 10						10,860,846

12 Gross receipts from related activities, etc (see instructions) **12** 298,863

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 2018 (line 6, column (f) divided by line 11, column (f)) **14** 99 140 %

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15** 99 240 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 (explain in Part VI) **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)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 23-7304964

Name: FLORIDA HUMANITIES COUNCIL INC

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493143009370

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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-
1					
2					
3					
4					
5					
6					

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)	40,557	
c Total lobbying expenditures (add lines 1a and 1b)	40,557	
d Other exempt purpose expenditures	1,900,925	
e Total exempt purpose expenditures (add lines 1c and 1d)	1,941,482	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	247,074	
g Grassroots nontaxable amount (enter 25% of line 1f)	61,769	
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	264,582	252,336	255,975	247,074	1,019,967
b Lobbying ceiling amount (150% of line 2a, column(e))					1,529,951
c Total lobbying expenditures	30,000	30,000	30,000	40,557	130,557
d Grassroots nontaxable amount	66,146	63,084	63,994	61,769	254,993
e Grassroots ceiling amount (150% of line 2d, column (e))					382,490
f Grassroots lobbying expenditures				0	

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 on 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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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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" on 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" on 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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" on 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	14,085	14,085	14,085	14,085	14,085
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance	14,085	14,085	14,085	14,085	14,085

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Temporarily restricted endowment ▶

The percentages on 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" on 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" on 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		29,933	25,612	4,321
e Other		186,589	172,437	14,152
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				18,473

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on 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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) GIFTED FACILITIES	319,431
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	319,431

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	2,685,188
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	690,786		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	690,786
3	Subtract line **2e** from line **1**			3	1,994,402
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	10,883		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	10,883
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	2,005,285

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,653,392
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	722,793		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	722,793
3	Subtract line **2e** from line **1**			3	1,930,599
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	10,883		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	10,883
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,941,482

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	PERMANENTLY RESTRICTED ASSETS CONSIST OF A DONOR-RESTRICTED ENDOWMENT FUND THE CORPUS IS MAINTAINED IN AN INVESTMENT ACCOUNT INTEREST INCOME IS DESIGNATED FOR UNRESTRICTED PURPOSES AND AS SUCH INTEREST INCOME FROM THE ENDOWMENT FUND IS CLASSIFIED AS UNRESTRICTED SUPPORT UPON APPROPRIATION BY THE BOARD OF DIRECTORS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	FHC HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZATION DESCR IBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 INCOME EARNED IN FURTHERAN CE OF FHC'S TAX-EXEMPT PURPOSE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES FHC IS TREAT ED AS A PUBLICLY SUPPORTED ORGANIZATION, AND NOT AS A PRIVATE FOUNDATION FASB ASC TOPIC 7 40, 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 2015 ARE OPEN FOR EXAM INATION FHC DOES NOT BELIEVE IT HAS ANY UNRECOGNIZED EXPOSURE RELATING TO UNCERTAIN TAX P OSITIONS AT OCTOBER 31, 2019

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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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 59

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 59

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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	GRANT APPLICANTS WHO ARE AWARDED PROJECT FUNDING AS A SUBRECIPIENT BASED ON THIS ASSESSMENT PROCESS ARE DETERMINED TO BE LOW-RISK ORGANIZATIONS THAT DO NOT REQUIRE EXTRA-ORDINARY MONITORING THE PRIMARY FORMS OF COMPLIANCE MONITORING INCLUDE THE FOLLOWING ALL SUBRECIPIENTS SIGN AN AWARD AGREEMENT WITH INFORMATION ABOUT THE FUNDING SOURCE, INCLUDING THE FEDERAL AGENCY AND THE CFDA NUMBER OF THE SOURCE FUNDS SUBRECIPIENTS ARE PROVIDED GRANT ADMINSTRATION PROCEDURES THAT SPECIFY THE LEGAL RESPONSIBILITIES FOR ADMINISTERING THE AWARD IN ACCORDANCE WITH THE PROCEDURES THESE INCLUDE PROGRAM AND BUDGET CHANGES, CERTIFICATIONS AND COPYRIGHTS, RECORD KEEPING AND PROJECT FINANCIAL MANAGEMENT, SUSPENSION AND TERMINATION, AND REPORTING IT ALSO SPECIFIES THAT THE FLORIDA HUMANITIES COUNCIL MAY CONDUCT AN AUDIT OF ITS ACCOUNTS AND DOCUMENTATION OR ABOUT OTHER SUSPECTED ISSUES RELATED TO COMPLIANCE FLORIDA HUMANITIES COUNCIL STAFF MONITORS THE PROGRESS OF THE PROJECT AWARD TO ENSURE THAT FINAL FINANCIAL AND PROGRAM RESULTS ARE TIMELY AND COMPLETE THE FINAL FINANCIAL REPORT IS REVIEWED TO VERIFY THAT FUNDS WERE SPENT IN ACCORDANCE WITH THE BUDGET PROPOSAL AND THAT ADEQUATE IN-KIND AND THIRD-PARTY CONTRIBUTIONS WERE MADE TO THE PROJECT GRANT RECIPIENTS ARE PAID THE FINAL 10% OF THE GRANT AWARD UPON RECEIPT AND APPROVAL OF FINAL REPORTS BY THE FLORIDA HUMANITIES COUNCIL IF THE FLORIDA HUMANITIES COUNCIL ASCERTAINS THAT THE TERMS OF THE AGREEMENT ARE NOT BEING MET, IT WILL INFORM THE SUBRECIPIENT IN WRITING ABOUT THE DEFICIENCIES IT THEN WILL MONITOR THE SITUATION TO ENSURE THAT THE SUBRECIPIENT TAKES TIMELY AND APPROPRIATE ACTION ON ALL DEFICIENCIES DETECTED THE FLORIDA HUMANITIES COUNCIL WILL RE-ASSESS THE SUBRECIPIENT RISK TO DETERMINE IF OTHER MONITORING MECHANISMS ARE WARRANTED THESE MAY INCLUDE FURTHER TRAINING OR TECHNICAL ASSISTANCE, SITE-REVIEWS OF OPERATIONS, AND ARRANGING FOR PROCEDURAL CHANGES FAILURE TO COMPLY MAY RESULT IN SUSPENSION OR TERMINATION OF THE GRANT AND RECOVERY OF GRANT FUNDS PREVIOUSLY ISSUED

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 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
ARTS CONSERVATORY FOR TEENS 222 SECOND STREET NORTH ST PETERSBURG, FL 33701	46-0918503	501(C)(3)	5,000	0	N/A	N/A	DREAM FOR AMERICA FLORIDA'S EVOLUTION OF SOCIAL JUSTICE
AUCILLA RESEARCH INSTITUTE INC 555 N JEFFERSON ST MONTICELLO, FL 32344	46-4882912	501(C)(3)	5,000	0	N/A	N/A	FIRST FLORIDIAN SERIES " OLD STORIES AND NEW DISCOVERIES

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 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
BARRY UNIVERSITY 11300 NE 2ND AVE SCHOOL OF ARTS AND SCIENCES MIAMI SHORES, FL 33161	59-0624364	501(C)(3)	5,000	0	N/A	N/A	CUBA, SO CLOSE YET SO FAR
BLUE PLANET INTERNATIONAL EXPLORERS BAZAAR & WRITERS'ROOM 6415 LAKE WORTH ROAD SUITE 303 GREENACRES, FL 33463	26-3055126	501(C)(3)	5,000	0	N/A	N/A	FLORIDA WHERE I'M FROM

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 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
BREVARD COUNTY 1521 PINEAPPLE AVE MELBOURNE, FL 32935	59-3135147	GOV	5,000	0	N/A	N/A	TRUEFLORIDA
CIRCLE OF COMMUNITY LEADERSHIP 5746 PINE TREE DRIVE SANIBEL, FL 339572304	65-1155245	501(C)(3)	5,000	0	N/A	N/A	CIVIL RIGHTS IN THE SUNSHINE STATE

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 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
CITRUS COUNTY HISTORICAL SOCIETY 1 COURTHOUSE SQUARE INVERNESS, FL 34450	59-2326836	501(C)(3)	5,000	0	N/A	N/A	" HUMANATEES" MAN AND MANATEES
CITY OF LAKE MARY CITY OF LAKE MARY 260 NORTH COUNTRY CLUB ROAD LAKE MARY, FL 32746	59-1484975	GOV	5,000	0	N/A	N/A	FLORIDA STORIES

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 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
CITY OF NEW PORT RICHEY 6630 VAN BUREN STREET NEW PORT RICHEY, FL 34653	59-6000386	GOV	5,000	0	N/A	N/A	MUSEUM ON MAINSTREET
CITY OF POMPANO BEACH 100 W ATLANTIC BLVD 3RD FLOOR POMPANO BEACH, FL 33060	59-6000411	GOV	5,000	0	N/A	N/A	POMPANO BEACH HISTORICAL TIMELINE DISPLAY

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 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
CORAL SPRINGS MUSEUMS OF ART 2855 CORAL SPRINGS DRIVE SUITE A CORAL SPRINGS, FL 33065	65-0747980	501(C)(3)	20,000	0	N/A	N/A	100 FACES OF WAR
CREALDE SCHOOL OF ART 600 ST ANDREWS BLVD WINTER PARK, FL 32792	59-1887887	501(C)(3)	5,000	0	N/A	N/A	THE SAGE PROJECT II HANNIVAL SQUARE ELDERS TELL THEIR STORIES

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 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
DADE HERITAGE TRUST 190 SE 12 TERRACE MIAMI, FL 33131	59-2194849	501(C)(3)	5,000	0	N/A	N/A	FLORIDA STORIES
DIGITAL LIBRARY OF THE CARIBBEAN 11200 SW 8TH STREET GREEN LIBRARY ROOM 310-B MIAMI, FL 33199	65-0177616	GOV	5,000	0	N/A	N/A	DOCUMENTING CARIBBEAN DIASPORIC COMMUNITIES HOW TO ARCHIVE LOCAL HISTORIES

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

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EASTER SEALS OF SWFL 350 BRADEN AVE SARASOTA, FL 342432001	59-0638490	501(C)(3)	5,000	0	N/A	N/A	COMING OUT OF HISTORY'S DARK CORNERS
ECKERD COLLEGE 4200 54TH AVENUE SOUTH ST PETERSBURG, FL 33711	59-0859121	501(C)(3)	20,000	0	N/A	N/A	2019 SUMMER SEMINARS

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EGMONT KEY ALLIANCE INC PO BOX 66238 ST PETE BEACH, FL 33736	59-3083224	501(C)(3)	5,000	0	N/A	N/A	UNCOVERING EGMONT KEY'S HIDDEN HISTORY A DIGITAL STORYTELLING EXPERIENCE
FLAGLER COLLEGE OFFICE OF COLLEGE RELATIONS 74 KING STREET SAINT AUGUSTINE, FL 32084	59-1157081	501(C)(3)	20,000	0	N/A	N/A	2019 SUMMER SEMINARS

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

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FLORIDA GULF COAST UNIV FOUNDATION- WGCU 10501 FGCU BOULEVARD SOUTH WGCU FORT MYERS, FL 33965	65-0403969	501(C)(3)	5,000	0	N/A	N/A	WGCU CELEBRATES 50TH ANNIVERSARY OF LUNAR LANDING
FLORIDA HOLOCAUST MUSEUM 55 5TH STREET S ST PETERSBURG, FL 337014146	59-2981494	501(C)(3)	5,000	0	N/A	N/A	DR SUSANNAH HESCHEL GENOCIDE & HUMAN RIGHTS AWARENESS MOVEMENT

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

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FLORIDA KEYS COMMUNITY COLLEGE 5901 COLLEGE ROAD KEY WEST, FL 33040	59-1209205	GOV	5,000	0	N/A	N/A	FKCC POETICS CRITICAL INTERSECTIONS AND CHANGING LANDSCAPES
FLORIDA KEYS HISTORY AND DISCOVERY FOUNDATION 82100 OVERSEAS HIGHWAY PO BOX 1124 ISLAMORADA, FL 33036	46-1936911	501(C)(3)	5,000	0	N/A	N/A	FLORIDA STORIES

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FORT MYERS COMMUNITY REDEVELOPMENT AGENCY 1400 JACKSON STREET SUITE 102 FORT MYERS, FL 33901	59-1414654	GOV	5,000	0	N/A	N/A	FLORIDA STORIES
FRIENDS OF SARASOTA COUNTY PARKS (FOSCP) 234 NIPPINO TRAIL EAST UNIT 101 NOKOMIS, FL 34275	45-0522194	501(C)(3)	5,000	0	N/A	N/A	FLORIDA STORIES

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

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FRIENDS OF WLRN 172 NE 15TH STREET MIAMI, FL 33132	23-7365001	501(C)(3)	5,000	0	N/A	N/A	SPACE WEEK (WORKING TITLE)
GADSDEN ARTS CENTER 13 N MADISON STREET QUINCY, FL 32351	59-3247747	501(C)(3)	5,000	0	N/A	N/A	THE SOUTHERN QUILTING PROJECT

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

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GOLDSBORO WESTSIDE COMMUNITY HISTORICAL MUSEUM 1211 HISTORIC GOLDSBORO BLVD SANFORD, FL 32771	80-0686170	501(C)(3)	5,000	0	N/A	N/A	MRS ALLIE BERRY'S QUILT COADE
GOODWOOD MUSEUM AND GARDENS 1600 MICCOSUKEE ROAD TALLAHASSEE, FL 32308	31-1539800	501(C)(3)	5,000	0	N/A	N/A	ONE PLACE, TWO WORLDS

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HAITIAN HERITAGE MUSEUM 4141 NE 2ND AVENUE SUITE 105C MIAMI, FL 33137	41-2131422	501(C)(3)	5,000	0	N/A	N/A	FLORIDA STORIES
HISTORIC HERNANDO PRESERVATION SOCIETY PO BOX 1925 BROOKSVILLE, FL 34605	45-1551222	501(C)(3)	5,000	0	N/A	N/A	MUSEUM ON MAINSTREET

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JOHN G RILEY CENTER & MUSEUM 419 EAST JEFFERSON STREET TALLAHASSEE, FL 32310	59-3518113	501(C)(3)	5,000	0	N/A	N/A	UNCROWNED QUEENS OUR MATRIARCHS OF COURAGE
FRIENDS OF THE LEESBURG LIBRARY 100 EAST MAIN STREET LEESBURG, FL 34748	59-2187338	501(C)(3)	5,000	0	N/A	N/A	MUSEUM ON MAINSTREET

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LIGHTNER MUSEUM PO BOX 334 ST AUGUSTINE, FL 32085	59-6001426	501(C)(3)	5,000	0	N/A	N/A	LETURE SERIES CREATIVE ST AUGUSTINE
MAIN STREET DEFUNIAK SPRINGS 770 BALDWIN AVENUE SUITE C DEFUNIAK SPRINGS, FL 32435	82-2009629	501(C)(3)	5,000	0	N/A	N/A	FLORIDA STORIES

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MAIN STREET MILTON 5256 ALABAMA STREET MILTON, FL 32570	56-2363452	501(C)(3)	5,000	0	N/A	N/A	MUSEUM ON MAINSTREET
MANATEE COUNTY PUBLIC LIBRARY SYSTEM 1301 BARCARROTA BLVD CENTRAL LIBRARY BRADENTON, FL 34205	59-6000727	GOV	5,000	0	N/A	N/A	FLORIDA STORIES

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MANATEE OBSERVATION AND EDUCATION CENTER 480 NORTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950	59-1547357	501(C)(3)	5,000	0	N/A	N/A	A CULTURED PLANET HOW HUMANS AFFECTED ECOSYSTEMS AND HOW HUMANS CAN HELP THEM NOW
MIAMI DADE COLLEGE NORTH CAMPUS ARTS AND PHILOSOPHY DEPARTMENT 11380 NW 27TH AVENUE MIAMI, FL 331673418	59-1210485	GOV	5,000	0	N/A	N/A	MUSEUM ON MAINSTREET

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

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MUSEUM OF SCIENCE & HISTORY OF JACKSONVILLE 1025 MUSEUM CIRCLE JACKSONVILLE, FL 32207	59-0651090	501(C)(3)	5,000	0	N/A	N/A	LEGACY OF LYNCHING CONFRONTING
OPA-LOCKA COMMUNITY DEVELOPMENT CORP 490 OPA-LOCKA BLVD STE 20 OPALOCKA, FL 33054	59-2106635	501(C)(3)	5,000	0	N/A	N/A	BLACK MIAMI IN PHOTOGRAPHS

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OPEN BOOKS PRISON BOOK PROJECT 1040 N GUILLEMARD ST PENSACOLA, FL 32501	26-0782903	501(C)(3)	5,000	0	N/A	N/A	PRISON BOOK PROJECT
ORANGE COUNTY LIBRARY SYSTEM 101 EAST CENTRAL BLVD ORLANDO, FL 32801	59-2045143	GOV	15,000	0	N/A	N/A	ENGLISH FOR FAMILIES

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PASCO COUNTY 4111 LAND O LAKES BLVD LAND O LAKES, FL 34639	59-6000793	GOV	5,000	0	N/A	N/A	LECTURES ON THE LAWN-CULTURAL EVENT SERIES
POLK COUNTY HISTORY CENTER 330 W CHURCH STREET BARTOW, FL 33831	59-6000809	GOV	5,000	0	N/A	N/A	2019 RACE AND CULTURE LECTURE SERIES

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

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POLK MUSEUM OF ART 800 EAST PALMETTO STREET LAKELAND, FL 33801	59-1226011	501(C)(3)	5,000	0	N/A	N/A	ART & SOCIAL JUSTICE THE LEGACY OF THE FREEDOM RIDERS
TRAIL OF FLORIDA'S INDIAN HERITAGE INC 1302 4TH AVENUE EAST BRADENTON, FL 34208	33-1028180	501(C)(3)	5,000	0	N/A	N/A	ANGOLA'S FREEDOM SEEKERS & FLORIDA'S UNDERGROUND RAILROAD

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

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SILVER RIVER MUSEUM 1445 NE 58TH AVE OCALA, FL 34470	59-6000734	GOV	5,000	0	N/A	N/A	2019 OCALI COUNTRY DAYS
SOUTHEAST VOLUSIA HISTORICAL SOCIETY 120 SAMS AVENUE NEW SMYRNA BEACH, FL 32168	59-2451690	501(C)(3)	5,000	0	N/A	N/A	FLORIDA STORIES

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STONEWALL NATIONAL MUSEUM & ARCHIVES 1300 EAST SUNRISE BOULEVARD FORT LAUDERDALE, FL 33304	65-0139829	501(C)(3)	5,000	0	N/A	N/A	STONEWALL 50 YEARS IN THE FIGHT FOR EQUALITY
SULPHUR SPRINGS MUSEUM AND HERITAGE CENTER P O BOX 9242 TAMPA, FL 336749242	20-4279869	501(C)(3)	5,000	0	N/A	N/A	MUSEUM ON MAINSTREET

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THE ACTORS' WAREHOUSE 619 NE 1ST STREET GAINESVILLE, FL 32601	46-4696763	501(C)(3)	5,000	0	N/A	N/A	THE AMERICAN BLACK EXPERIENCE THEN AND NOW
THE EMPOWERMENT NETWORK GLOBAL 10980 SW 11TH PLACE DAVIE, FL 33324	26-4675427	501(C)(3)	5,000	0	N/A	N/A	DEMYSTIFYING HAITIAN VODOU TO IMPROVE EDUCATIONAL & HEALTH OF HATIAN AMERICANS

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

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THE FRANK THE CITY OF PEMBROKE PINES 601 CITY CENTER WAY PEMBROKE PINES, FL 33025	59-0908106	GOV	5,000	0	N/A	N/A	PEMBROKE PINES TIMELINE AND EXHIBIT
UNIV OF FL CENTER FOR HUMANITIES IN THE PUBLIC SPHERE DIVISION OF SPONSORED PROGRAMS 219 GRINTER HALL PO BOX 115500 GAINESVILLE, FL 326115500	56-6002052	GOV	30,000	0	N/A	N/A	2019 SUMMER SEMINARS

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UNIVERSITY OF CENTRAL FLORIDA BOARD OF TRUSTEES 12201 RESEARCH PARKWAY SUITE 501 ORLANDO, FL 32826	59-2924021	GOV	5,000	0	N/A	N/A	LITERATURE THE CONSOLER THE HUMANITIES AS MENTAL HEALTH AID
UNIVERSITY OF SOUTH FLORIDA USF RESEARCH PROJECTS RECEIVABLE PO BOX 864568 ORLANDO, FL 32886	59-3102112	GOV	5,000	0	N/A	N/A	RESPECT AND REBLLION TAMPA

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URBAN THINK FOUNDATION PO BOX 533709 ORLANDO, FL 32853	26-2534274	501(C)(3)	5,000	0	N/A	N/A	A YEAR OF BURROW PRESS
WRITERS ALLIANCE OF GAINESVILLE PO BOX 358396 GAINESVILLE, FL 326358396	45-3059708	501(C)(3)	5,000	0	N/A	N/A	SUNSHINE STATE BOOK FESTIVAL

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YOUR REAL STORIES INC 4465 TROUT DRIVE SE ST PETERSBURG, FL 33705	46-3566240	501(C)(3)	5,000	0	N/A	N/A	MARRIAGE STORIES PAST, PRESENT, AND FUTURE

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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.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
FLORIDA HUMANITIES COUNCIL INC

Employer identification number
23-7304964

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE COMMITTEE REVIEWS THE FORM 990 WITH THE ACCOUNTANT ONCE THAT IS COMPLETE AND APPROVED TO BE SENT TO THE FULL BOARD, A COPY OF THE 990 FORM IS EMAILED TO THE ENTIRE BOA RD FOR THEIR REVIEW PRIOR TO THE BOARD MEETING THE 990 FORM IS APPROVED BY THE FULL BOARD FOR SUBMISSION TO THE IRS AT A BOARD MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS AND STAFF ARE REQUIRED TO READ A CONFLICT OF INTEREST POLICY AND SIGN A FORM STATING THEY WILL COMPLY FOR BOARD MEMBERS THIS IS DONE ON AN ANNUAL BASIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS COMPARED TO OTHER HUMANITIES COUNCILS AND POSITIONS WITHIN THOSE ORGANIZAT IONS BASED OFF AN ANNUAL SURVEY PROVIDED BY THE FEDERATION OF STATE HUMANITIES COUNCILS A S WELL AS, LOOKING AT INDUSTRY STANDARDS FOR COMPARABLE POSITIONS WITH SURVEY PROVIDED BY GUIDESTAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE FINANCE COMMITTEE OF THE BOARD ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT INTE RNAL FINANCIAL STATEMENTS ARE REVIEWED THROUGHOUT THE YEAR BY THE COMMITTEE THE COMMITTEE REVIEWS THE ANNUAL AUDIT AND FORM 990 BEFORE SUBMITTING THEM TO THE BOARD FOR APPROVAL AN D OVERSEES THE SELECTION OF AN INDEPENDENT ACCOUNTANT