EXTENDED TO MAY 17, 2021

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

OMB No. 1545-0047

4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 39 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) 9 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>A</u> I	ror tr	le 2019 calendar year, or tax year beginning 0011, 2019 and 6	enaing U	UN 30, 2020					
Duting business as	В	Check i applical	C Name of organization		D Employer identific	cation number				
Doing Junimens as Number and street (or P.0. box if mail is not delivered to street address) Room/Suite E Telephone number 850 - 2015 - 0.06 8										
Number and street (of P.J. 00x fi final is not deviced to street adoress) However, with the provided of the provided in th		char	ge Doing business as		51-01826	63				
TALLAHASSEE, FL 32301—8303 TALLAHASSEE, FL 32301—8303 TALLAHASSEE, FL 32301—8301 Tallahassee, TALLAHASSEE, FL 32301—8301 Tallahassee, TALLAHASSEE, FL 32301—8301 Tallahassee, TALLAHASSEE, FL 32301—8301 Tallahassee, TALLAHASEE, TALLAHAS		retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•				
Signature City or town, state or province, country, and ziP or foreign postal code Scheme TabLiLAHASSEE, PL 3 2301 – 8303 Halp is this a group return for subcordinates? Yes No.		Final	402 OFFICE PLAZA DRIVE	402 OFFICE PLAZA DRIVE						
TALLARASSEE, FL 32301-8303 H(s) Is this a group return for subordinates? Yes No provided No provided No provided Yes No provided No provid		term ated	n-	City or town, state or province, country, and ZIP or foreign postal code						
SAME AS C ABOVE Tax-exempt status: X	Г		nded mattauaccee et 20201_0202		H(a) Is this a group re					
Tax-exempt status X Stitic(s) Stit	F	laaA ┌		H.D.	7					
Tax exempt status		pend				—				
New Normal Comparization: X Corporation Trust Association Other Lyear of formation: 1976 M State of legal domicile; F)	$\overline{}$	Tay.o		r 527	1					
Part Summary				1 021	1 '					
Part Summary			,	I Voor						
Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O				L 1 Gai	or formation, ±570 N	1 State of legal doffliche, 1 1				
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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2019 (Part VI, line 1b) 4 1 14 5 Total number of voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2019 (Part VI, line 1b) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 a Total unrelated business taxable income from Form 990-T, line 39 8 Contributions and grants (Part VIII, line 1h) 8 Contributions and grants (Part VIII, line 1h) 9 Prior Year Current Year 3 4, 720. 46, 569. 9 Program service revenue (Part VIII, line 1h) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part X, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part X, column (A), lines 5-10) 16 Professional fundraising fees (Part X, column (A), line 1b) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Pevenue less expenses (Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total abspenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 22 Total assets (Part X, line 16) 23 Total assets (Part X, line 16) 24 Total assets (Part X, line 16) 25 Signature of Officer 26 NADIA BATEY 27 P		$\overline{}$		CHEDII	LE O					
S Net unrelated business taxable income from Form 990-T, line 39 Prior Year Current Year	nce	'	bileny describe the organization's mission of most significant activities.	СПДВО						
S Net unrelated business taxable income from Form 990-T, line 39 Prior Year Current Year	rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	1 1					
S Net unrelated business taxable income from Form 990-T, line 39 Prior Year Current Year	ŏ	3	Number of voting members of the governing body (Part VI, line 1a)			14				
S Net unrelated business taxable income from Form 990-T, line 39 Prior Year Current Year	5	4	Number of independent voting members of the governing body (Part VI, line 1b)			14				
S Net unrelated business taxable income from Form 990-T, line 39 Prior Year Current Year	Š	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	0				
S Net unrelated business taxable income from Form 990-T, line 39 Prior Year Current Year	Ìŧ	6	Total number of volunteers (estimate if necessary)		6	35				
S Net unrelated business taxable income from Form 990-T, line 39 Prior Year Current Year	ç	7 a				5,346.				
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Total assets (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total assets of fund balances. Subtract line 21 from line 20 26 Total assets of fund balances. Subtract line 21 from line 20 27 Part II 28 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. Part II Print/Type preparer's name NADIA BATEY Firm's name NADIA BATEY NADIA BATEY Firm's name NADIA BATEY NADIA B	_	k	Net unrelated business taxable income from Form 990-T, line 39		7b	0.				
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total assets or fund balances. Subtract line 21 from line 20 24 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. Part II Signature of officer Part IV Signature of officer Part IV NADIA BATEY Proparer's signature Proparer's signature Proparer's signature Proparer's signature Proparer's signature Part IV Signature of officer Part IV Type preparer's name NADIA BATEY NADIA BATEY Proparer's signature Prop					Prior Year	Current Year				
12 Total revenue (Part VIII, column (A), lines 5, oc, 8c, 9c, 9c, 10c, 8nd 11e) 182,899 189,775. 13 Grants and similar amounts paid (Part IX, column (A), lines 1:3) 0 0 0 0 0 14 Banefits paid to or for members (Part IX, column (A), lines 1:3) 0 0 0 0 0 0 0 0 0	evenue	8	Contributions and grants (Part VIII, line 1h)		34,720.	46,569.				
12 Total revenue (Part VIII, column (A), lines 5, ob, 8c, 9c, 10c, 8nd 11e) 182,899 189,775. 13 Grants and similar amounts paid (Part IX, column (A), lines 1:3) 0 0 0 0 0 0 14 Banefits paid to or for members (Part IX, column (A), lines 1:3) 0 0 0 0 0 0 0 0 0		9	Program service revenue (Part VIII, line 2g)		144,952.	140,097.				
12 Total revenue (Part VIII, column (A), lines 5, oc, 8c, 9c, 9c, 10c, 8nd 11e) 182,899 189,775. 13 Grants and similar amounts paid (Part IX, column (A), lines 1:3) 0 0 0 0 0 14 Banefits paid to or for members (Part IX, column (A), lines 1:3) 0 0 0 0 0 0 0 0 0		10			3,190.	2,562.				
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 31 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. Primt/Type preparer's name NADIA BATEY NADIA BATEY Firm's name JAMES MOORE & CO., P.L. 189, 189, 189, 100. 0. 0. 0. 189, 1775. 0. 0. 0. 0. 183, 635. 170, 496. 183, 635. 199, 736. 183,	ď	11			37.	547.				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses, Part IX, column (A), lines 11a-11d, 11f-24e) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 19 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. Print/Type preparer's name NADIA BATEY NADIA BATEY NADIA BATEY Firm's name JAMES MOORE & CO · P · L · Firm's EIN 59-3204548		12			182,899.	189,775.				
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 19 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. Print/Type preparer's name Preparer's signature NADIA BATEY NADIA BATEY Firm's name JAMES MOORE & CO+, P-L+ Print's name Firm's EIN 59-3204548		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		14			0.	0.				
16a Professional fundraising fees (Part IX, column (A), line 11e) 0	(0	15			0.	0.				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 21 Net assets or fund balances. Subtract line 21 from line 20 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 Print/Type preparer's name Preparer's signature NADIA BATEY NADIA BATEY Firm's name JAMES MOORE & CO., P.L. 183,635. 170,496. 193,635. 170,496. 194,779. 194,170. 194,1	Se	16a			0.	0.				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 21 Net assets or fund balances. Subtract line 21 from line 20 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 Print/Type preparer's name Preparer's signature NADIA BATEY NADIA BATEY Firm's name JAMES MOORE & CO., P.L. 183,635. 170,496. 193,635. 170,496. 194,779. 194,170. 194,1	per	.l r								
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 7-736. 19, 279. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 215, 116. 230, 370. 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 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 Print/Type preparer's name Preparer Print/Type preparer's name NADIA BATEY NADIA BATEY Firm's name JAMES MOORE & CO., P.L. Firm's lini \$ 59-3204548	Ě	17			183,635.	170,496.				
19 Revenue less expenses. Subtract line 18 from line 12 -736		l								
Total liabilities (Part X, line 26) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 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 Print/Type preparer's name NADIA BATEY NADIA BATEY NADIA BATEY NADIA BATEY Firm's name JAMES MOORE & CO., P.L. Beginning of Current Year 215,116. 230,370. 16,045. 8,499. 199,071. 221,871. Date Date Print/Type preparer has any knowledge and belief, it is self-employed. PTIN ### ### ### ### ### ### ### ### ### #										
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 KATHLEEN D. SANZ, PH.D., BOARD CONSULTANT	JC 3c				ginning of Current Year					
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Sign Here Signature of officer Date						,				
Here KATHLEEN D. SANZ, PH.D., BOARD CONSULTANT Type or print name and title Print/Type preparer's name Preparer's signature NADIA BATEY NADIA BATEY NADIA BATEY Preparer's signature 12/11/20 self-employed P01452380 Preparer Firm's name JAMES MOORE & CO., P.L. Firm's EIN 59-3204548		,	Land complete Desiration of property (constraints and one of the minimum of the m	o p. op a. o.						
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Type or print name and title Print/Type preparer's name Preparer's signature NADIA BATEY NADIA BATEY Preparer's signature NADIA BATEY NADIA BATEY Preparer's signature 12/11/20 Check PTIN PTI			KATHLEEN D. SANZ PH.D. BOARD CONSULTA	ANT						
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TALLAHASSEE, FL 32308-4386 Phone no. 850-386-6184					Phone no 85	0-386-6184				
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Page 2

Form **990** (2019)

	Check if Schedule O contains a response or note to any line in this Part III	٦
1	Briefly describe the organization's mission: TO PROMOTE ART EDUCATION IN FLORIDA THROUGH PROFESSIONAL DEVELOPMENT,	_
	SERVICE, ADVANCEMENT OF KNOWLEDGE, AND LEADERSHIP.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	lo
	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?	Ю
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 \$ 143,887. including grants of \$) (Revenue \$135,298. ANNUAL CONVENTION REGARDING CURRENT ART METHODS, TECHNICAL SUPPORT, ART ADVOCACY, AND INFORMATION TO MEMBERS REGARDING THE ARTS AND CURRENT ISSUES.	_)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
4c	(Code:) (Expenses \$	_)
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 143,887.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	۰		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	···		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		446		x
h	Part VI	11a		125
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Α.
a	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			_v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	۱	v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	l		3,7
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X

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

			Yes	No
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		X
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		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		X
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		_
C	, , , , ,	040		
	any tax-exempt bonds?	24c		
	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			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
0 _	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
00		33		X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
2F ~	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7.7	
Dav	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2019) FLORIDA ART EDUCATION ASSOCIATION INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No					
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									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	4a		X					
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).								
5a			5a 5b		X					
b	, , , , , , , , , , , , , , , , , , , ,									
	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				₩.					
	any contributions that were not tax deductible as charitable contributions?		6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		۵.							
_	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).	iona provided to the pover	7-		Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services. If the contribution are partly the depart of the contribution are provided?		7a 7b							
D	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	e required	76							
C	to file Form 8282?	•	7c		X					
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?									
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h										
8										
	sponsoring organization have excess business holdings at any time during the year?									
9										
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	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:	I I								
		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								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	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. Is the organization licensed to issue qualified health plans in more than one state?		120							
а	Note: See the instructions for additional information the organization must report on Schedule O.		13a							
h	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									
c	Enter the amount of reserves on hand									
	Did the constitution and the constitution of t									
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15										
	excess parachute payment(s) during the year?									
	If "Yes," see instructions and file Form 4720, Schedule N.		15		X					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.									

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion 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										
	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 on Schedule O.										
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 14										
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		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3	X								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?	6	Х								
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	X								
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	X								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
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 on Schedule O	9		X							
Sec	tion 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		X							
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	Х								
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
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?			7.7							
	The organization's CEO, Executive Director, or top management official	15a		X							
b	Other officers or key employees of the organization	15b		Х							
	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			37							
	taxable entity during the year?	16a		X							
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										
<u>C</u>	exempt status with respect to such arrangements?	16b									
	tion 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3):	s only)	availa	ble							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	cial								
	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										
	THE ORGANIZATION - 850-205-0068 402 OFFICE PLAZA DRIVE TALLAHASSEE FL. 32301-8303										

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Abelied Bild Hills Abelied Bild Hills Abelied House Bild Hills Abelied Hills Abeli	X Check this box if neither the organiza (A)	(B)			((C)			(D)	(E)	(F)
Nours for week (list any hours for related organizations below line) Nours for related organizations below line) Nours for related organizations below line) Nours for related organization (w.2/1099-MiSC) Nours for related o	Name and title	Average	(do	Position (do not check more than one				nne	Reportable	Reportable	Estimated
(i) tarry hours for related organizations w2/1099-MISC) w2/1099-MISC			box	oox, unless person is both an				an		·	amount of
(1) JACKIE HENSON-DACEY		I	tor								compensation
(1) JACKIE HENSON-DACEY		1 ' '	direc				ъ В				
(1) JACKIE HENSON-DACEY		related	tee or	ustee			ensat		(W-2/1099-MISC)		organization
1			altrus	nal tr		loyee	comp				and related
1			dividu	stitutio	ficer	y emp	ghest	rmer			organizations
RESIDENT	(1) JACKIE HENSON-DACEY		드	트	ō	ž	王ə	Fc			
AST PRESIDENT S.00 SECRETARY S.00 SECRETARY S.00 SECRETARY S.00 SECRETARY S.00 SECRETARY S.00 SECRETARY S.00 S.00 SECRETARY S.00 S.00	PRESIDENT		Х		х				0.	0.	0.
3.00 SECRETARY	(2) LARK KEELER	3.00									
SECRETARY	PAST PRESIDENT		Х		Х				0.	0.	0.
(4) NANCY PURI 3.00 X	(3) BRITT FEINGOLD	3.00									
Resident Elect	SECRETARY		Х		Х				0.	0.	0.
SOLUTION SCHEBILSKI SOLUTION SOLUTIO	(4) NANCY PURI	3.00									
BOARD MEMBER			Х		X				0.	0.	0.
Source S		3.00	1							_	
BOARD MEMBER			X						0.	0.	0.
Total College Schmidt		3.00	l								
BOARD MEMBER		2 00	X						0.	0.	0.
(8) ASHLEY MONKS 3.00		3.00	١								
BOARD MEMBER		2 00	X						0.	0.	0.
SOURCE S		3.00	. ,							_	
BOARD MEMBER		2 00	^						0.	0.	0.
100 MIRIAM MACHADO 3.00		3.00	~						_	0	0.
BOARD MEMBER		3 00	^						0.	0.	· ·
11 PAMELA HAAS 3.00		3.00	x						0.	0.	0.
BOARD MEMBER		3.00							•	•	•
12 BONNIE BERNAU 3.00 X 0. 0.		3777	x						0.	0.	0.
BOARD MEMBER	(12) BONNIE BERNAU	3.00	1							•	
3.00 X 0. 0.	BOARD MEMBER		Х						0.	0.	0.
BOARD MEMBER 3.00 X 0.	(13) MICHAEL ANN ELLIOT	3.00									
BOARD MEMBER X 0. 0.	BOARD MEMBER		Х						0.	0.	0.
	(14) CHRISTY GARTON	3.00									
	BOARD MEMBER		Х						0.	0.	0.
			4								
			1								
			+								
											000

932007 01-20-20 Form **990** (2019)

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	<u>iH t</u>	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Est	imate	d
	hours per	box, unless person is both an officer and a director/trustee)				is both	n an	compensation	compensation	n n	am	ount c	of
	week	 			Tritus	iee)	from	from related		l	other .		
	(list any hours for	irecto						the	organization			oensat	
	related	ordi	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	sC)	l	om the	
	organizations	ruste	l trus		99	npen		(88-2/1099-181130)				anizati I relate	
	below	dual t	ntiona	_	nploy	st col	in 100				l	nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
						_							
		-											
	-		_			┝					<u> </u>		
										$\overline{}$			_
1b Subtotal								0.		0.	 		0.
c Total from continuation sheets to Part VI								0.		0.	 		0.
d Total (add lines 1b and 1c)							<u> </u>						0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	o re	ceived more than \$100,	000 of reportable)			0
compensation from the organization											$\overline{}$	Yes	No
2 Did the executation list any forward officers	director twict	aa l		امسا			منط	haat aamnanaatad amn	lavos on	ſ		165	NO
3 Did the organization list any former officer	•	-	•	•	•		•		•		2		Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su											3		
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a	accrue comper	CO	nn fr	ele c	anv	unre	elote	or sucri iriaiviauai Ad organization or individ	fual for services		7		
rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors	ipiete Scriedali	- 0 / (JI SC	<i>i</i> CII į	Jers	OII .				·····			
Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	at received more than \$	100,000 of comp	oensa ^t	tion fro	m	
the organization. Report compensation for													
(A)	_							(B)			(C))	
Name and business	address	NC	ONE	3				Description of s	ervices	С	compen		1
							\dashv						
2 Total number of independent contractors (i		ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	zation >				()							

51-0182663

		Check if Schedule O c	ontains a	a response	or note to any lin	e in this Part VIII			
				•		(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							iunction revenue	business revenue	sections 512 - 514
s s	1 a	Federated campaigns		1a					
an		Membership dues			35,585.				
⊉ है		Fundraising events			-				
ifts Ir A		Related organizations		1d					
nii,		Government grants (contri		1e	10,194.				
Sir		All other contributions, gifts,			•				
je je	•	similar amounts not included			790.				
	а	Noncash contributions included in I		1g \$					
Contributions, Gifts, Grants and Other Similar Amounts	•	Total. Add lines 1a-1f				46,569.			
					Business Code				
ø	2 a	CONFERENCES A	ND CI	LINIC	900099	134,751.	134,751.		
Ş	b	ADVERTISING			541800	5,346.		5,346.	
Ser	С							-	
e a	d								
Program Service Revenue	е								
P.	f	All other program service r	revenue						
	g	-			•	140,097.			
	3	Investment income (includ							
		other similar amounts)			2,562.			2,562.	
	4	Income from investment of							
	5	Royalties			<u>,</u>				
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6с						
	d	Net rental income or (loss)			<u></u>				
	7 a	Gross amount from sales of	(i) :	Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
ne		and sales expenses	7b						
Revenue	С	Gain or (loss)	7c						
		Net gain or (loss)							
her	8 a	Gross income from fundraisin	ng events	(not					
₹		including \$		_ of					
		contributions reported on	line 1c). S	See					
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from f			>				
	9 a	Gross income from gaming	0	I					
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from (
	10 a	Gross sales of inventory, le							
		and allowances							
		b Less: cost of goods sold 10b							
\dashv	С	Net income or (loss) from s	sales of ir	nventory					
2		ОПИТО ТИСОМЕ			Business Code 900099	547.	547.		
Jeo Le	11 a	OTHER INCOME			300033	34/•	34/•		
lar	b								
Miscellaneous Revenue	q	All other revenue							
Ξ	u	Total. Add lines 11a-11d			>	547.			
	12	Total revenue. See instruction				189,775.	135,298.	5,346.	2,562.

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): 52,530. 47,119. 5,411. Management Legal 6,500. 6,500. Accounting 5,195. 5,195. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 9,000. 9,000. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 11,344. 10,406. 938. Office expenses 13 4,990. 1,390. 3,600. Information technology 14 15 Royalties 16 Occupancy 9,122. 9,122. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 59,155. 59,077. 78. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,082. 1,082. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 11,578. 11,578. COMMUNICATIONS d All other expenses 170,496. 143,887. 26,609. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2019)
Part X Balance Sheet

Par	rt X	Balance Sheet				
		Check if Schedule O contains a response or no	ote to any line in this Part X		······	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	13,865.	1	37,840.	
	2	Savings and temporary cash investments		106,605.	2	81,008.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,192.	4	3,626.
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describe	ed in section 4958(c)(3)(B)		6	
ıχ	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8		
As	9	Prepaid expenses and deferred charges		9,949.	9	4,922.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	82,505.	11	102,974.	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must eq		215,116.	16	230,370.
	17	Accounts payable and accrued expenses		2,630.	17	1,304.
	18	Grants payable	-	18	-	
	19	Deferred revenue	13,415.	19	7,195.	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
w	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, sub				
liqe		controlled entity or family member of any of the			22	
Ľ	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on line	-			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		16,045.	26	8,499.
		Organizations that follow FASB ASC 958, ch	neck here 🕨 🗓			
Ses		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		199,071.	27	221,871.
Bal	28	Net assets with donor restrictions			28	
pu		Organizations that do not follow FASB ASC				
F		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current fund	s		29	
sets	30	Paid-in or capital surplus, or land, building, or			30	
As	31	Retained earnings, endowment, accumulated i			31	
Net Assets or Fund Balances	32	Total net assets or fund balances	r	199,071.	32	221,871.
~	33	Total liabilities and net assets/fund balances		215,116.	33	230,370.

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 on Schedule O and describe any steps taken to undergo such audits

Form **990** (2019)

За

SCHEDULE A

(Form 990 or 990-EZ)

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization FLORIDA ART EDUCATION ASSOCIATION INC. 51-0182663 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 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 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2019 FLORIDA ART EDUCATION ASSOCIATION INC. 51-0182663 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	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.						_
	ction B. Total Support			•	•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities, e	etc. (see instruction	ons)		•	12	
	First five years. If the Form 990 is for	•				n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Public	Support Per	centage				
14	Public support percentage for 2019 (lin	ne 6, column (f) di	vided by line 11, o	column (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2019. If the or	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	and
	stop here. The organization qualifies a		-				
b	33 1/3% support test - 2018. If the or	rganization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qualif						
17a	10% -facts-and-circumstances test -	- 2019. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the "fact		•	•	•	•	
	meets the "facts-and-circumstances" to	est. The organiza	tion qualifies as a	publicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the org	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	e "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explai	n in Part VI how the	
	organization meets the "facts-and-circu	umstances" test.	The organization o	qualifies as a public	cly supported orga	nization	▶□
18	Private foundation. If the organization	ı did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	<u> </u>

(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.)

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	42,897.	45,603.	40,959.	34,720.	46,569.	210,748.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	126,693.	125,076.	130,126.	139,665.	135,298.	656,858.
3	Gross receipts from activities that	,	,	,	,	, , ,	,
	are not an unrelated trade or bus- iness 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	169,590.	170,679.	171,085.	174,385.	181,867.	867,606.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						867,606.
	ction B. Total Support				ı		,
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	169,590.	170,679.	171,085.	174,385.	181,867.	867,606.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,416.	2,862.	2,916.	3,190.	2,562.	17,946.
b	Unrelated business taxable income	0,410.	2,002.	2,510.	3,150.	2,302.	17,540.
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	6,416.	2,862.	2,916.	3,190.	2,562.	17,946.
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.)	176,006.	173,541.	174,001.	177,575.	184,429.	885,552.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ation,
							>
	ction C. Computation of Publi						
15	Public support percentage for 2019 (I	ine 8, column (f), di	ivided by line 13, c	olumn (f))		15	97.97 %
	Public support percentage from 2018	·				16	98.23 %
	ction D. Computation of Inves					г т	
17	Investment income percentage for 20		•	ne 13, column (f))		17	2.03 %
18						18	1.77 %
19a	33 1/3% support tests - 2019. If the	-					
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	n did not check a h	oox on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	▶Ш

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 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.
- 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 10b below.
 - **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.)

_		Yes	No
П	1		
П	2		
	3a		
L	3b		
L	3c		
	4a		
H	4b		
	4c		
	5a		
	<u> </u>		
Г	5b		
	5с		
	6		
L	7		
	8		
\vdash	9a		
	Ok		
	9b		
	9c		
	<i>3</i> 0		
	40		
\vdash	10a		
	104		
	10b		

Schedule A (Form 990 or 990-EZ) 2019 FLORIDA ART EDUCATION ASSOCIATION INC. 51-0182663 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 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 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Sche Par	dule A (Form 990 or 990-EZ) 2019 FLORIDA ART E. t V │ Type III Non-Functionally Integrated 509(. ,.	1-0182663 Page 7
	on D - Distributions	a)(o) Supporting Orga	nizations (continued)	Current Year
	Amounts paid to supported organizations to accomplish exer	mnt nurnosos		Current real
	Amounts paid to supported organizations to accomplish exemp			
2	organizations, in excess of income from activity	t purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	<u> </u>		
		s or supported organizations)	
	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.	a arganization is recognize		
8	Distributions to attentive supported organizations to which the	ie organization is responsive		
_	(provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6			
9	·			
10 Secti	Line 8 amount divided by line 9 amount on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Schedule A	(Form 990 or 990-EZ) 2019 FLORIDA ART EDUCATION ASSOCIATION INC. 51-0182663 Page 8
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.)
-	
-	

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

_	0	in a Committee Don't III			
	Section 501(c)(4), (5), or (6) organizat	lions: Complete Part III.		Emn	loyer identification number
INAII	•	ADM EDITORMION ACC	COCTAMION IN		51-0182663
Ds	art I-A Complete if the org	ART EDUCATION ASS	section 501/c) of	r is a section 527 or	
1 6	oniplete il tile org	anization is exempt under	Section 301(c) of	1 13 & 30011011 321 01	gariizatiori.
_	Describe a describition of the consolin	and and a self-ready are all the effect of the affiliation.		D+ N/	
	Provide a description of the organiz	•	. •		
	Political campaign activity expendit				·
3	Volunteer hours for political campai	gn activities			
Pa	art I-B Complete if the org	anization is exempt under	section 501(c)(3)).	
1	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				
	If "Yes," describe in Part IV.				
	art I-C Complete if the org	anization is exempt under	section 501(c), e	except section 501(c	:)(3).
1	Enter the amount directly expended	by the filing organization for secti	on 527 exempt function	on activities	
	Enter the amount of the filing organ				
	exempt function activities		J	▶ 9	
3	Total exempt function expenditures				
	line 17b		·	▶ 9	}
4	Did the filing organization file Form				
	Enter the names, addresses and en				
	made payments. For each organiza		·	•	0 0
	contributions received that were pro	omptly and directly delivered to a s	eparate political organ	nization, such as a separat	e segregated fund or a
	political action committee (PAC). If	additional space is needed, provide	e information in Part IV	<i>'</i> .	
	(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

chedule C (Form 990 or 990-EZ) 2019 FLORIDA ART EDUCATION ASSOCIATION INC. 51-0182663 Page 2						
Part II-A Complete if the org	anization is	s exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)). A Check if the filing organiza	tion belongs to	o an affili	ated group (and list in	Part IV each affiliated	group member's name	e address FIN
expenses, and shar					9	,,,
. —			d "limited control" pro	visions apply.		
Limi (The term "expend	(a) Filing organization's totals	(b) Affiliated group totals				
1a Total lobbying expenditures to influ						
b Total lobbying expenditures to influ	5,195.					
c Total lobbying expenditures (add li	-	-			5,195.	
d Other exempt purpose expenditure					165,301.	
e Total exempt purpose expenditure					170,496.	
f Lobbying nontaxable amount. Enter	•	•			34,099.	
If the amount on line 1e, column (a) o			ying nontaxable amo	1	2 = 7 = 2 = 1	
Not over \$500,000	• •		ne amount on line 1e.			
Over \$500,000 but not over \$1,000			plus 15% of the exce	ess over \$500,000		
Over \$1,000,000 but not over \$1,5		· /	plus 10% of the exce	· /		
Over \$1,500,000 but not over \$17,	,) plus 5% of the exces			
Over \$17,000,000	,	\$1,000,0	•	σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ		
Over \$17,000,000	<u> </u>	♥ 1,000,0	 			
g Grassroots nontaxable amount (en	ter 25% of line	1f)			8,525.	
h Subtract line 1g from line 1a. If zer		,			0.	
i Subtract line 1f from line 1c. If zero	,	^			0.	
	·			•		
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?			4720		Yes No
reporting section 4911 tax for this (Some organizations the	4-Y nat made a se See the	ear Aver ection 50 e separa	raging Period Under 1(h) election do not h te instructions for lin	Section 501(h) nave to complete all o es 2a through 2f.)		
	4-Y nat made a se See the	ear Aver ection 50 e separa	aging Period Under 1(h) election do not h	Section 501(h) nave to complete all o es 2a through 2f.)		
	4-Y nat made a se See the	ear Averaction 50 separa	raging Period Under 1(h) election do not h te instructions for lin	Section 501(h) nave to complete all o es 2a through 2f.)		
(Some organizations the Calendar year	4-Y nat made a se See the Lobbyin (a) 201	ear Averaction 50 separa	aging Period Under 1(h) election do not h te instructions for lin ditures During 4-Yea	Section 501(h) lave to complete all o es 2a through 2f.) r Averaging Period	f the five columns be	low.
(Some organizations the Calendar year (or fiscal year beginning in)	4-Y nat made a se See the Lobbyin (a) 201	rear Aver ection 50 e separa g Expen	raging Period Under 1(h) election do not hate instructions for lin ditures During 4-Yea (b) 2017	Section 501(h) have to complete all o es 2a through 2f.) r Averaging Period (c) 2018	f the five columns be (d) 2019	low. (e) Total
Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount	4-y nat made a se See the Lobbyin (a) 201	rear Aver ection 50 e separa g Expen	raging Period Under 1(h) election do not hate instructions for lin ditures During 4-Yea (b) 2017	Section 501(h) have to complete all o es 2a through 2f.) r Averaging Period (c) 2018	f the five columns be (d) 2019	(e) Total
Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))	4-Y nat made a se See the Lobbyin (a) 201	Year Average Control of Strain	raging Period Under 1(h) election do not he te instructions for linditures During 4-Yea (b) 2017	Section 501(h) lave to complete all of es 2a through 2f.) r Averaging Period (c) 2018 36,727.	(d) 2019	(e) Total 142,679. 214,019.

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

51-0182663 Page 3

Schedule C (Form 990 or 990-EZ) 2019 FLORIDA ART EDUCATION ASSOCIATION INC. 51-01826 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		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
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:				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
j	Total. Add lines 1c through 1i				
	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				
	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? t III-A Complete if the organization is exempt under section 501(c)(4), section				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)	, or sec	ction	
				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 campaign activity expenditures from the		3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al			
а	Current year		. 2a		
b	Carryover from last year		. 2b		
С	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 exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		. 4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	list); Part II-A	, lines 1 a	ınd 2 (see	
			<u></u>		

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 instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FLORIDA ART EDUCATION ASSOCIATION INC.

Employer identification number 51-0182663

Par	t I Organizations Maintaining Donor Advised	l Funds or Other Similar Fur	nds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 w	riting that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds car	n be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purp	ose conferring
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservatio	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the fo	orm of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic str	ructure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling	g of
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing cons	ervation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e 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	n easements in its revenue and expe	ense statement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial sta	tements that describes the
D	organization's accounting for conservation easements.	A. J. Historia Co. J. T. Co. Co.	Oller O're'ller Assets
Par			Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publ	,	·
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	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		
			·
2	If the organization received or held works of art, historical trea	sures, or other similar assets for fina	ncial gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2019

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

			- Other Securitie	25
٠	Schedule L) (Form 990) 2019	FLORIDA	A.

Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
(1) Financial derivatives		+	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)		+	
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
	5 000 D 1 N 1 I'	44 O E 000 B 1 V II 40	
Complete if the organization answered "Yes" o (a) Description of investment	n Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) book value	(c) Method of Valuation. Cost of end	-or-year market value
(1)		+	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	5 000 D 1 N 1 I'	44 L O . E	
Complete if the organization answered "Yes" o	· · · · · · · · · · · · · · · · · · ·	11d. See Form 990, Part X, line 15.	(h) Dook value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.) </u>	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(Is) Dealers by
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)			
	25.)	>	

932054 10-02-19 Schedule D (Form 990) 2019

IMPACT ON THE FINANCIAL STATEMENTS.

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FLORIDA ART EDUCATION ASSOCIATION INC.

Employer identification number 51-0182663

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ANNUAL CONVENTION REGARDING CURRENT ART METHODS, TECHNICAL SUPPORT, ART
ADVOCACY, AND INFORMATION TO MEMBERS REGARDING THE ARTS AND CURRENT
ISSUES.
FORM 990, PART VI, SECTION A, LINE 3:
FLORIDA ART EDUCATION ASSOCIATION, INC. USES THE CENTER FOR FINE ARTS
EDUCATION, INC. AS A MANAGEMENT COMPANY.
FORM 990, PART VI, SECTION A, LINE 6:
THE ASSOCIATION IS COMPRISED OF MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
THE MEMBERS OF THE GOVERNING BODY ARE CHOSEN THROUGH A NOMINATING COMMITTEE
(APPOINTED BY THE ORGANIZATION'S CURRENT PRESIDENT) AND ARE ELECTED BY
MEMBERS OF THE ASSOCIATION.
THE NOMINATING COMMITTEE SELECTS THE CANDIDATES FOR PRESIDENT-ELECT,
SECRETARY, AND DIVISION DIRECTORS. MEMBERS SUBMIT THEIR BALLOTS ON AN
ONLINE PLATFORM.
FORM 990, PART VI, SECTION A, LINE 7B:
DECISIONS OF THE GOVERNING BOARD ARE AT TIMES SUBJECT TO THE APPROVAL OF
THE ASSOCIATION'S MEMBERS.

Name of the organization FLORIDA ART EDUCATION ASSOCIATION INC.	Employer identification number 51-0182663
THE COMPLETED FORM 990 WILL BE REVIEWED BY THE EXECUTIVE C	COMMITTEE, REVISED
IF NEEDED, THEN REVIEWED BY THE ENTIRE BOARD AND REVISED I	F NEEDED BEFORE
FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ASSOCIATION MONITORS CONFLICTS OF INTEREST BASED ON TH	E POLICY ADOPTED
IN 2014.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS O	F INTEREST POLICY
AND 990 AVAILABLE ON ITS WEBSITE. MINUTES ARE AVAILABLE TO	MEMBERS VIA THE
WEBSITE.	
FORM 990, PART XII, LINE 2C	
THE PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN	INDEPENDENT
ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.	

Form 990-T	Exempt Organization Business Income Tax Return OMB No. 1545-0047									
		•	nd proxy tax unde		` ''			0040		
	For ca	endar year 2019 or other tax yea					<u>0</u> .	ZU 19		
Department of the Treasury Internal Revenue Service	•	Do not enter SSN number		be ma	de public if your organi		5	Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if address changed		Name of organization (Check box if name cl	hanged	and see instructions.)			yer identification number byees' trust, see ctions.)		
B Exempt under section	Print	FLORIDA ART	EDUCATION A	ASSC	CIATION IN	C.		1-0182663		
X 501(c)(3)	Type	Number, street, and room			ted business activity code structions.)					
408(e) 220(e)	.,,,,	402 OFFICE 1		-						
408A 530(a) 529(a)		City or town, state or prov		541800						
C Book value of all assets at end of year		F Group exemption number (See instructions.)								
230,3		• G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust								
H Enter the number of the	-					e the only (or first) un				
		EE STATEMENT			If only one					
		ce at the end of the previou	s sentence, complete Pa	rts I an	d II, complete a Schedul	le M for each addition	al trade	or		
business, then completeI During the tax year, was			ffiliated group or a paren	ıt cubc	idiany controlled group?		Yes	s X No		
		ifying number of the paren		เเ-ธนมธ	idially controlled group:			S [21] NO		
J The books are in care of					Telep	hone number 🕨 8	50-2	205-0068		
		le or Business Inc			(A) Income	(B) Expenses		(C) Net		
1a Gross receipts or sale	es									
b Less returns and allow			c Balance	1c						
		A, line 7)		2						
		om line 1c		3						
		h Schedule D)		4a						
		art II, line 17) (attach Form		4b						
		sts		4c						
		ship or an S corporation (at		5 6						
Rent income (ScheduUnrelated debt-finance		ne (Schedule E)		7		+				
		nd rents from a controlled o		8		+				
		on 501(c)(7), (9), or (17) or	-	9						
		me (Schedule I)		10						
	-	: J)		11	5,346.	1,8	81.	3,465.		
		ıs; attach schedule)		12	-					
13 Total. Combine lines	3 throu	gh 12			5,346.		81.	3,465.		
		ot Taken Elsewhere be directly connected wi	•)				
14 Compensation of off	ficers, di	rectors, and trustees (Sche	dule K)				14			
							15			
							16			
							17			
		ee instructions)					18			
19 Taxes and licenses					no		19			
		562)					21b			
		n Schedule A and elsewhere					22			
		mpensation plans					23			
							24			
25 Excess exempt expe	nses (So	chedule I)					25			
26 Excess readership c	osts (Sc	nedule J)					26	3,465.		
27 Other deductions (at	ttach sch	edule)					27			
28 Total deductions. A	dd lines	14 through 27					28	3,465.		
29 Unrelated business t	taxable ii	ncome before net operating	loss deduction. Subtract	t line 28	3 from line 13		29	0.		
·	-	oss arising in tax years beg	-	-				•		
							30	0.		
31 Unrelated business t	taxable iı	ncome. Subtract line 30 fro	m line 29				31	0.		

Part		Total Unrelated Business Taxal	ble Incon	ne							
32	Total of	unrelated business taxable income computed	I from all unre	elated trades or	businesses (s	ee instructions)		. 32			0.
33		ts paid for disallowed fringes						33			
34	Charital	ble contributions (see instructions for limitatio	n rules)					. 34			0.
35		nrelated business taxable income before pre-20		•			_				
36		on for net operating loss arising in tax years b									0.
37		unrelated business taxable income before spe				35				1 0	
38		deduction (Generally \$1,000, but see line 38						. 38		1,00	00.
39		ed business taxable income. Subtract line 3	8 from line 3	7. If line 38 is g	reater than line	e 37 ,					•
David		e smaller of zero or line 37						39			0.
		Tax Computation	001 040/	(0.04)				1 40			_
40		rations Taxable as Corporations. Multiply lin						► 40			0.
41		Taxable at Trust Rates. See instructions for to	•								
40		ax rate schedule or Schedule D (Form									
		ax. See instructions						42			
43	Alternai	tive minimum tax (trusts only)						43			
		Noncompliant Facility Income. See instruction									0.
45 Part		Add lines 42, 43, and 44 to line 40 or 41, which Tax and Payments	never applies					. 45			0.
		tax credit (corporations attach Form 1118; tru	uete attach Fo	ırm 1116)		46a					
		redits (see instructions)									
-		or prior year minimum tax (attach Form 8801						\dashv			
		redits. Add lines 46a through 46d						46e			
		et line 46e from line 45									0.
48	Other to	axes. Check if from: Form 4255	Form 8611	Form 86	97 Form	. 8866 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	er (attach schedule	48			
		x. Add lines 47 and 48 (see instructions)									0.
50		et 965 tax liability paid from Form 965-A or Fo									0.
		nts: A 2018 overpayment credited to 2019			* -			. 00			
		stimated tax payments									
		posited with Form 8868									
q	Foreign	organizations: Tax paid or withheld at source	(see instruct	ions)		51d					
		or small employer health insurance premiums									
		redits, adjustments, and payments:									
•			_			▶ 51g					
52		ayments. Add lines 51a through 51g						52			
53	Estimat .	ed tax penalty (see instructions). Check if Form	m 2220 is atta	ached 🕨 [53			
54		e. If line 52 is less than the total of lines 49, 50						► 54			
55		yment. If line 52 is larger than the total of line					_	▶ 55			
56	Enter th	ne amount of line 55 you want: Credited to 20	20 estimated	tax 🕨			Refunded	▶ 56			
Part	VI S	Statements Regarding Certain	Activities	and Othe	r Informa	tion (see inst	ructions)				
57	At any t	time during the 2019 calendar year, did the org	ganization ha	ve an interest i	n or a signature	e or other authori	ty			Yes	No
	over a f	inancial account (bank, securities, or other) in	a foreign co	untry? If "Yes,"	the organizatio	n may have to file	е				
	FinCEN	Form 114, Report of Foreign Bank and Financ	ial Accounts.	If "Yes," enter	the name of the	e foreign country					
	here	>									Х
58	During	the tax year, did the organization receive a dis	tribution fron	n, or was it the	grantor of, or t	transferor to, a fo	reign trust?				Х
	If "Yes,"	see instructions for other forms the organizat	tion may have	e to file.							
59		e amount of tax-exempt interest received or a			\$						
O:		nder penalties of perjury, I declare that I have examined prect, and complete. Declaration of preparer (other than						wledge and b	elief, it is true) ,	
Sign Here			1			-		May the IRS	S discuss this	return w	rith
пеге		<u> </u>			BOARD	CONSULT	ANT		er shown belov		_
		Signature of officer	Date		l itle			instructions	s)? X Ye	S	No
		Print/Type preparer's name	Preparer's	signature		Date	Check	if PTI	N		
Paid	l	L				40144155	self- employe		04.5		
	oarer	NADIA BATEY		BATEY		12/11/20	•		$\frac{01452}{01200}$		
Use	Only	Firm's name ► JAMES MOORE			arre-	200	Firm's EIN	▶ 5	9-320	4548	8
		2477 TIM G		-		∠ 00		0.50	206 6	104	
		Firm's address ► TALLAHASSE	E, FL	5 ⊿3U8-	4 3 8 6		Phone no.	85U-	ンひり-り	⊥ 🎖 🕹	

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation ► N/A					
1 Inventory at beginning of year				Inventory at end of yea	r		6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs				line 2			7	<u> </u>	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes	No	
b Other costs (attach schedule)				property produced or a		,			
5 Total. Add lines 1 through 4b	5			the organization?			·····		
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty	')	
Description of property									
(1)									
(2)									
(3)									
(4)									
		ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directl columns 2(a) a	y conne and 2(b)	ected with the income in (attach schedule)	1
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.]			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	. ▶		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instru	ctions)					
				2. Gross income from		Deductions directly conto debt-finantempt			
1. Description of debt-fi	nanced property		'	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	Ť	(b) Other deduction (attach schedule)	ns
(1)									
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	e adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column (
Totals				.		0			0.
Total dividends-received deductions in	ncluded in columi	 า 8					\Box		0

Form **990-T** (2019)

Schedule F - Interest,	Annuitie	s, Royal	ties, an	d Rents	From Co	ntrolle	d Organiza	itions	see ins	structio	ons)
				Exempt (Controlled O	rganizati	ions				•
1. Name of controlled organization	tion	2 . Em identifi num	cation	3. Net unr	related income e instructions)	4 . Tot	tal of specified ments made	includ	t of column 4 ed in the cont ation's gross	trolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	izations	Į.		l .							
7. Taxable Income		unrelated incom	ne (loss)	0 Total	of specified pay	mente	10. Part of colu	mn Q tha	t is included	11 1	Deductions directly connected
		see instructions		0. Fortal	made		in the controll	ing orgar s income	nization's	w	ith income in column 10
(1)											
(2)											
(3)											
(4)											
7.7	•			•			Add colun Enter here and line 8, 6		1, Part I,	1	Add columns 6 and 11. r here and on page 1, Part I, line 8, column (B).
Totala									0.		0
Schedule G - Investme	nt Inco	mo of a S		501/a\/7	7) (O) or (17) Or			0.		0
	ructions)	ile oi a s	ection	50 I (C)(<i>I</i>), (9), 01 (ii) Oig	yanızanını				
(300 11132							3. Deductio	ne			5. Total deductions
1. Desc	cription of inco	ome			2. Amount of	income	directly conne	ected	4. Set-	-asides schedule)	and set-asides
(1)							(attach sched	iule)	,		(col. 3 plus col. 4)
(1)											
(2) (3)											
(4)											
(4)					Enter here and	on nage 1					Enter here and on page
					Part I, line 9, co						Part I, line 9, column (B
Tatala						0.					0
Schedule I - Exploited	Evemet	A otivity	Incom	Othor	Then Adv	_	l lnoomo				
(see instri	-	Activity	IIICOIII	e, Other	man Au	ei tisii	ig income				
(See Instit	1				4	<i>a</i> ,					
1. Description of exploited activity	unrelated	Gross d business ne from business	directly of with proof uni	penses connected oduction related s income	4. Net incor from unrelated business (cominus colum gain, comput through	d trade or olumn 2 n 3). If a e cols. 5	5. Gross inco from activity is not unrelat business inco	that ted	attribu	penses table to ımn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3) (4)											
(3)											
(4)											
		re and on		re and on							Enter here and
		1, Part I, , col. (A).		I, Part I, col. (B).							on page 1, Part II, line 25.
Totals		0.		0.							0
Schedule J - Advertisi	ng Incoi		nstruction								
Part I Income From	Periodic	als Rep	orted o	n a Con	solidated	Basis					
		-									
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput hrough 7.			6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(1) (2) (3) (4)											
Totals (carry to Part II, line (5))	▶		0.	0	•						0

Form 990-T (2019) FLORIDA ART EDUCATION ASSOCIATION INC. 51-01826 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) FRESH PAINT	5,346.	1,881.	3,465.	2,416.	9,697.	3,465.
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	5,346.	1,881.				3,465.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total . Enter here and on page 1, Part II, line 14		•	0.

Form **990-T** (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

FAEA, INC. GENERATES ADVERTISING REVENUE FROM ITS PUBLICATION OF FRESH PAINT.

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/12	866.	0.	866.	866.
06/30/13	4,788.	0.	4,788.	4,788.
06/30/14	2,150.	0.	2,150.	2,150.
06/30/18	525.	0.	525.	525.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	8,329.	8,329.