FRIENDS OF MISSION SAN LUIS, INC.

2100 West Tennessee Street Tallahassee, FL 32304 850.245.6406 www.missionsanluis.org

## FY 2014-2015 REPORT

## I. <u>Statutory Authority or Executive Order Creating Organization</u>

Section 267.17, Florida Statutes provides statutory authority for the organization.

## II. Mission and Results Obtained

The mission of Friends of Mission San Luis, Inc. is to provide assistance, funding, and promotional support for the archaeology, museum, folk life and historic preservation programs of the Division of Historical Resources – Florida Department of State.

In FY 2014, Friends of Mission San Luis, Inc. provided supplemental funding to Mission San Luis in the following categories and amounts:

Expense by Fund	2013 Budget	2013 Est.	Var.	2014 Budget	Var.
Endowment Grant Expense	\$10,000	\$9,534	-4.7%	\$11,000	10.0%
Admission Expenses	\$900	\$1,114	23.8%	\$1,100	22.2%
Museum Support Expense	\$970	\$410	-57.7%	\$1,000	3.1%
Program Activities Expense	\$11,910	\$5,828	-51.1%	\$9,345	-21.5%
Catering and Facilities Expense	\$84,689	\$35,893	-57.6%	\$28,650	-66.2%
Gift Shop Expense + COGS	\$33,702	\$28,014	-16.9%	\$33,720	0.1%
Living History - General Expense	\$5,700	\$4,790	-16.0%	\$7,000	22.8%
Volunteers - General Expense	\$1,270	\$892	-29.8%	\$750	-40.9%
General Supplies + Operations					
Expense	\$38,397	\$30,117	-21.6%	\$39,731	3.5%
Advertising + Marketing	\$20,000	\$20,000	0.0%	\$25,000	25.0%
Total Expenses	\$207,538	\$136,592	-34.2%	\$157,296	-24.2%

## III. <u>Three Year Plan</u>

DRAFT pending approval of the Board of Directors, is as follows:

The planned activities of the organization in support of Mission San Luis over the next three years will be incorporated into the newly established Friends of Florida History and Archaeology, Inc. including:

- Continued support and enhancement of programs and activities at Mission San Luis, a National Historic Landmark and Florida's Apalachee-Spanish Living History Museum
- Provide assistance, promotional support and management of the financial endowment, and fiduciary responsibility concerning the mission and goals for the site as provided by the Division of Historical Resources
- Raise and dispense funds for site repairs and enhancements, education enhancements, special events enhancements, and travel and outreach fees
- Ongoing support for the Division of Historical Resources' strategic plan to preserve, promote and protect historic resources as outlined in Florida's comprehensive historic preservation plan

## IV. Code of Ethics

The Code of Ethics of Friends of Mission San Luis, Inc., pending approval of the Board of Directors at the October 23, 2014 meeting, is as follows:

## PREAMBLE

(1) It is essential to the proper conduct and operation of Friends of Mission San Luis, Inc. (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statutes, requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.

(2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Friends of Mission San Luis, Inc., board members, officers, and employees in the performance of their official duties.

## STANDARDS

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Florida Statutes, to be observed by CSO board members, officers, and employees.

## 1. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

## 2. Prohibition of Accepting Compensation Given to Influence a Vote

No CSO board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

## 3. Salary and Expenses

No CSO board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law.

## 4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

## 5. Prohibition of Misuse of Privileged Information

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

## 6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

## 7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

## 8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

## 9. Failure to Observe CSO Code of Ethics

Failure of a CSO board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position. Further, failure of the CSO to observe the Code of Ethics may result in the Florida Department of State terminating its Agreement with the CSO.

## V. <u>Current Federal Internal Revenue Service Return of Organization Exempt from</u> <u>Income Tax form(Form 990)</u>

(see attached)

Γ.	C	npi	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047
FO	rm 🗳	50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C benefit trust or private foundation)	ode (except black lung	ZUIZ
		t of the Treasury venue Service	The organization may have to use a copy of this return to satisfy sta	te reporting requirements.	Open to Public Inspection
A	For t	he 2012 calend		JUN 30, 2013	
В	Check i applica	ble:	forganization	D Employer identific	ation number
	Add	nge [ <b>FKIL</b>	NDS OF MISSION SAN LUIS, INC.		
Ŀ	Nam Char	Doing B	usiness As	59-37	753544
	retur Term ated	n Number	and street (or P.O. box if mail is not delivered to street address) Room/su WEST TENNESSEE STREET	the second	245-6495
	Ame retur	m City, tov	vn, or post office, state, and ZIP code	G Gross receipts \$	1,535,401.
L	tion pend		AHASSEE, FL 32304	H(a) Is this a group ref	
		F Name a	nd address of principal officer:ROBERT BLOUNT WEST TENNESSEE STREET, TALLAHASSEE, FI	for affiliates?	
T	Tax-e	vemot status:			
			MISSIONSANLUIS.ORG	H(c) Group exemption	ist. (see instructions)
				ear of formation: 2002 M	
P	art I	Summary			otato or logar dormono
8	1	Briefly describ	e the organization's mission or most significant activities: TO SUPPOR	RT AND ENHANCE	MISSION
Activities & Governance			S, A WORLD-CLASS SITE DEDICATED TO RES		
/eru	2		★ ▶ ☐ if the organization discontinued its operations or disposed of m		iets.
Go	3	Number of vot	ing members of the governing body (Part VI, line 1a)		7
ත්	4		ependent voting members of the governing body (Part VI, line 1b)		7
itie	6		of individuals employed in calendar year 2012 (Part V, line 2a)		<u> </u>
ctiv	7 2		husingan revenue from Dart VIII aslume (CAL)		<u> </u>
A			business taxable income from Form 990-Trim, column		0.
1.000				Prior Year	Current Year
ø	8	Contributions a	and grants (Part VIII, line 1h)	120,331.	70,487.
nuə	9	Program servic	e revenue (Part VIII, line 2g)	68,291.	75,128.
Revenue	10	Investment inc	ome (Part VIII, column (A), lines on and 7d)	43,979.	138,613.
	11	Other revenue	(Part VIII, column (A), lines 5; (1) c, 9c, 10c, and 11e) add lines 8 through 11 (must regul Part VIII, column (A), line 12)	59,837.	83,855.
		Total revenue -	add lines 8 through 11 (multipopal Part VIII, column (A), line 12)	292,438.	368,083.
	13	Grants and sim	illar amounts paid (Part, IX, solumn (A), lines 1-3)	0.	0.
	14	Benefits paid to	o or for members (Partis, comm (A), line 4)	0.	0.
enses	15	Salaries, other	compensation, employee enefits (Part IX, column (A), lines 5-10)	14,353.	23,557.
pen			ndraising fees (Part IX, column (A), line 11e) g expenses (Part IX, column (D), line 25) ▶10 , 400 .	U.	<u> </u>
Exp			Ig expenses (Part IX, column (D), line 25) ▶ I U , 4 U U . s (Part IX, column (A), lines 11a·11d, 11f·24e)	87,559.	75,385.
			Add lines 13-17 (must equal Part IX, column (A), line 25)	101,912.	98,942.
			xpenses. Subtract line 18 from line 12	190,526.	269,141.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
ssets	20	Total assets (Pa		1,960,471.	2,320,238.
et As		Total liabilities (		208,837.	230,253.
			Ind balances. Subtract line 21 from line 20	1,751,634.	2,089,985.
-		Signature			
			declare that I have examined this return, including accompanying schedules and state Declaration of preparer (other than officer) is based on all information of which prepar		nowledge and belief, it is
true,	CONEC		Securitarion of preparer (other than onicer) is based on an information of which prepar	or has any knowledge.	14
Sigr		Signature		Date	<u></u>
Here	1	ROBER	T BLOUNT, EXECUTIVE DIRECTOR		
		Type or pr	nt name and title		
		Print/Type prepa		Date Check	] PTIN
Paid		MATTHEW	R. HANSARD Mattensed, CPA	5/7/14 il self-employed	P00273516
Prep		Firm's name	THOMSON BROCK LUGER & COMPANY		20-2259573
Use	Dnly	Firm's address		25 1	
			TALLAHASSEE, FL 32308	Phone no. (8	50)385-7444
May	the IF	RS discuss this	return with the preparer shown above? (see instructions)		X Yes No

May the IRS di	scuss this return wi	th the prep	parer shown above? (see in	structions)			X Yes	No
232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.						Form §	90 (2012)	
SEE	SCHEDULE	O FOP	ODCANTZAUTON	MICCION	CITATIMETAT	CONTRACTOR	TION	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2012) FRIENDS OF	MISSION SAN LUIS, I Accomplishments	INC. 59	-3753544 Page
1. Sector	Check if Schedule O contains a respons			r-
1	Briefly describe the organization's mission:TOSUPPORTANDENHANCETORESEARCHINGANDTEAC	MISSION SAN LUIS, A HING THE ARCHAEOLOGY	WORLD-CLASS SIT	E DEDICATED
	HISPANIC AND NATIVE AME	RICAN PEOPLES.		
2	Did the organization undertake any significant the prior Form 990 or 990-EZ?			
3	If "Yes," describe these new services on Schee Did the organization cease conducting, or mak		s, any program services?	Yes X N
4	If "Yes," describe these changes on Schedule Describe the organization's program service ac Section 501(c)(3) and 501(c)(4) organizations a	complishments for each of its three larg	lest program services, as mea ts and allocations to others, th	sured by expenses.
4a	revenue, if any, for each program service repor		) (Revenue \$	186,985.
	TO PROMOTE USE, PRESERV THROUGH PUBLIC AWARENESS RESEARCH, AND JOINT PAR ORGANIZATIONS. ADDITION SPECIAL PROJECTS RELATED MAINTAIN GENERAL MEMBERS ORGANIZATION.	ATION, AND ENHANCEME S PROJECTS, SPECIAL INERSHIPS WITH OTHER ALLY, TO PROVIDE CAP D TO MISSION SAN LUI	NT OF MISSION S EVENTS, TOURS, NON-PROFIT AND ACITY FOR GRANT S AND TO DEVELO	AN LUIS MARKET FOR-PROFIT FUNDING AND P AND
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$)	
łc	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	
d	Other program services (Describe in Schedule O	.)		
		grants of \$ )	(Revenue \$	)
4e	Total program service expenses >	78,562.		
2002				Form 990 (2012

Form 990 (2012)	FRIENDS	OF	MISSION	SAN	LUIS,	INC.	
Part IV Checklist of	of Required Sch	edul	es				

AND 0 6555			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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	9	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
5	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	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	5		
v	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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,			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
с	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, Independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		e e	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		1	
	located outside the United States? 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	47		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		17
10	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
	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		

#### 232003 12-10-12

Form 990 (2012)	FRIENDS			SAN	LUIS,	INC
Part IV Checklist of	Required School	edul	es (continued)			

1		1	Tw.	1.
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
00	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			v
04-		23		X
248	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			v
	Schedule K. If "No", go to line 25	24a	-	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
208	Section 501(c)(3) and 501(c)(4) organizations. Dld the organization engage in an excess benefit transaction with a			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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			v
26	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	25b		<u> </u>
20		1		Х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		<u> </u>
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	
	of any of these persons? If "Yes," complete Schedule L, Part III	07		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	00000000	х
b		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<u></u>
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		11
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
	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? If "Yes," complete	31		<u>n</u>
~~	Schedule N, Part II	32	1	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
	Part V, line 1	34	x	
35a		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	00a	-	
-	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?	555	-	
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	07	-	
	Note. All Form 990 filers are required to complete Schedule O	38	x	
-				11/2/2017

232004 12-10-12

1000000000	R 990 (2012) FRIENDS OF MISSION SAN LUIS, INC.		59-3753	3544	P	age 5
Pa	rt Y Statements Regarding Other IRS Filings and Tax Compliance					
-	Check if Schedule O contains a response to any question in this Part V					
			î		Yes	No
<b>1</b> a	Enter the number reported in Box 3 of Form 1096. Enter ·0- if not applicable		3	<u>s</u> l		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	<u>1</u>	-	
С	이 것 이 같이 것 것 같아요. 그것 것 같아요. 것 같아요. 아랫것 것 같아. 아랫것 것 같아. 여러 가지 않는 것 같아. 아랫것 ???????????????????????????????????	01201021-001376	나는 것 것은 것 같아요. 안 많은 것이라고 말했다. 것은			
	(gambling) winnings to prize winners?			1c	X	
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		2	- Contraction		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
			••••••	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		STRACT CONTRACTOR CONTRACTOR			v
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country:					
-	See Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		<u>X</u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					v
	any contributions that were not tax deductible as charitable contributions?			6a		<u>X</u>
a	If "Yes," did the organization include with every solicitation an express statement that such contribu		10.11.000.000/1999			
7	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		would ad to the neuron	7		x
a				7a		Δ
b	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 w			7b		
c	to file Form 8282?			7.		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			7c		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	*	+2	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D		CARL REPORTS - BRO THE TRADIT REPORTS A REPORT OF			
-	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		1150 Ex 115 000 ACT 201	8		
9	Sponsoring organizations maintaining donor advised funds.	uny in	is during the your?			
а	Did the organization make any taxable distributions under section 4966?			9a	Ì	
	Did the 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:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1		
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form	1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			- 1		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		r r	14b		

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1a	Enter the number of voting members of the governing body at the end of the tax year	7							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1						
b	Enter the number of voting members included in line 1a, above, who are independent 1b	7							
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	T	X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х					
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?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a									
	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?								
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		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 in 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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c							
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?								
	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate In a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial								
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza ROBERT BLOUNT $-850-245-6495$	tion: Þ							
	2100 WEST TENNESSEE STREET, TALLAHASSEE, FL 32304	- E							
232006 12-10-1		Form	990	(2012)					
	6	i onn	500	2012)					
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Form 990 (2012) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

FRIENDS OF MISSION SAN LUIS, INC.

I.

Section A. Governing Body and Management

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1

X

Yes No

Form 990 (2	(012) FRIENDS	OF MIS	SION SAN	I LUIS,	INC.	59-3753544	Page 7
Part VII	<b>Compensation of Officers</b>	Directors	, Trustees,	Key Emplo	oyees, High	est Compensated	
	Employees, and Independ					es, Highest Compensated	
	Check if Schedule O contains a res	sponse to any	question in thi	Part VII			
Section A.	Officers, Directors, Trustees, Ke	y Employees	, and Highest	Compensate	d 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.

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

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

(A) Name and Title	(B) Average hours per week	box	, unle	(C) Position check more than one less person is both an and a director/trustee)			th an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DR. H. LOUIS HILL DIRECTOR	1.00	x						0.	0.	0.
(2) CAROL BRYANT-MARTIN DIRECTOR	1.00	X						0.	0.	0.
(3) KELLY DOZIER DIRECTOR	1.00	x						0.	0.	0.
(4) DR. E. CHARLTON PRATHER SECRETARY	1.00	x		x				0.	· 0.	0.
(5) JAIMI WACKSMAN DIRECTOR	1.00	x						0.	0.	0.
(6) J. VERN WILLIAMS INTERIM CHAIR	1.00	x		x				0.	0.	0.
(7) LT. GENERAL ROBERT MILLIGAN TREASURER	1.00	x		x				0.	0.	0.
(8) ROBERT BLOUNT EXECUTIVE DIRECTOR	40.00			x				0.	50,661.	15,383.
									×	
					L					Form 990 (2012)

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Form 990 (2012)

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	990 (2012) FRIENDS (			-		-	_			59-37	53544	<u>l</u>	Page 8
Pa	rt VII Section A. Officers, Directors, Trus (A) Name and title	<b>(B)</b> Average hours per week	(do box offic	not c	Pos check	c) ition more		one h an	ompensated Employe (D) Reportable compensation from	es (continued) (E) Reportable compensation from related	a	(F) stima moun othe	t of r
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	) 1 or ar	npens from ti ganiza nd rela ganiza	ne ition ited
	=:												
c	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	<b></b>		<u>.</u>				0. 0. 0.	50,661	).		0. 883.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wh	io re	ceived more than \$100	,000 of reportable		Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," complete Schedule J for s										. 3		x
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" coi	mple	əte S	Sche	dule	Jfo	or such individual	••••••	. 4		x
	rendered to the organization? If "Yes," com tion B. Independent Contractors										constant the		X
1	Complete this table for your five highest con the organization. Report compensation for t (A)		ear e	endi	ng w				the organization's tax y (B)	vear.	(	C)	
	Name and business	address	NC	)NE	2				Description of s	ervices	Compe	ensatio	on
				9 11	114004			-					
2	Total number of independent contractors (in	-	ot lin	niteo	d to '	-	S	ted	above) who received m	ore than			
23200	\$100,000 of compensation from the organiz	ation 🕨			0	0					Form	990	(2012)

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		Check if Schedule O cont	ains a response	to any question I	(A)	(B)	(0)	
					(A) Total revenue	Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclude from tax under sections 512, 513, or 514
-	1 a	Federated campaigns	1a					1
	b	Membership dues	1b	8,690.				
	C	Fundraising events	1c					
5	d	Related organizations	1d					
	e	Government grants (contribut	ions) 1e					
	f	All other contributions, gifts, gran	ts, and					
		similar amounts not included abov	ve 1f	61,797.				
	g	Noncash contributions included in lines	1a-1f:\$					
-	h	Total. Add lines 1a-1f		►	70,487.			
				Business Code				
2	2 a	MUSEUM ADMISSION		713990	58,400.	58,400.		
	b	DAY CAMP & OUTREACH		713990	6,721.	6,721.		
2	C							
	d							
	е							
	f	a construction (from the second se			10,007.	10,007.	······	
-	g	Total. Add lines 2a-2f			75,128.			
3	3	Investment income (including						
		other similar amounts)			26,756.			26,75
4	ŀ	Income from investment of tax			waters -			
5	5	Royalties		, <b>&gt;</b> [				
			(i) Real	(ii) Personal				1.022
6	a		74,615.	·				
B.			12,326.			Sec		
		Rental income or (loss)	62,289.			Turner and the		1
		Net rental income or (loss)		····· ►	62,289.			62,28
7	а	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,238,569.					
	b	Less: cost or other basis						
		and sales expenses	1,126,712.					
	С	Gain or (loss)	111,857.					1
		Net gain or (loss)		▶	111,857.	111,857.		
8	а	Gross income from fundraising						
		including \$						
		contributions reported on line						
		Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fund		····· •				
9	а	Gross income from gaming act						
		Part IV, line 19						
1		Less: direct expenses						
		Net income or (loss) from gamin		····· •				
10		Gross sales of inventory, less r						
		and allowances		49,846.				
		Less: cost of goods sold		28,280.				
	C	Net income or (loss) from sales			21,566.			21,566
		Miscellaneous Revenue		Business Code				
11								
	b							
	С		C. MAR ACCOUNT ON TO A					
		All other revenue						
		Total, Add lines 11a-11d		22mg				
		Total revenue. See instructions			368,083.	186,985.	0.	110,611

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 2012.05030 FRIENDS OF MISSION SAN LUIS 20020621

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## FRIENDS OF MISSION SAN LUIS, INC.

Form 990 (2012) FRIENDS OF MIS

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1 а

	Check if Schedule O contains a respon				
	n not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				A ne say a second second
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				· · · · · · · · · · · · · · · · · · ·
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	4			
4	Benefits paid to or for members			··· ··· ··· ··· ··· ··· ···	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disgualified				2
	persons (as defined under section 4958(f)(1)) and	4			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	21,883.	21,883.		red i
8		21,003.	21,003.		
0	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1 674	1 674		
10	Payroll taxes	1,674.	1,674.		
11	Fees for services (non-employees):				
a	Management				
b	Legal	10 010	10.005		
С	Accounting	12,219.	10,386.	1,222.	611
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		1.1.1.1.1.1.1.1111111111111111111111111		
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	17,885.	10,350.	6,926.	609
13	Office expenses	2,364.	2,010.	236.	118
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Payments to affiliates				N
21 22	Depreciation, depletion, and amortization	4,276.	3,635.	420	010
	a de la constante presente presente presente presente presente de la constante presente de la constante de la c	4,270.	5,035.	428.	213
23					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	OTHER PROGRAM EXPENSES	12,124.	12,124.		
b	MEMBERSHIP NEWSLETTER	6,040.	-		6,040
C	OTHER EXPENSES	5,454.	4,410.	893.	151
d	LIVING HISTORY	5,053.	5,053.		
e	All other expenses SEE SCH O	9,970.	7,037.	275.	2,658
5	Total functional expenses. Add lines 1 through 24e	98,942.	78,562.	9,980.	10,400
6	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 Finite if following SOP 98-2 (ASC 958-720)			5	

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Form 990 (2012)

## FRIENDS OF MISSION SAN LUIS, INC.

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Part X Balance Sheet

Check If Schedule O contains a response to any question in this Part X ····· (A) (B) Beginning of year End of year 132,319. 1 Cash - non-interest-bearing 242,919. 1 365,088. 2 Savings and temporary cash investments 278,683. 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... 6 Assets 7 Notes and loans receivable, net 7 34,387. 8 Inventories for sale or use 30,438. 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other 29,950. basis. Complete Part VI of Schedule D ...... 10a 14,188. 20,038. 10c 15,762. Investments - publicly traded securities 581,520. 11 581,426. 11 827,119. 12 Investments - other securities. See Part IV, line 11 1,171,010. 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,960,471. 2,320,238. 16 Accounts payable and accrued expenses ..... 17 1,700. 7,493. 17 18 Grants payable 18 19 Deferred revenue 27,850. 73,570. 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ..... 179,287. 25 149,190. Total liabilities. Add lines 17 through 25 208,837. 230,253. 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 551,232. 829,196. 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 1,200,402. 29 1,260,789. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 1,751,634. 2,089,985. 2,320,238. 33 1,960,471. 34 Total liabilities and net assets/fund balances 34

Form 990 (2012)

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Form	990 (2012) FRIENDS OF MISSION SAN LUIS, INC.	59-37	53544	Pa	ge <b>12</b>
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
			Sec.7 156.0		
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1			83.
2	Total expenses (must equal Part IX, column (A), line 25)	2			42.
3	Revenue less expenses. Subtract line 2 from line 1	. 3			41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	1,75		
5	Net unrealized gains (losses) on investments	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6	9,2	10.
6	Donated services and use of facilities	. 6			
7	Investment expenses	7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,08	9,9	85.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Sched	ile O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	red on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sepa	rate basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in S	chedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
SEMP.	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	quired audit			
175	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				000	2012)

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SCHEDULE A		Dui	alic Charity S	tatue	and E	Jublic	Cup	ort		OMB N	o. 1545-0	047
(Form 990 or 990-	:Z)		olic Charity S							21	)12	2
Department of the Treasury		Comple	te if the organization is 4947(a)(1) n				ation or a	section		Open	to Put	offic
Internal Revenue Service		► At	ttach to Form 990 or Fo				instructi	ons.			rection	
Name of the organi	zation			rate fact the real						r identifica		
Part   Reas			OF MISSION					1		9-375	3544	<u>1</u>
			ity Status (All organi					structions				
			because it is: (For lines s, or association of chur			services approximate	1000 CO 1000	a				
			70(b)(1)(A)(ii). (Attach So					·/·				
			ital service organization		,	170(b)(1	)(A)(iii).					
			operated in conjunction					)(b)(1)(A)	(iii). Enter	the hospit	al's na	me,
city, and	state:											
			benefit of a college or u	niversity c	wned or o	perated b	y a govern	mental u	nit descrit	bed in		
		)(A)(iv). (Comple										
		and the second se	ent or governmental uni eives a substantial part			Carl Carl Carl Carl Carl Carl Carl Carl		or from th		oublic doc	oribod	( lo
in the second in the commence		(A)(vi). (Comple		or its sup	port nom a	govennn		or norn u	le general	public des	CIDEU	111
			section 170(b)(1)(A)(vi).	(Complete	e Part II.)							
			eives: (1) more than 33			rom contr	ibutions, r	nembers	hip fees, a	and gross r	eceipts	s from
activities	elated t	to its exempt fu	nctions - subject to certa	ain except	ions, and (	2) no mor	e than 33	1/3% of i	ts suppor	t from gros	s inves	stment
			axable income (less sec	tion 511 ta	ax) from bu	isinesses	acquired b	by the org	ganization	after June	30, 19	75.
	CONTRA CONTRA AND	(a)(2). (Complete	ACTOR CONTRACTOR CONTRACTOR					5 <b></b> ()				
			perated exclusively to te	the set of the set of the set of the	2247-04 Decise 2016		Notes - Visites and the second	0.0750.0				
1996 Hole and Charles and Associate			perated exclusively for the ations described in section		PATRONO ALLO DO MONDANA -				972 <b>9</b> 6 - 186 202204 (1972)	<ul> <li>CONSTRUCTION STRUCTURE</li> </ul>		or
	Arrester contract		organization and compl			0.000.000.0000.000000	2). 300 50	cuon bu	<b>1(a)(3)</b> . UI	IECK LINE DC	x that	
a 🗔 Ty	11000 ALCONT.				inctionally		1 6	d 🗌 Tv	ne III • No	n-function:	allv inte	arated
		1942 - 1948 - 1948 - 1948 - 1948 - 1948 - 1948 - 1948 - 1948 - 1948 - 1948 - 1948 - 1948 - 1948 - 1948 - 1948 -	t the organization is not	••••••••••••••••••••••••••••••••••••••	10110101010000000000000000000000000000	* 000000000000000000000000000000000000			• PARTONCO P. MARTIN		97.8 <b>8</b> (POLESKO	00 <del>00</del> 00000000000000000000000000000000
foundatio	n manaq	gers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	section 5	09(a)(1) or	section 50	9(a)(2)	
f If the orga	nizatior	n received a writ	ten determination from	the IRS th	at it is a Ty	pe I, Type	e II, or Type	e III				
			nis box									Ш
			organization accepted ar							2	[Ver	
180802 10000		rendered to the state of the st	irectly controls, either al upported organization?	antitation and service		1981 NAVE-1991 DECKMAN					Yes	No
CONTRACT OF			described in (i) above?					no ann an ann an an an				+
55507 S 556 S 656	CONSTRUCTION OF A	and the set of the second second	person described in (i) of							and the second s		
ADDID ACTOR ACCOUNTS		CENTRALING CONTRACTOR AND CALIFORNIA	about the supported on	AND A CONTRACTOR OF A DECK							Edward and an and a second	
N												
(I) Name of supporte	1	(II) EIN	(inf i)po or organization		organization			(vl)	ls the ion in col.	(vii) Amoui	nt of mo	onetary
organization			(described on lines 1-9 above or IRC section		sted in your document?		tion in col. r support?	(I) organ	ized in the S.?	su	pport	
			(see instructions))	Yes	No	Yes	No	Yes	No	5		
	+			163	140	165		105	NO			
						8	1					
·												
<u> </u>												
									+			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

Total

2012.05030 FRIENDS OF MISSION SAN LUIS 20020621

# Schedule A (Form 990 or 990-EZ) 2012 FRIENDS OF MISSION SAN LUIS, INC.

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	23,902.	45,280.	190,776.	120,331.	70,487.	450,776.
2	Tax revenues levied for the organ-		· · ·				· · · · · · · · · · · · · · · · · · ·
	ization's benefit and either paid to						9
	or expended on its behalf				8		
3	The value of services or facilities		· · · · · · · · · · · · · · · · · · ·				
U	furnished by a governmental unit to						
	the organization without charge	115.487.	122.614.	116.666.	130,899.	174.077.	659.743.
	Total. Add lines 1 through 3	139,389	167,894	307,442	251,230.	244.564.	1,110,519.
	The portion of total contributions	1007000.	10//0511	3077112.	2017230.	211/0011	1,110,515.
9	a series a sector series and a sector sec						
	by each person (other than a governmental unit or publicly						
			tal da arte ana				
	supported organization) included		Same Station				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	· · · · · · · · · · · · · · · · · · ·					
	Public support. Subtract line 5 from line 4.						1,110,519.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🏲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	139,389.	167,894.	307,442.	251,230.	244,564.	1,110,519.
8	Gross income from interest,				9		
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	37,949.	145,416.	304,503.	28,569.	26,756.	543,193.
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 IV.)	12,007.	17,275.	9,682.	4,965.	10,007.	53,936.
11	Total support. Add lines 7 through 10	1					1,707,648.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	547,006.
	First five years. If the Form 990 is for				en ander en anter an en anter anter de la sec	501(c)(3)	
	organization, check this box and stop	17.0			a.	The second second second	
Sec	tion C. Computation of Publi						
	Public support percentage for 2012 (li		and an address of the second	olumn (fi)		14	65.03 %
	Public support percentage from 2011				Construction on the party party and the party of the part	15	62.51 %
	33 1/3% support test - 2012. If the o						5.4
	stop here. The organization qualifies a			a baharan sebelah karan sebelah seb		방법 수가 물건에서 물건을 가려가 많다.	10.1009/217
b	33 1/3% support test - 2011. If the o						20020500008 VID-24772
~	and stop here. The organization qualit						and the second
17-	10% -facts-and-circumstances test						
1/d	and if the organization meets the "fact						
			And a second sec	an a construction of the state of the	TAN BU PREPARANDAR PROPERTY AND POSS	s and second contractions and the	
	meets the "facts and circumstances" t						
	10% -facts-and-circumstances test	Contract frequents and the second second					U% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	i 🖻 🛄

Schedule A (Form 990 or 990-EZ) 2012



1

59-3753544 Page 2

1

# Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

Page 3

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#### (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	clow, picase com	piere r air n.j	ARADAMIN AN ARADA MUTALA			2
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	(4) 2000	(3) 2000	(0) 2010	(0/2011		1.7 1010
1.50	membership fees received. (Do not		1			~	
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in		1				
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				2011-		
-	are not an unrelated trade or bus-					1	
	iness under section 513						
4							
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
See	ction B. Total Support				22 HE N	<u> </u>	·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				- vol 1404		
b	Unrelated business taxable income		6				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on			•••			
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				L		
14	First five years. If the Form 990 is for						
Car	check this box and stop here					·····	
	tion C. Computation of Publi			(5)		45	
	Public support percentage for 2012 (li		ALLANDAR CONTRACTOR AND			15	%
	Public support percentage from 2011 ction D. Computation of Invest					10	%
	Investment income percentage for 20			12 column (0)		17	
		<ul> <li>Anticidade a substantia de la construcción de contrata de la construcción de la construcción de la de la construcción de la construcción de construcción de la construcción de la construcción de la construcción de de la construcción de la const Construcción de la construcción de la Construcción de la construcción d Construcción de la construcción de la constru</li></ul>	Charles and the second s			18	<u>%</u> %
18	Investment income percentage from 2 33 1/3% support tests - 2012. If the						
199	more than 33 1/3%, check this box ar						
14-	33 1/3% support tests - 2011. If the			•			
D							
20	line 18 is not more than 33 1/3%, cher Private foundation. If the organization						
		I GIU HOL CHECK A	00/ 011 1110 14, 19	a, or iso, check th		nedule A (Form 990	and a state of the second s
23202	3 12-04-12			15	301	Could A (Form 990	0. 000-LL/2012

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<sup>2012.05030</sup> FRIENDS OF MISSION SAN LUIS 20020621

#### Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Name of the organizat	ion	Employer identification number
	FRIENDS OF MISSION SAN LUIS, INC.	59-3753544
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### **Special Rules**

X	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections
	509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%
	of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \_\_\_\_\_\_ > \$ \_

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

#### Name of organization

Page 2

Employer identification number

59-3753544

FRIENDS OF MISSION SAN LUIS, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MAINLINE INFORMATION SYSTEMS		Person X Payroll
	1700 SUMMIT LAKE DR TALLAHASSEE, FL 32317	\$ <u>12,500.</u>	Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE BEATITUDE FOUNDATION, INC.		Person X
	1625 SUMMIT LAKE DR #229	\$\$\$	Payroll  Noncash
	TALLAHASSEE, FL 32317		(Complete Part II if there is a noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution

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2012.05030 FRIENDS OF MISSION SAN LUIS 20020621

Schedule	В	(Form 990,	990-EZ, or 990-PF	) (2012)

Name of organization

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Page 3

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Employer identification number 59-3753544

### FRIENDS OF MISSION SAN LUIS, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

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Schedule E	3	(Form	990,	990-EZ,	or	990-PF)	(2012)	

Page 4

Name of organization Employer Identification number 

 FRIENDS OF MISSION SAN LUIS, INC.
 59-3753544

 Part III
 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once)
 \$

 Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee 223454 12-21-12 Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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19 2012.05030 FRIENDS OF MISSION SAN LUIS 20020621

Supplemental Financial Stater	ments
-------------------------------	-------

▶ Complete if the organization answered "Yes," to Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ▶ Attach to Form 990. ▶ See separate instructions.



•

Department of the Treasury	
Internal Revenue Service	
Name of the organiza	tion

SCHEDULE D

x

(Form 990)

Par	e of the organization FRIENDS OF MISSION SAN LUIS, INC.	Employer identification number 59-3753544
	organization answered "Yes" to Form 990, Part IV, line 6.	
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
	Aggregate grants from (during year)	
	Aggregate value at end of year	• • • • • • • • • • • • • • • • • • •
	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	uds
	are the organization's property, subject to the organization's exclusive legal control?	
	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
	impermissible private benefit?	
Par		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	lv important land area
	Protection of natural habitat	, 친구, 이 가 있는 것이 있는 것이 같이 있는 것이 있는 것이 있는 것이 없다.
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation 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 structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during the tax
	year ▶	
4	Number of states where property subject to conservation easement is located 🕨	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	he year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the ye	ar ▶ \$
	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense staten	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the org	panization's accounting for
*******	conservation easements.	
Part	III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement an	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser	vice, provide the following amounts
ł		
ł	relating to these Items:	
i	(i) Revenues included in Form 990, Part VIII, line 1	
1	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	▶ \$
2	<ul> <li>(i) Revenues included in Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, part of the organization received or held works of art, historical treasures, or other similar assets for financial gain, part of the organization received or held works of art, historical treasures, or other similar assets for financial gain, part of the organization received or held works of art, historical treasures, or other similar assets for financial gain, part of the organization received or held works of art, historical treasures, or other similar assets for financial gain, part of the organization received or held works of art, historical treasures, or other similar assets for financial gain, part of the organization received or held works of art, historical treasures, or other similar assets for financial gain, part of the organization received or held works of art, historical treasures, or other similar assets for financial gain, part of the organization received or held works of art, historical treasures, or other similar assets for financial gain, part of the organization received or held works of art, historical treasures, or other similar assets for financial gain, part of the organization received or held works of art, historical treasures, or other similar assets for financial gain, part of the organization received or held works of art, historical treasures, or other similar assets for financial gain, part of the organization received or held works of art, historical treasures, or other similar assets for financial gain, part of the organization received or held works of art, historical treasures, or other similar assets for financial gain, part of the organization received or held works of art, historical treasures, held works or held works of art, held works or held works or held works organization received works organization received works orga</li></ul>	▶ \$
2	<ul> <li>Revenues included in Form 990, Part VIII, line 1</li> <li>Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, part the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> </ul>	▶ \$ provide
2   a	<ul> <li>Revenues included in Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, part for former similar assets for financial gain, part for financial gain, part for financial gain, part for financial gain, part former similar assets for financial gain, part for financial gain,</li></ul>	▶ \$ provide ▶ \$
2   a	<ul> <li>Revenues included in Form 990, Part VIII, line 1</li> <li>Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, part the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> </ul>	▶ \$ provide ▶ \$

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		OF MISSIO		and the state of the second				5354		age 2
Pa	t III Organizations Maintaining C			The state of the s	1780-1 Table 1	Michael Contraction	and all a second second	210 20	- 10 C -	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that a	are a sig	nificant us	se of its	collection	n item	IS
	(check all that apply):									
a	Public exhibition	d		hange program	IS					
b	Scholarly research	e	U Other							
С	Preservation for future generations				21					
4	Provide a description of the organization's co						se in Parl	t XIII.		
5	During the year, did the organization solicit of						<b></b>	1	-	٦
10	to be sold to raise funds rather than to be ma		- A Children of the second sec					Yes		No
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		te if the organizatio	n answered "Y	es" to Fe	orm 990,	Part IV, I	ine 9, or		
			linn fan andulhuting			لم ما بر با م			~	
18	Is the organization an agent, trustee, custodi		50				<b></b>	Yes	Ĩ.	No
10	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII :				•••••	••••••••••••••	<b>L</b>	J tes		
b	If res, explain the arrangement in Part All a	and complete the lo	lowing table.					Amount		
	Paginning balance					1c		Amoun		
	Additions during the year					1 A A A A A A A A A A A A A A A A A A A				
	Distributions during the year								<del></del>	
f	Ending balance					1.000				
2a	Did the organization include an amount on Fo						ſ	Yes	-	No
	If "Yes," explain the arrangement in Part XIII.									1
Par	Contraction of the second seco									
Linether	······································	(a) Current year	(b) Prior year	(c) Two years I	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d) Three yea	ars back	(e) Four	vears	back
1a	Beginning of year balance	1,284,402.	1,100,344.	924,			9,152.		No. Concernance of the	100.
b	Contributions	120,387.	184,058.	176,	334.	1	1,100.		7,	052.
	Net investment earnings, gains, and losses									
	Grants or scholarships			10 10 10					ale e	
	Other expenditures for facilities									
	and programs					1	6,242.			
f	Administrative expenses								-	
g	End of year balance	1,404,789.	1,284,402.	1,100,	344.	92	4,010.		929,	152.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	10.25	_%							
b	Permanent endowment ► 89.75	%								
c	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shou	id equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administere	d for the	e organiza	tion	-		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		<u>X</u>
	(ii) related organizations									X
b	If "Yes" to 3a(ii), are the related organizations							3b		
4	Describe in Part XIII the intended uses of the	and the second s	and the second se				<del></del>			
Par	market and the second		and and the second seco		1.10.100 -00					
	Description of property	(a) Cost or ot basis (investm		or other (other)		umulated		(d) Book	(value	э 
1a	Land									
b	Buildings									
с	Leasehold improvements									
d	Equipment		2	9,950.		14,18	8.	15	5,70	52.
	Other									
Total	Add lines 1a through 1e. (Column (d) must ed	ual Form 990, Part )	X, column (B), line 1	0(c).)				15	5,70	52.
						S	hedule	D (Form	1000	2012

### Schedule D (Form 990) 2012 FRIENDS OF MISSION SAN LUIS, INC.

59-3753544 Page 3

÷

Part VII Investments - Other Securities. See (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market valu
Financial derivatives	(b) Doon value	to moniou or valuation	. cost of one of your manot val
Closely-held equity interests			
Other			for the second
(A) HARBOR FD	255,936.	END-OF-YEAR	MARKET VALUE
(B) HARTFORD MUT FDS	187,843.	END-OF-YEAR	MARKET VALUE
(C) FORUM FDS ABSOLUTE			
(D) STRATEGIES FD INSTL CL	117,951.	END-OF-YEAR	MARKET VALUE
(E) FEDERATED EQUITY FDS	180,263.	END-OF-YEAR	
(F) PRICE T ROWE FDS	275,278.	END-OF-YEAR	
(G) EATON VANCE GROWTH	153,739.	END-OF-YEAR	MARKET VALUE
<u>(H)</u>			
()	1 171 010		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,171,010.		
art VIII Investments - Program Related. See	e Form 990, Part X, line 13 (b) Book value		· Cost or ond of year market yel
(a) Description of investment type	(b) BOOK value	(c) wethod of valuation	: Cost or end-of-year market valu
(1)			
(2)			io
(3)		#	
(4)			
(5) (6)			
(7)			
(8)			
(9)			e se
10)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets. See Form 990, Part X, line 1	5.		
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
10) tal. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
art X Other Liabilities. See Form 990, Part X, Col. (B) line			
(a) Description of liability		) Book value	
and a second s		A Mary Model Andread Andre	
(1) Federal Income taxes			
DEPUNDADI ADVIANCE	11	149,190.	
(2) REFUNDABLE ADVANCE	7.	149,190.	
(2) REFUNDABLE ADVANCE (3)		149,190.	
(2) REFUNDABLE ADVANCE (3) (4)		149,190.	
<ul> <li>(2) REFUNDABLE ADVANCE</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> </ul>		149,190.	
(2)       REFUNDABLE ADVANCE         (3)       (4)         (5)       (6)		149,190.	
(2) REFUNDABLE ADVANCE (3) (4) (5) (6) (7)		149,190.	
(3) (4) (5) (6) (7) (8)		149,190.	
<ul> <li>(2) REFUNDABLE ADVANCE</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> </ul>		149,190.	
<ul> <li>(2) REFUNDABLE ADVANCE</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> </ul>		149,190.	

Schedule D (Form 990) 2012

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Schedule D (Form 990) 2012 FRIENDS OF MISSION SAN LU	JIS, INC	•	59-3	753544 Page 4
Part XI Reconciliation of Revenue per Audited Financial State	nents With	Revenue per R	leturn	
1 Total revenue, gains, and other support per audited financial statements			1	651,976.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains on investments	2a	69,210.		
b Donated services and use of facilities	2852AC201 L	174,077.		
c Recoveries of prior year grants				
d Other (Describe In Part XIII.)				
e Add lines 2a through 2d			2e	243,287.
3 Subtract line 2e from line 1			3	408,689.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)		<40,606.		
c Add lines 4a and 4b			4c	<40,606.>
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	368,083.
Part XII Reconciliation of Expenses per Audited Financial State	ments Wit	n Expenses per	Return	1
1 Total expenses and losses per audited financial statements			1	313,625.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	174,077.		
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	174,077.
3 Subtract line 2e from line 1			3	139,548.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b			1	
b Other (Describe in Part XIII.)	4b	<40,606.		
c Add lines 4a and 4b		·····	4c	<40,606.>
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	98,942.
Part XIII Supplemental Information				
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa		nd 4; Part IV, lines 1		; Part V, line 4; Part

X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE PERMANENTLY RESTRICTED ENDOWMENT INCOME IS USED TO

SUPPORT RESEARCH AND EDUCATIONAL PROGRAMS AT MISSION SAN LUIS.

PART X, LINE 2: MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD

JEOPARDIZE THE ORGANIZATION'S TAX-EXEMPT STATUS AND BELIEVES IT HAS NO

UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE

IN THE FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2013

AND 2012.

Schedule D (Form 990) 2012

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	FRIENDS		MISSION	SAN	LUIS,	INC.	59-3753544	Page 5
Part XIII Supplemental Infor	mation (contine	ued)						

THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY TAX PERIODS. THE ORGANIZATION BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX

EXAMINATIONS FOR FISCAL YEARS PRIOR TO JUNE 30, 2010.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES FOR FACILITY AND COST OF GOODS SOLD NETTED AGAINST

REVENUE EARNED

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES FOR FACILITY AND COST OF GOODS SOLD NETTED AGAINST

REVENUE EARNED

-40,606.

-40,606.

Schedule D (Form 990) 2012

SCHEDULE O       (Form 990 or 990-EZ)         Department of the Treasury       Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information.         Perform Revenue Service       Attach to Form 990 or 990-EZ.	
Name of the organization FRIENDS OF MISSION SAN LUIS, INC.	Employer identification number 59-3753544
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
THE ARCHAEOLOGY AND HISTORY OF FLORIDA'S HISPANIC AND NA	TIVE AMERICAN
PEOPLES.	
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS FIRST	REVIEWED BY THE
CHAIR AND FINANCE COMMITTEE CHAIR. AFTER THEIR REVIEW I	T IS BROUGHT BEFORE
THE GOVERNING BOARD FOR THEIR REVIEW. IF THEY ARE IN AGR	EEMENT WITH THE
CONTENTS, IT IS ACCEPTED FOR FILING.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION	MAKES ITS
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE T	O THE PUBLIC UPON
REQUEST.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENS	ES:
CAMPS:	
PROGRAM SERVICE EXPENSES	4,696.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,696.
BANK SERVICE CHARGES:	
PROGRAM SERVICE EXPENSES	2,111.
MANAGEMENT AND GENERAL EXPENSES	248.
FUNDRAISING EXPENSES	124.
TOTAL EXPENSES	2,483.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012) 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Page 2 Employer identification number
FRIENDS OF MISSION SAN LUIS, INC.	59-3753544
HOSPITALITY & CULTIVATION:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,460.
TOTAL EXPENSES	1,460.
SPECIAL EVENTS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,060.
TOTAL EXPENSES	1,060.
	· · · · · · · · · · · · · · · · · · ·
PRINTING AND PUBLICATION:	
PROGRAM SERVICE EXPENSES	230.
MANAGEMENT AND GENERAL EXPENSES	27.
FUNDRAISING EXPENSES	14.
TOTAL EXPENSES	271.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, CO	DLA 9,970.
FORM 990, PART XI, LINE 2C	
IN SELECTION OF THE ORGANIZATION'S INDEPENDENT AUDITORS	, THE GOVERNING
BOARD REQUESTS BIDS FROM THREE DIFFERENT FIRMS. THE GOV	ERNING BOARD
WILL THEN VOTE TO HIRE THE FIRM WHICH BEST SUITS THE OR	GANIZATION'S
NEEDS AND BUDGET. THE GOVERNING BOARD HAS DIRECT OVERSI	GHT OF THE
INDEPENDENT FINANCIAL AUDIT.	
	9
AMENDED RETURN EXPLANATION	
	chedule O (Form 990 or 990-EZ) (2012)

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26 2012 05030 FRIENDS OF MISSION SAN LUIS 20020621

Name of the organization FRIENDS OF	MISSION	SAN LUIS	S, INC.				eridentificat -375354	
ON PAGE 7 PART VII ROBER				WAS R	EPOR			
D IN ERROR. THIS RETURN	IS BEING	AMENDED	TO REP	ORT HI	s co	MPENS	ATION (	DN
COLUMN E FROM A RELATED (	ORGANIZA'	FION.						
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32212 1-04-13						1.0/5	rm 990 or 99	0 570 //

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990.	Organizations and Unrelated Partnerships anization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 ttach to Form 990.	rtnerships ne 33, 34, 35, 36, uctions.	or 37.		OMB No. 1545-0047 2012 Open to Public Inspection
Name of the organization FRIENDS OF MIS	MISSION SAN LUIS, INC				Employer identificatio 59-3753544	Employer identification number 59-3753544
part Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	e if the organization answered "Yes"	to Form 990, Part IV, line 30	7			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
part il Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ations (Complete if the organization a	answered "Yes" to Form 990	, Part IV, line 34 b	ecause it had one	or more related tax-ex	empt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(1) Direct controlling entity	(g) Section 512(b)(13) controlled entity7
FLORIDA DEPARTMENT OF STATE, DIVISION OF HISTORICAL RESOURCES - 59-6001874, 500 S. DEOMONICH STREAM TAILAURSEEF FI 30300.0050	ION OF THE STATE AGENCY 500 S. RESPONSIELE FOR PROMOTING 32300.0250 MIGGYON SAW THE			2. A	FLORIDA DEPARTMENT OF	
				51 ju		1
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ls for Form 990.			-	Schedule	Schedule R (Form 990) 2012

12-10-12 LHA

alaca	(f) (k) neral or Percentage naging ownership sis No				or more related	() (i) Section							Schedule R (Form 990) 2012
	(i) Code V-UBI Gen amount in box mer 20 of Schedule Par 641 (Form 1065) Ves				ecause it had one c	(H) (B)							Schedule R
	(h) Disproportion- ate allocations? Yes No				, Part IV, line 34 br	Û							
					"Yes" to Form 990	(e)							
					nization answered	(c) 							
16 OIG8115811011 81	(e) Predominant incor (related, unrelated excluded from tax ur sections 512-514				nplete if the organ	(c)							29
	(d) Direct controlling entity				ration or Trust (Cor	(q)							-
ax year.)	(c) Legal domicie (state or foreign country)				as a Corpo								
thership during the t	(b) Primary activity				anizations Taxable		2						
Part all organizations treated as a part	(a) Name, address, and EIN of related organization				Part IV Identification of Related Org	(a)	of related organization						232162 12-10-12
	organizations treated as a partnership during the tax year.)	organizations treated as a partnership during the tax year.) (a) (b) (c) (d) (e) (d) (e) (f) (g) (h) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	organizations treated as a partnership during the tax year.) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	organizations treated as a partnership during the tax year.) (a) (b) (c) (c) (d) (e) (f) (g) (h) (g) (h) (g) (h) (f) (g) (h) (g) (h) (g) (h) (g) (h) (g) (h) (g) (h) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	organizations treated as a partnership during the tax year.) (a) (b) (c) (c) (c) (d) (e) (d) (e) (f) (g) (h) (g) (h) (g) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	organizations treated as a partnership cluring the tax year.) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	organizations treated as a partnership during the taxyear.) (e) (f) (e) (f)	organizations treated as a partnership during the fax year.) Traitated organizations treated as a partnership during the fax year.) Traitated organization Traitated	organizations traited as a parmenting outling the tax year?) The second of the first share of the second value of the second v	organizations treated as a partnership curing the itx/year) The defeated organization The defeated o	organizations transfer as a parametric citrar data a construction a manual citrar data a construction of manual citrar data a construction	organizations transfer as a partnership of unig the taxysex).	organization tracted as a primerity of oring the tax year).

maedions With Related Organizations (Conclute If the organizations accordant and the system of the organizations (Conclute If the organizations (Conclute II and organizations) in us (VI of this schedula). In the tray way, off the organization of the organizations in the tray way. (Conclute organizations) in us (VI of the schedula). In the tray way, off the organization of the organiz	answered "Yes" to Form 860. Part IV, line 34. 361, or 361) the sufficience of the state organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organizations listed in Parts I;IV/1 Ito and the one or more natated organization listed in Parts I;IV/1 Ito and the organization listed in Parts I;IV/1 Ito and the organization listed in Parts I;IV/1 Ito and the organization listed in Parts I;IV/1 Ito and Ito and the organization listed in Parts I;IV/1 Ito and the organization listed in Parts I;IV/1 Ito and the organization listed in Parts I;IV/1 Ito and Ito and Ito and the organization listed in Parts I;IV/1 Ito and Ito and Ito and Ito and I i i i i i i i i i i i i i i i i i i	Schedule R (Form 990) 2012 FRIENDS OF MISSION SAN LUIS,	INC.		5	59-3753544	544	Page 3	
et is in a vertive lister in Parts I.II. or Vol triats exhedue et in the vy entry is factor in Parts I.II. or Vol triats exhedue et in the vy entry is factor in Parts I.II. or Vol triats exhedue et in the vy entry is factor in Parts III. II. or Vol tenthor engage or Vyl entry more corrected entry. et or estable computation for meated cognitizations) et or estable computation (second entry entry or estable comparisations) et or estable computation (second entry entry entry estable comparisations) et or estable comparisation(s) et on guarantees to or for nated cognitization(s) et on guarantees to or for nated cognitization(s) et of a section matter or contracted cognitization(s) et of a section matter or contracted cognitization(s) et of a section matter or contracted cognitization(s) et of a contracted cognitization(s) et a section more estion of comparisation(s) et a section more estion of comparisation(s) et a section matter or contracted cognitization(s) et a section matter or contracted cognitization(s) et a section more estion of comparisation(s) et a section more estication of the a section matter or contracted cognitization(s) et a section more estimation of the expenses error post of the anover or contracted cognitization(s) et a section entry of the above is the estable of more estimation of the anover or entracted cognitization(s) et a section entry of the above is the estable of more estable of estable of estable of estable of esta	ta base 1 fany om tij base in Fasta II, Lar V kin staakelua. te ast were dig anomitae (BI ovjatike of op en fransactions with one or more related organizations is the target anomitae (BI ovjatike of op en fransactions and the compatibulation of the following transactions and the compatibulation of the compatibulation o	Part V Transactions With Related Organizations (Complete if the organization answ	ered "Yes" to Form	990, Part IV, line 34, 35b	, or 36.)				)¥(
he taxy vacual constraintion engage in any of the following transactions with one or more natated organizations listed in Parts INY and organizations of the net work or careful contribution to existed organization(s)	he taxy vacuation engage in any of the following transactions with one or moor natated organizations lated in Parts INV at consent all contribution from a caterial organization(s) at consent control or a caterial organization(s) at consent to an order organization(s) at consent to any order as tasts for natated organization(s) at consent to another assets for natated organization(s) at consent or member the or function and organization(s) at consent to another assets for natated organization(s) at consent or property for natated organization(s) at consent paid by valued organization(s) at consent or property for natated organization(s) at consent paid by valued organization(s) at consent or property for natated organization(s) at consent or property for natated organization(s) at consent paid by valued organization(s) at consent or property for natated organization(s) at consent or property for natated organization(s) at consent or property for natated organization(s) at consent paid by valued organization(s) at consent	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Ye		
A final grantings of manufactor for and organization(s)	or (6) retreated (9) and/action (6) yordines or (n) reart from a controlled entity.  1. co califial contribution from related organization(s)  1. co califial controlled from the organization(s)  1. chao granteles to refrared organization(s)  2. fracting granteles  2. franteles  2. fract	I During the tax year, did the organization engage in any of the following transactions	with one or more re	lated organizations listed	in Parts II-IV?	. 1			
And constrained or metade organization(s)	the constant contruction for netated cognitization(s)	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		***********************************			1a	Х	
rti co readita contribution from related organization(s)	ren constraint of more communication (c)	b Gift, grant, or capital contribution to related organization(s)			*******		1b	X	
r (can guarantees to or for raised organization(s)	r (an guarantees to or for related organization(s)	c Glft, grant, or capital contribution from related organization(s)				1	10	X	
r (can guarantees by related organization(s)	r lan parantese by related organization(s)	d Loans or loan guarantees to or for related organization(s)					1d	X	
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		3 12-10-12	30			Schedule R (	(Form 99	0) 2012	

Schedule R (Form 990) 2012 FRIENDS OF MISSION SAN LUIS, INC. 59–3753544 Page 4 Part & Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)	Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(b)     (c)     (c) <th></th> <th></th> <th></th> <th></th>				
Schedule R (Form 990) 2012 FRIEN	Provide the following information for each e that was not a related organization. See ins	(a) Name, address, and EIN of entity				

12-10-12

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## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File	а	separate	application	for	each	return.	

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see Instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

A corpora Part I only	tion required to file Form 990-T and requesting an automatic 6-month extension - check	this box and complete
All other c to file inco	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7 me tax returns.	7004 to request an extension of time
Type or print	Name of exempt organization or other filer, see instructions. FRIENDS OF MISSION SAN LUIS, INC.	Employer identification number (EIN) $\overline{X}$ 59-3753544
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 2100 WEST TENNESSEE STREET	Social security number (SSN)
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TALLAHASSEE, FL 32304	

In Fax	Return Application R						
s For Code Is For							
Form 990	01	Form 990-T (corporation)			07		
Form 990-BL	02	Form 1041-A			08		
Form 990-EZ	01	Form 4720			09		
Form 990-PF	04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above)	06	Form 8870			12		
ROBERT BLOUNT							
• The books are in the care of > 2100 WEST TENNI	ESSEE	STREET - TALLAHAS	SEE.	FT. 323	04		
Telephone No. ► 850-245-6495							
<ul> <li>If the organization does not have an office or place of business</li> </ul>	s in the Un	ted States check this box					
If the organization does not have an office or place of business in the United States, check this box							
box ▶	and attac	th a list with the names and ElNin of		or the whole g	roup, check this		
FEBRUARY       15, 2013       to file the exemption is for the organization's return for:         ▶       □       calendar year       or         ▶       It ax year beginning       JUL       1, 2011	, and	ending JUN 30, 2012		<u>.</u>	n		
2 If the tax year entered in line 1 is for less than 12 months, ch	neck reaso	n: 🗌 Initial return 🔲 F	inal retu	11			
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o							
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o nonrefundable credits. See instructions.	r 6069, ent	er the tentative tax, less any	inal retu	\$	0.		
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If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box
 Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Mo		on of Time. Only file the origin	nal (no	copies	needed).	
		Enter filer's	10.000			
Type or Name of exempt organization or other filer, se print	e instructions				cation num	
File by the FRIENDS OF MISSION SAN I	JUIS, INC		X	59-	375354	4
due date for filing your return. See 2100 WEST TENNESSEE STRE	. box, see instruc				umber (SSN	
instructions. City, town or post office, state, and ZIP code. TALLAHASSEE, FL 32304	For a foreign add	dress, see instructions.				
Enter the Return code for the return that this application is	s for (file a separa	te application for each return)				01
Application	Return	Application				Return
Is For	Code	Is For				Code
Form 990	01				·····	0000
Form 990-BL	02	Form 1041-A	,	* ***		08
Form 990-EZ		and a second second		09		
Form 990-PF	04	Form 5227				10
Form 990-T (sec. 401(a) or 408(a) trust)	05 -	Form 6069				11
Form 990-T (trust other than above)	06	Form 8870				12
ROBERT BLOU.         • The books are in the care of ▶ 2100 WEST T.         Telephone No.▶ 850-245-6495         • If the organization does not have an office or place of but if this is for a Group Return, enter the organization's four box ▶	ENNESSEE usiness in the Un r digit Group Exe and attact MAY ng JUL 1, https, check reasco DITIONAL LETE AND	FAX No. ▶         ited States, check this box         mption Number (GEN)	this is fo all mem JUN Final REC	or the who bers the e 1 30, return	≥012	neck this for.
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EFTPS (Electronic Federal Tax Payment System). See			8c	\$		0.
Inder penalties of perjury, I declare that I have examined this form, t is true, correct, and complete, and that I am authorized to pepare			e best o		edge and beli $15/13$	ef,

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Form 8868 (Rev. 1-2012)

Page 2

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## TAX RETURN FILING INSTRUCTIONS

## FORM 990

## FOR THE YEAR ENDING

JUNE 30, 2013

Prepared for	
	FRIENDS OF MISSION SAN LUIS, INC. 2100 WEST TENNESSEE STREET TALLAHASSEE, FL 32304
Prepared by	THOMSON BROCK LUGER & COMPANY 3375-G CAPITAL CIRCLE, N. E. TALLAHASSEE, FL 32308
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	AS SOON AS POSSIBLE.
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED. IT IS RECOMMENDED THAT ALL FORMS BE MAILED BY CERTIFIED MAIL. THE RECEIPT RECEIVED SHOULD BE ATTACHED TO YOUR COPY AS PROOF OF TIMELY FILING.