

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

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

**C** Name of organization  
FOUNDATION FOR A SAFE ENVIRONMENT INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
115 EAST PARK AVENUE SUITE 1

City or town, state or province, country, and ZIP or foreign postal code  
TALLAHASSEE, FL 32301

**D** Employer identification number  
46-5701159

**E** Telephone number  
(202) 236-1642

**G** Gross receipts \$ 1,503,000

**F** Name and address of principal officer  
115 EAST PARK AVENUE SUITE 1  
TALLAHASSEE, FL 32301

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( 4 ) ◀ (insert no)  4947(a)(1) or  527

**J** Website: ▶ N/A

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

**L** Year of formation

**M** State of legal domicile FL

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
ENVIRONMENTAL ISSUE ADVOCACY

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	0
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	0
<b>6</b> Total number of volunteers (estimate if necessary)	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)		1,503,000
<b>9</b> Program service revenue (Part VIII, line 2g)		0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,503,000

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,380,970
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		82,933
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,463,903
<b>19</b> Revenue less expenses Subtract line 18 from line 12		39,097

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	3,117	42,214
<b>21</b> Total liabilities (Part X, line 26)		0
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	3,117	42,214

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \*\*\*\*\* Date: 2019-11-15

WILLIAM S JONES Chairman  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01776829
Firm's name ▶ JJ LUCKEY & COMPANY CPAS PLLC			Firm's EIN ▶ 59-2513836	
Firm's address ▶ 4045 NW 43RD ST SUITE A GAINESVILLE, FL 32606			Phone no (352) 377-7171	

**Part III Statement of Program Service Accomplishments**

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

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

ENVIRONMENTAL ISSUE ADVOCACY

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 1,463,789 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e** Total program service expenses ▶ 1,463,789

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, excess benefit transactions, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> <input type="text" value="0"/>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>	No
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		<b>3a</b>	No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . .</i>		<b>3b</b>	No
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		<b>4a</b>	No
<b>b</b> If "Yes," enter the name of the foreign country <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		<b>5a</b>	No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>	No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		<b>6a</b>	No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b> <input type="text"/>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		<b>7f</b>	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b>			
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>	No
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .		<b>9a</b>	No
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		<b>9b</b>	No
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .	<b>10a</b> <input type="text"/>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b> <input type="text"/>		
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b> <input type="text"/>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b> <input type="text"/>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b> <input type="text"/>	<b>12a</b>	No
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13a</b>	No
<b>b</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 . . . . .	<b>13b</b> <input type="text"/>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b> <input type="text"/>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>	No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . .</i>		<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .		<b>15</b>	No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .		<b>16</b>	No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (3); 1b Enter the number of voting members included in line 1a, above, who are independent (0); 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? (Yes); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (No); 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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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? (No); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (No); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: WILLIAM S JONES 115 EAST APRK AVENUE SUITE 1 TALLAHASSEE, FL 32301 (202) 239-1642

**Part VII**

**Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM S JONES Chairman	2 00 ..... 0 00			X				0	0	0
(2) CHRISTIE JONES Treasurer	2 00 ..... 0 00			X				0	0	0
(3) DELENA MAY Secretary	2 00 ..... 0 00			X				0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

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

<b>1b Sub-Total</b> . . . . .	▶		
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶		
<b>d Total (add lines 1b and 1c)</b> . . . . .	▶		

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

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

**Section B. Independent Contractors**

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

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

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



Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Contributions, Gifts, Grants, and Other Similar Amounts) and 1g-1h (Total).

Table for Program Service Revenue with 5 columns: Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f and 9 Total.

Main revenue table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12 (Other Revenue) and 11a-11e (Miscellaneous Revenue).

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,380,970	1,380,970		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	0			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	0			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	0			
<b>9</b> Other employee benefits.	0			
<b>10</b> Payroll taxes.	0			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	0			
<b>b</b> Legal.	406	406		
<b>c</b> Accounting.	0			
<b>d</b> Lobbying.	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	82,413	82,413		
<b>12</b> Advertising and promotion.	0			
<b>13</b> Office expenses.	0			
<b>14</b> Information technology.	0			
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	0			
<b>17</b> Travel.	0			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	0			
<b>20</b> Interest.	0			
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	0			
<b>23</b> Insurance.	0			
<b>24</b> 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.)				
<b>a</b> BANK CHARGES	114		114	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	0			
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,463,903	1,463,789	114	0
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	3,117	<b>1</b>	42,214	
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	0	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	0	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	0	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	0	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	0	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	0	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	0	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	0	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>			
	<b>b</b> Less accumulated depreciation	<b>10b</b>		<b>10c</b>	0
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	0	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	0	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	0	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	0	
	<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>	0	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		3,117	<b>16</b>	42,214	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>		
	<b>18</b> Grants payable . . . . .		<b>18</b>		
	<b>19</b> Deferred revenue . . . . .		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>		
	<b>22</b> 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 . . . . .		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>		
	<b>25</b> 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		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .		0	<b>26</b>	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets	3,117	<b>27</b>	42,214	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>		
	<b>29</b> Permanently restricted net assets		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>		
<b>33</b> Total net assets or fund balances . . . . .	3,117	<b>33</b>	42,214		
<b>34</b> Total liabilities and net assets/fund balances . . . . .	3,117	<b>34</b>	42,214		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,503,000
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,463,903
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	39,097
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,117
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	42,214

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>		No
<b>2c</b>		
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:** 18007218

**Software Version:** 2018v3.1

**EIN:** 46-5701159

**Name:** FOUNDATION FOR A SAFE ENVIRONMENT INC

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

ENVIRONMENTAL ISSUE ADVOCACY

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization FOUNDATION FOR A SAFE ENVIRONMENT INC

Employer identification number 46-5701159

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0
3 Enter total number of other organizations listed in the line 1 table 6

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference

Explanation

**Additional Data**

**Software ID:** 18007218  
**Software Version:** 2018v3.1  
**EIN:** 46-5701159  
**Name:** FOUNDATION FOR A SAFE ENVIRONMENT INC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Florida Consumer Awareness Fu 115 EAST PARK AVENUE SUITE 1 TALLAHASSEE, FL 32301			100,000	0			
Floridians for Sustainable Ag 115 EAST PARK AVENUE SUITE 1 TALLAHASSEE, FL 32301			249,985	0			



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Floridians for Sustainable Ag 115 EAST PARK AVENUE SUITE 1 TALLAHASSEE, FL 32301			379,985	0			
FRSCC 2640 A MITCHAM DRIVE TALLAHASSEE, FL 32301			200,000	0			

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Good Government for Florida 115 EAST PARK AVENUE SUITE 1 TALLAHASSEE, FL 32301			101,000	0			
Growing Floridas Economy 115 EAST PARK AVENUE SUITE 1 TALLAHASSEE, FL 32301			350,000	0			

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization FOUNDATION FOR A SAFE ENVIRONMENT INC	Employer identification number 46-5701159
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

**Part III Grants or Assistance Benefiting Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ELECTIONEERING CONSULTING	OFFICER'S CO	100	CONSULTING SERVICE		No

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

FOUNDATION FOR A SAFE ENVIRONMENT INC

Employer identification number

46-5701159

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	GOVERNING BODY REVIEW

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	DOCUMENTS AVAILABLE UPON REQUEST

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FOUNDATION FOR A SAFE ENVIRONMENT INC

**Employer identification number**

46-5701159

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(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))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> ELECTIONEERING CONSULTING 115 East Park Avenue Suite 1 Tallahassee, FL 32301 27-5431051	CONSULTING SERVICE	FL	N/A	C CORP					No



**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:** 18007218  
**Software Version:** 2018v3.1  
**EIN:** 46-5701159  
**Name:** FOUNDATION FOR A SAFE ENVIRONMENT INC

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(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))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
115 East Park Avenue Suite 1 Tallahassee, FL 32301 82-2190493	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 45-1992244	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 82-1025642	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 26-2998455	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 82-1956611	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 27-4900573	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 47-3740770	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 45-2962024	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 20-5463167	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 20-5709936	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 81-1942747	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 82-2494842	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 46-0826209	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 82-3104354	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 82-1945746	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 81-1964133	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 82-1733728	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 46-5737197	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 27-2774359	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 81-2740417	ISSUE ADVOCACY	FL	527		NA		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							Section 512 (b)(13) controlled entity?	
(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))	(f) Direct controlling entity	(g)		
						Yes	No	
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 45-4338410	CONSUMER AWARENESS	FL	527		NA		No	
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 46-4350983	ISSUE ADVOCACY	FL	527		NA		No	
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 45-1975104	ISSUE ADVOCACY	FL	527		NA		No	
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 82-2489296	ISSUE ADVOCACY	FL	527		NA		No	
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 81-2125294	ISSUE ADVOCACY	FL	527		NA		No	
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 47-1537092	ISSUE ADVOCACY	FL	527		NA		No	
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 47-1912852	ISSUE ADVOCACY	FL	527		NA		No	
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 81-2113723	ISSUE ADVOCACY	FL	527		NA		No	
115 EAST PARK AVENUE STE 1 TALLAHASSEE, FL 32301 26-3822335	ISSUE ADVOCACY	FL	527		NA		No	
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 26-2998562	ISSUE ADVOCACY	FL	527		NA		No	
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 27-3129245	ISSUE ADVOCACY	FL	527		NA		No	
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 81-2524220	ISSUE ADVOCACY	FL	527		NA		No	
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 46-4458975	ISSUE ADVOCACY	FL	527		NA		No	
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 45-5228881	ISSUE ADVOCACY	FL	527		NA		No	
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 27-1894669	ISSUE ADVOCACY	FL	527		NA		No	
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 81-3072577	ISSUE ADVOCACY	FL	527		NA		No	
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 81-3841240	ISSUE ADVOCACY	FL	527		NA		No	
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 81-2151987	ISSUE ADVOCACY	FL	527		NA		No	
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 46-0895209	ISSUE ADVOCACY	FL	527		NA		No	
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 45-2560020	ISSUE ADVOCACY	FL	527		NA		No	

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(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))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1435 E Venice Ave Ste 104-184 VENICE, FL 34292 82-2853804	ISSUE ADVOCACY	FL	527		NA		No
3539 Apalachee Parkway 395 TALLAHASSEE, FL 32311 81-4079415	ISSUE ADVOCACY	FL	527		NA		No
2023 N Atlantic Ave 271 COCOA BEACH, FL 32931 47-1115755	ISSUE ADVOCACY	FL	527		NA		No
15880 Summerlin Road Suite 300-311 TALLAHASSEE, FL 33908 47-1128827	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 46-4186442	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 46-0999961	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 27-2889080	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 45-1273131	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 27-3129458	ISSUE ADVOCACY	FL	527		NA		No
115 EAST PARK AVENUE STE 1 TALLAHASSEE, FL 32301 46-0988726	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 45-2231392	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 27-2115163	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 27-3223846	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 27-2690345	ISSUE ADVOCACY	FL	527		NA		No
5727 NW 7th ST PMB 297 MIAMI, FL 33126 82-1639280	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 27-0852659	ISSUE ADVOCACY	FL	527		NA		No
14260 West Newberry Rd Ste 343 NEWBERRY, FL 32669 82-3108572	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 82-2933642	ISSUE ADVOCACY	FL	527		NA		No
115 East Park Avenue Suite 1 TALLAHASSEE, FL 32301 82-2850981	ISSUE ADVOCACY	FL	527		NA		No
14260 West Newberry Rd Ste 343 Newberry, FL 32669 83-1795318	ISSUE ADVOCACY	FL	527		N/A		No

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(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))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
115 East Park Avenue Suite 1 Tallahassee, FL 32301 83-1180887	ISSUE ADVOCACY	FL	527		N/A		No
115 East Park Avenue Suite 1 Tallahassee, FL 32301 82-5325671	ISSUE ADVOCACY	FL	501		N/A		No
115 East Park Avenue Suite 1 Tallahassee, FL 32301 83-1548982	ISSUE ADVOCACY	FL	527		NA		No
1563 Capital Circle SE 395 Tallahassee, FL 32301 83-2075071	ISSUE ADVOCACY	FL	527		N/A		No
115 East Park Avenue Suite 1 Tallahassee, FL 32301 83-0756560	ISSUE ADVOCACY	FL	527		N/A		No
5705 Sunflower Circle Sarasota, FL 34238 83-2726154	ISSUE ADVOCACY	FL	527		N/A		No
7322 Manatee Ave W 149 Bradenton, FL 34209 83-1180700	ISSUE ADVOCACY	FL	527		N/A		No
115 East Park Avenue Suite 1 Tallahassee, FL 32301 82-5319147	ISSUE ADVOCACY	FL	527		N/A		No
115 East Park Avenue Suite 1 Tallahassee, FL 32301 83-1930365	ISSUE ADVOCACY	FL	527		N/A		No
14260 West Newberry Rd Ste 343 Newberry, FL 32669 83-1840451	ISSUE ADVOCACY	FL	527		N/A		No
115 East Park Avenue Suite 1 Tallahassee, FL 32301 83-1268783	ISSUE ADVOCACY	FL	527		N/A		No
115 East Park Avenue Suite 1 Tallahassee, FL 32301 82-4193119		FL	527		N/A		No
115 East Park Avenue Suite 1 Tallahassee, FL 32301 83-1195129	ISSUE ADVOCACY	FL	527		N/A		No
2217 NW 16th Terrace Gainesville, FL 32605 83-1930324		FL	527		N/A		No
115 East Park Avenue Suite 1 Tallahassee, FL 32301 82-4818028		FL	527		N/A		No
1007 N Federal Highway 2022 Fort Lauderdale, FL 33304 83-1268493	ISSUE ADVOCACY	FL	527		N/A		No

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b> Florida Consumer Awareness Fund	b	100,000	CASH
<b>(1)</b> Florida Consumer Awareness Fund	c	500,000	CASH
<b>(2)</b> Floridians For Sustainable Agriculture	b	629,970	CASH
<b>(3)</b> Floridians For Sustainable Agriculture	c	157,000	CASH
<b>(4)</b> Good Government For Florida Inc	b	101,000	CASH
<b>(5)</b> Good Government For Florida Inc	c	101,000	CASH
<b>(6)</b> Growing Floridas Economy	b	350,000	CASH
<b>(7)</b> ELECTIONEERING CONSULTING	p	100	CASH