

Florida Department of Environmental Protection

## CITIZEN SUPPORT ORGANIZATION 2015 REPORT (pursuant to Florida Statute 20.058)

#### **Statutory Authority:**

Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.

Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.

Brief Description of the CSO's Mission: To provide fund raising events and activities that support pakr objectives while encouraging visitor use and stewardship of the park.

Brief Description of the CSO's Results Obtained: Friends of Collier-Seminole State Park has supported the park through fund raising activities that have allowed the purchase of tools and equipment not otherwise affordable through normal park budgeting. Most recently the friends purchased a new tractor for the park.

Brief Description of the CSO's Plans for Next Three Fiscal Years: Continue to support the park's efforts to improve facilities and protect natural and cultural resources.

 Copy of the CSO's Code of Ethics attached (Model provided; see CSO 2014 instructions)
 Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement

## Model CSO Code of Ethics – June 2014

## [Friends of Collier-Seminole State Park] CODE OF ETHICS

### **PREAMBLE**

- (1) It is essential to the proper conduct and operation of [Friends of Collier-Seminole State Park] (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 Statute (Fla. Stat.), 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 Collier-Seminole State Park] 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, Fla. Stat., 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.

## Model CSO Code of Ethics – June 2014

#### 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 Environmental Protection terminating its Agreement with the CSO.

|            |                       | Short Form  |              | 1                     | OMB No. 1545-1150       |
|------------|-----------------------|---|--------------|-----------------------|-------------------------|
| Fam        | go                    | <b>90-EZ</b> Return of Organization Exempt From Income  | Tax          | F                     |                         |
| Form       |                       | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private   |              | ions)                 | 2014                    |
|            |                       | Do not enter social security numbers on this form as it may be made p   |              | 1                     | Open to Public          |
| Depa       | artment c<br>nal Reve | of the Treasury<br>enue Service Information about Form 990-EZ and its instructions is at www.irs.gov/fd   |              |                       | Inspection              |
| _          |                       | 2014 calendar year, or tax year beginning JAN 1 , 2014, and ending  | Γ            | DEC 31                | , 20 14                 |
|            |                       | upplicable: C Name of organization  |              | and the second second | ntification number      |
|            | Address o             | change FRIENDS OF COLLIER SEMINOLE STATE PARK   |              | 65                    | -0329221                |
|            | Name cha              |   | E Telep      | hone nu               | mber                    |
|            | nitial retu           | 20200 TAWIAWI TK EAST   |              | 239                   | 9-394-3397              |
|            | Amended               | Inv/terminated City or town, state or province, country, and ZIP or foreign postal code   | F Grou       | ıp Exen               | nption                  |
| =          |                       | on pending NAPLES, FL 34114   | Nun          | nber 🕨                |                         |
| G A        | ccount                | ting Method:  | Check I      | ▶ 🗌 if                | the organization is not |
|            | /ebsite               |   | 11781 St. 1  |                       | ch Schedule B           |
|            |                       | mpt status (check only one) 501(c)(3) _ 501(c) ( ) ◄ (insert no.) _ 4947(a)(1) or _ 527   | (Form 9      | 90, 990               | -EZ, or 990-PF).        |
|            |                       | forganization: Corporation Trust Association Other  |              |                       |                         |
|            |                       | as 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to  |              |                       |                         |
| -          | SLADAR, SPALLAS       | lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ   |              | \$                    | (                       |
| Pa         | art I                 | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see th   |              |                       |                         |
|            |                       | Check if the organization used Schedule O to respond to any question in this Part   |              |                       |                         |
|            | 1                     | Contributions, gifts, grants, and similar amounts received  | • • •        | 1                     | 518.36                  |
|            | 2                     | Program service revenue including government fees and contracts   | •6 :0•6 :0•6 | 2                     | 38145.86                |
|            | 3                     | Membership dues and assessments   | • • •        | 3                     | 140.00                  |
|            | 4                     |   | • • •        | 4                     | 13.42                   |
|            | 5a                    | Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses   |              |                       |                         |
|            | b                     |   |              | 5c                    |                         |
|            | с<br>6                | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .<br>Gaming and fundraising events  |              | 50                    |                         |
|            | a                     | Gross income from gaming (attach Schedule G if greater than   |              |                       |                         |
| le         | a                     | \$15,000)   |              | a la cara             |                         |
| Revenue    | b                     | Gross income from fundraising events (not including \$ of contributio   | ons          |                       |                         |
| Sev        |                       | from fundraising events reported on line 1) (attach Schedule G if the   | 2010/20      |                       |                         |
| -          |                       | sum of such gross income and contributions exceeds \$15,000) 6b   |              |                       |                         |
|            | С                     | Less: direct expenses from gaming and fundraising events 6c   |              |                       |                         |
|            | d                     | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and s  | ubtract      |                       |                         |
|            |                       | line 6c)  | • • •        | 6d                    |                         |
|            | 7a                    | Gross sales of inventory, less returns and allowances   |              |                       |                         |
|            | b                     | Less: cost of goods sold  |              |                       |                         |
|            | С                     | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  |              | 7c                    |                         |
|            | 8                     | Other revenue (describe in Schedule O)  |              | 8                     |                         |
|            | 9                     | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  |              | 9                     | 38817.64                |
|            | 10                    | Grants and similar amounts paid (list in Schedule O)  |              | 10                    |                         |
| 327        | 11                    | Benefits paid to or for members   |              | 11                    | 1267.58                 |
| ses        | 12                    | Salaries, other compensation, and employee benefits   |              | 12                    | 44000 50                |
| Expenses   | 13                    | Professional fees and other payments to independent contractors   | • • •        | 13                    | 11899.52                |
| dx         | 14                    | Occupancy, rent, utilities, and maintenance   |              | 14                    | 59.72                   |
| -          | 15                    | Printing, publications, postage, and shipping   | • • •        | 15<br>16              | 59.72                   |
|            | 16<br>17              | Other expenses (describe in Schedule O)   |              | 10                    | 72707.77                |
|            | 18                    | Total expenses. Add lines 10 through 16       . <td>• • •</td> <td>18</td> <td>-33890.13</td> | • • •        | 18                    | -33890.13               |
| ets        | 10                    | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agr   |              | 10                    | -33070.13               |
| Net Assets |                       | end-of-year figure reported on prior year's return)   |              | 19                    | 82123.32                |
| tA         | 20                    | Other changes in net assets or fund balances (explain in Schedule O)  |              | 20                    | 38.04                   |
|            | <u> </u>              |   |              |                       | 00.04                   |
| Ne         | 21                    | Net assets or fund balances at end of year. Combine lines 18 through 20   |              | 21                    | 48271.23                |

|   | lance Sheets (see the instruction  | is for Part II)   |   |   |                      |   |
|---|--|---|---|---|----------------------|---|
| Ch  | eck if the organization used Schedu  | ule O to respond to a   | ny question in this   | Part II   |                      | 0   |
|   |  | an - an an Alexandro - In Alexandro - A   |   | (A) Beginning of year   |                      | (B) End of year                                 |
| 22 Cash, sa   | wings, and investments   |   |   | 82123.32  | 22                   | 48271.  |
| 23 Land an  | d buildings  |   |   |   | 23                   |   |
|   | sets (describe in Schedule O)  |   |   | and the second se | 24                   |   |
|   | sets   |   |   |   | 25                   |   |
|   | bilities (describe in Schedule O) .  |   |   |   | 26                   |   |
|   | ets or fund balances (line 27 of colu  |   |   | 82123.32  | 27                   | 48271.  |
|   | atement of Program Service Acco  |   |   | - · · · · · · · · · · · · · · · · · · ·   |                      | Evenences                                       |
|   | eck if the organization used Schedu  | ule O to respond to a   | ny question in this   | Part III []   | (Rea                 | Expenses<br>uired for section                   |
| vhat is the orga  | anization's primary exempt purpose?  |   |   |   | 501(                 | c)(3) and 501(c)(4)                             |
| is measured b   | ganization's program service accom<br>y expenses. In a clear and concise<br>ed, and other relevant information for                                 | manner, describe the  |   |   | orga<br>othe         | inizations; optional f<br>irs.)                 |
| 28  | in - NACE - Al Marine Constant of grant balance in the set of the Alaski sociation   |   |   |   | an kain t            |   |
| (Grants \$  | ) If this amou   | int includes foreign gra  | ants check here   |   | 28a                  |   |
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| 30  | j il this amou   | int includes loreign gra  | ants, check here .  | 🕨 🗆   | 230                  |   |
|   |  |   |   |   |                      |   |
| (Grants \$  |  | int includes foreign gra  |   |   | 30a                  |   |
|   | ram services (describe in Schedule C   |   |   | the most most which which we have   |                      |   |
| (Grants \$  |  | int includes foreign gra  |   |   | 31a                  |   |
| The second se         | ram service expenses (add lines 28   |   | the second se | and the second  | 32                   | 1   |
|   | of Officers, Directors, Trustees, and H  |   |   |   |                      | and a second second second second second second |
| Ch  | eck if the organization used Schedu  | lie U to respond to a   |   | Daut IV/  |                      |   |
|   |  |   |   |   | <u></u>              | <u></u>   |
|   | (a) Name and title   | (b) Average<br>hours per week<br>devoted to position  | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)                              | (d) Health benefits,<br>contributions to employe<br>benefit plans, and  | ee <b>(e)</b>        | Estimated amount                                |
|   |  | (b) Average<br>hours per week   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)                              | (d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation   | e <b>(e)</b><br>0    | Estimated amount                                |
| 622 MEDOW RI  | DGE DR SW. BRYAN CTR, MI 37122   | (b) Average<br>hours per week<br>devoted to position<br>PRES.<br>20 HRS   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)                              | (d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation   | ee <b>(e)</b>        | Estimated amount                                |
| 622 MEDOW RI<br>EORGE SMITH   | DGE DR SW. BRYAN CTR, MI 37122   | (b) Average<br>hours per week<br>devoted to position<br>PRES.   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)                              | (d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation   | e <b>(e)</b><br>0    | Estimated amount                                |
| 622 MEDOW RI<br>EORGE SMITH<br>0200 TAMIAMI   | DGE DR SW. BRYAN CTR, MI 37122   | (b) Average<br>hours per week<br>devoted to position<br>PRES.<br>20 HRS<br>VICE PRES.<br>20 HRS   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)                              | (d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation   | e <b>(e)</b><br>0    | Estimated amount                                |
| 622 MEDOW RI<br>EORGE SMITH<br>0200 TAMIAMI<br>EN SYPKENS   | DGE DR SW. BRYAN CTR, MI 37122<br>FR. EAST NAPLES FL 34114   | (b) Average<br>hours per week<br>devoted to position<br>PRES.<br>20 HRS<br>VICE PRES.   | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)                              | (d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation   | ee <b>(e)</b><br>0   | Estimated amount                                |
| 622 MEDOW RI<br>EORGE SMITH<br>0200 TAMIAMI<br>EN SYPKENS<br>897 GRANADA  | DGE DR SW. BRYAN CTR, MI 37122<br>IR. EAST NAPLES FL 34114<br>CT. NW GRAND RAPIDS, MI 49534  | (b) Average<br>hours per week<br>devoted to position<br>PRES.<br>20 HRS<br>VICE PRES.<br>20 HRS<br>SECRETARY<br>20 HRS                                      | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)                              | (d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation   | e <b>(e)</b><br>0    | Estimated amount                                |
| 622 MEDOW RI<br>EORGE SMITH<br>0200 TAMIAMI<br>EN SYPKENS<br>897 GRANADA<br>ERRY DONSEL                                 | DGE DR SW. BRYAN CTR, MI 37122<br>IR. EAST NAPLES FL 34114<br>CT. NW GRAND RAPIDS, MI 49534<br>MAN   | (b) Average<br>hours per week<br>devoted to position<br>PRES.<br>20 HRS<br>VICE PRES.<br>20 HRS<br>SECRETARY  | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)                              | (d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation   | e (e)<br>0<br>0      | Estimated amount                                |
| 622 MEDOW RI<br>SEORGE SMITH<br>0200 TAMIAMI<br>EN SYPKENS<br>897 GRANADA<br>ERRY DONSEL<br>880 S. COUNTY               | DGE DR SW. BRYAN CTR, MI 37122<br>IR. EAST NAPLES FL 34114<br>CT. NW GRAND RAPIDS, MI 49534<br>MAN<br>RD. 25A TIPP CITY, OHIO 45371                | (b) Average<br>hours per week<br>devoted to positionPRES.<br>20 HRSVICE PRES.<br>20 HRSSECRETARY<br>20 HRSTREASURER<br>20 HRS                               | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)                              | (d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation   | ee <b>(e)</b><br>0   | Estimated amount                                |
| 622 MEDOW RI<br>EORGE SMITH<br>0200 TAMIAMI<br>EN SYPKENS<br>897 GRANADA<br>ERRY DONSEL<br>880 S. COUNTY<br>RANCES ELLE | DGE DR SW. BRYAN CTR, MI 37122<br>FR. EAST NAPLES FL 34114<br>CT. NW GRAND RAPIDS, MI 49534<br>MAN<br>RD. 25A TIPP CITY, OHIO 45371<br>N DONSELMAN | (b) Average<br>hours per week<br>devoted to position<br>PRES.<br>20 HRS<br>VICE PRES.<br>20 HRS<br>SECRETARY<br>20 HRS<br>TREASURER                         | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)                              | (d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation   | e (e)<br>0<br>0      |   |
| 522 MEDOW RI<br>EORGE SMITH<br>D200 TAMIAMI<br>EN SYPKENS<br>397 GRANADA<br>ERRY DONSEL<br>380 S. COUNTY<br>RANCES ELLE | DGE DR SW. BRYAN CTR, MI 37122<br>IR. EAST NAPLES FL 34114<br>CT. NW GRAND RAPIDS, MI 49534<br>MAN<br>RD. 25A TIPP CITY, OHIO 45371                | (b) Average<br>hours per week<br>devoted to positionPRES.<br>20 HRSVICE PRES.<br>20 HRSSECRETARY<br>20 HRSTREASURER<br>20 HRSTREASURER<br>20 HRSSGT AT ARMS | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC<br>(if not paid, enter -0-)                              | (d) Health benefits,<br>contributions to employe<br>benefit plans, and<br>deferred compensation   | e (e)<br>0<br>0<br>0 | Estimated amount                                |
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| -      | 90-EZ (2014)   |            |               | age 3   |
|--------|--|------------|---------------|---------|
| Part   | the second s |            |               | _       |
|        | instructions for Part V) Check if the organization used Schedule O to respond to any question in this  | Part       | 1             |         |
| 33     | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  | 33         | Yes           | No      |
| 34     | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)   | 34         |               | v       |
| 35a    | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?   | 35a        |               | v       |
| b      | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   | 35b        |               | V       |
| С      | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   | 35c        |               | v       |
| 36     | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  | 36         |               | v       |
| 37a    | Enter amount of political expenditures, direct or indirect, as described in the instructions  37a  |            | in the second | 2       |
| b      | Did the organization file Form 1120-POL for this year?   | 37b        |               | V       |
| 38a    | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?   | 38a        |               | V       |
| b      | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b   |            |               |         |
| 39     | Section 501(c)(7) organizations. Enter:  |            |               |         |
| a<br>b | Initiation fees and capital contributions included on line 9       39a         Gross receipts, included on line 9, for public use of club facilities       39a   |            |               |         |
| 40a    | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:<br>section 4911 ► ; section 4912 ► ; section 4955 ►  |            |               |         |
| b      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 40b        |               | ~       |
| c      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |            |               |         |
| d      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  |            |               |         |
| e      | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   | 40e        |               | V       |
| 41     | List the states with which a copy of this return is filed  |            |               |         |
| 42a    | The organization's books are in care of ►     Telephone no. ►       Located at ►     ZIP + 4 ►   |            |               |         |
| 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)? If "Yes," enter the name of the foreign country:  | 42b        | Yes           | No<br>V |
|        | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |               |         |
| С      | At any time during the calendar year, did the organization maintain an office outside the U.S.?  | 42c        |               | ~       |
| 43     | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  |            | . 1           |         |
|        |  |            | Yes           | No      |
| 44a    | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 44a        |               | V       |
| b      | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 44b        |               | ~       |
| c<br>d | Did the organization receive any payments for indoor tanning services during the year?   | 44c<br>44d |               | ~ ~     |
| 45a    | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45a        |               | V       |
| b      | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)   | 45b        |               | ~       |

Form 990-EZ (2014)

| 6   | Did the organization engage, directly or in                                       | ndirectly, in political c                            | ampaign activities on                                   | behalf of or in   | oppositi                          | ion                       | Yes             | No  |
|-----|---|--|---|---|-----------------------------------|---------------------------|-----------------|-----|
| Č.  | to candidates for public office? If "Yes," of                                     | complete Schedule C                                  | , Part I  |   |                                   | 46                        |                 | V   |
| art | All section 501(c)(3) organization 50 and 51.                                     | s must answer que                                    |   | ¢   | plete the                         | e tables f                | or lin          | əs  |
|     | Check if the organization used Sc   | hedule O to respond                                  | to any question in the                                  | nis Part VI .   |                                   |                           |                 | ]   |
| 7   | Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par  |  | section 501(h) election                                 |   |                                   |                           | Yes             | N   |
| 3   | Is the organization a school as described in                                      | n section 170(b)(1)(A)(i                             | i)? If "Yes," complete S                                | Schedule E  |                                   | 48                        |                 | 1   |
| )a  | Did the organization make any transfers t   |  |   |   |                                   | . 49a                     |                 | 1   |
| b   | If "Yes," was the related organization a se                                       |  |   |   |                                   | 49b                       |                 |     |
| 0   | Complete this table for the organization's employees) who each received more than |  |   |   |                                   |                           |                 |     |
|     | (a) Name and title of each employee   | (b) Average<br>hours per week<br>devoted to position | (c) Reportable<br>compensation<br>(Forms W-2/1099-MISC) | (d) Health be<br>contributions to<br>benefit plans, and<br>compensa | nefits,<br>employee<br>d deferred | (e) Estimate<br>other com | d amoi          | unt |
|     |   |  |   |   |                                   |                           | 200 NI - 27- 27 |     |
|     |   |  |   |   |                                   |                           |                 |     |
| f   | Total number of other employees paid ov   | er \$100.000   | . ►   |   |                                   |                           |                 |     |
|     | Complete this table for the organization \$100,000 of compensation from the orga  | s five highest compe                                 | ensated independent                                     | contractors w   | no each                           | received                  | more            | th  |
|     | (a) Name and business address of each independ                                    | lent contractor                                      | (b) Type of servi                                       | се  | (c)                               | Compensati                | on              |     |
|     |   |  |   |   |                                   |                           |                 |     |
|     |   |  |   |   |                                   |                           |                 |     |
|     |   |  |   |   |                                   |                           |                 |     |

d Total number of other independent contractors each receiving over \$100,000 . . . ▶

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<br>Here     | Signature of officer<br>BENEDICT R. BONK SR.<br>Type or print name and title | Treasurer                          |      | Date<br>ARCH 30, 2015  |          |  |
|------------------|--|------------------------------------|------|------------------------|----------|--|
| Paid<br>Preparer | Print/Type preparer's name   | Preparer's signature               | Date | Check if self-employed | PTIN     |  |
| Use Only         |  |                                    |      | Firm's EIN 🕨           |          |  |
| ece emy          | Firm's address ►   | Phone no.                          |      |                        |          |  |
| May the IRS      | discuss this return with the pre   | parer shown above? See instruction | าร   | 🕨 [                    | Yes 🗌 No |  |

Form 990-EZ (2014)

| SCHEDULE O<br>(Form 990 or 990-EZ)       Supplemental Information to Form 990 or 990-EZ         Complete to provide information for responses to specific questions on<br>Form 990 or 990-EZ or to provide any additional information. |  |                     | OMB No. 1545-0047 |  |
|--|--|---------------------|-------------------|--|
| Department of the Treasury<br>Internal Revenue Service   |  |                     |                   |  |
| Name of the organization   |  | Employer identifica | tion number       |  |
| FRIENDS OF COLLIER SEMINOLE STATE PARK   |  |                     | 0329221           |  |

LINE 16 OTHER EXPENSES: INCLUDED IN THIS FIGURE ARE THE OPERATIONAL EXPENSES FOR THE CSO PARK SERVICES, PURCHASES

FOR THE PARK, MERCHANT FEES, FESTIVAL EXPENSES, ADVERTISING EXPENSES, BANK SERVICE CHARGES, TRAVEL AND MEETING

EXPENSES FOR THE CSO OPERATIONS.

LINE 20 MERCHANT FEE REFUND

LINE 2 INCLUDES ADVENTURE SERIES, SLAES OF SERVICES FOR PARK OCCUPENTS, FESTIVAL INCOME, AND GATE SALES.

LINE 11 INCLUDES EXPENSES FROM THE APPRECIATION DINNERS FOR THE CSO MEMBERSHIP

| SCHEDULE A          |   |
|---------------------|---|
| (Form 990 or 990-EZ | 1 |

Department of the Treasury

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.
about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

20**14** Open to Public Inspection

OMB No. 1545-0047

|                          | information about conclude A (i offit boo of boo LL) and its i |                              |
|--------------------------|--|------------------------------|
| Name of the organization |  | Employer identification numb |
| FRIENDS OF COLLIER       | SEMINOLE STATE PARK  | 65-0329221                   |

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
  - 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
  - 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
  - 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
  - 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
  - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
  - 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
  - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
  - 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
  - 9 P An organization that normally receives: (1) more than 331/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a 
    Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - **b Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . . . . .
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | listed in you | organization<br>ur governing<br>ment? |  | (vi) Amount of<br>other support (see<br>instructions) |  |
|------------------------------------|----------|---------------|---------------------------------------|--|---|--|
|                                    |          | Yes           | No                                    |  |   |  |
| (A)                                |          |               |                                       |  |   |  |
| (B)                                |          |               |                                       |  |   |  |
| (C)                                |          |               |                                       |  |   |  |
| (D)                                |          |               |                                       |  |   |  |
| (E)                                |          |               |                                       |  |   |  |
| Total                              |          |               |                                       |  |   |  |

| Schedu<br>Part |  |                                   |                                   |                                    |                                   |   |   |
|----------------|--|-----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|---|---|
|                | (Complete only if you checked the<br>Part III. If the organization fails to  |                                   |                                   |                                    |                                   |   | alify under   |
| Secti          | on A. Public Support   | quality unue                      |                                   | sted below, p                      | lease comple                      | stor art m.y                              |   |
|                | dar year (or fiscal year beginning in)   | (a) 2010                          | (b) 2011                          | (c) 2012                           | (d) 2013                          | (e) 2014                                  | (f) Total   |
| 1              | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grants.")   |                                   |                                   |                                    |                                   |   |   |
| 2              | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                                   |                                   |                                    |                                   |   |   |
| 3              | The value of services or facilities furnished by a governmental unit to the organization without charge  |                                   |                                   |                                    |                                   |   |   |
| 4              | Total. Add lines 1 through 3   | A STATE OF STATE OF STATE         |                                   |                                    |                                   |   |   |
| 5              | The portion of total contributions by<br>each person (other than a<br>governmental unit or publicly<br>supported organization) included on<br>line 1 that exceeds 2% of the amount<br>shown on line 11, column (f) |                                   |                                   |                                    |                                   |   |   |
| 6              | Public support. Subtract line 5 from line 4.   |                                   |                                   |                                    |                                   |   |   |
|                | on B. Total Support  |                                   |                                   | 1 1 2 2 2 2 2                      | ( 1) 0040                         | 1 () 0011                                 | 10 7  |
|                | dar year (or fiscal year beginning in) 🕨   | (a) 2010                          | (b) 2011                          | (c) 2012                           | (d) 2013                          | (e) 2014                                  | (f) Total   |
| 7              | Amounts from line 4  |                                   |                                   |                                    |                                   |   |   |
| 8              | Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties and income from similar<br>sources  |                                   |                                   |                                    |                                   |   |   |
| 9              | Net income from unrelated business   |                                   |                                   |                                    |                                   |   |   |
|                | activities, whether or not the business  |                                   |                                   |                                    |                                   |   |   |
|                | is regularly carried on  |                                   |                                   |                                    |                                   |   |   |
| 10             | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.)  |                                   |                                   |                                    |                                   |   | 6. <sup>9</sup>   |
| 11             | Total support. Add lines 7 through 10  |                                   |                                   |                                    |                                   |   |   |
| 12             | Gross receipts from related activities, etc  | . (see instructi                  | ons)                              |                                    |                                   | 12  |   |
| 13             | First five years. If the Form 990 is for th  |                                   |                                   |                                    |                                   | ear as a section                          | on 501(c)(3)  |
|                | organization, check this box and stop he   | re                                |                                   |                                    |                                   |   | · · Þ 🗆   |
| Secti          | on C. Computation of Public Suppor   | t Percentag                       | e                                 |                                    |                                   |   |   |
| 14             | Public support percentage for 2014 (line 6   | S                                 |                                   |                                    |                                   | 14  | %   |
| 15             | Public support percentage from 2013 Sch  |                                   |                                   |                                    |                                   | 15  | %   |
| 16a            | 331/3% support test-2014. If the organi  |                                   |                                   |                                    |                                   |   |   |
| 5              | box and stop here. The organization qua<br>33 <sup>1</sup> / <sub>3</sub> % support test-2013. If the organ  |                                   |                                   |                                    |                                   |   |   |
| b              | check this box and <b>stop here.</b> The organ   |                                   |                                   |                                    |                                   |   |   |
| 17a            | 10%-facts-and-circumstances test-20  |                                   | Den Miller (Cho Brechterie George | Detailer Re- De-to-call Lands      |                                   |   |   |
| 174            | 10% or more, and if the organization me<br>Part VI how the organization meets the "f<br>organization   | ets the "facts-<br>acts-and-circu | and-circumsta<br>umstances" tes   | ances" test, ch<br>st. The organiz | eck this box a<br>ation qualifies | nd <b>stop here. I</b><br>as a publicly s | Explain in<br>upported  |
| b              | <b>10%-facts-and-circumstances test</b> —20<br>15 is 10% or more, and if the organizat   | 013. If the orga                  | anization did n                   | ot check a box                     | x on line 13, 10                  | 6a, 16b, or 17a                           | , and line  |
|                | Explain in Part VI how the organization m<br>supported organization  | eets the "fact                    | s-and-circums                     | tances" test. 7                    | The organization                  | on qualifies as a                         | a publicly  |
| 18             | Private foundation. If the organization di   |                                   |                                   |                                    |                                   |   | Contraction of the second s |
|                | instructions   |                                   |                                   |                                    |                                   |   | . 🕨 🗌   |

Schedule A (Form 990 or 990-EZ) 2014

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (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.)

| Secti  | ion A. Public Support  |                       |   |  |                                   |   |  |
|--|--|-----------------------|---|--|-----------------------------------|---|--|
| Calen  | ndar year (or fiscal year beginning in) 🕨  | (a) 2010              | (b) 2011  | (c) 2012   | (d) 2013                          | (e) 2014  | (f) Total  |
| 1  | Gifts, grants, contributions, and membership fees  |                       |   |  |                                   | _   |  |
|  | received. (Do not include any "unusual grants.")   | 878.56                | 1299.29   | 240.04   |                                   | 518.36  | 2145.25  |
| 2  | Gross receipts from admissions, merchandise  |                       |   |  |                                   |   |  |
|  | sold or services performed, or facilities furnished in any activity that is related to the |                       |   |  |                                   |   |  |
|  | organization's tax-exempt purpose  | 46566.47              | 58496.44  | 47288.90   |                                   | 38145.86  | 190497.67  |
| 3  | Gross receipts from activities that are not an   |                       |   |  |                                   |   |  |
|  | unrelated trade or business under section 513  | 0                     | 0   | 0  |                                   | 0   | 0  |
| 4  | Tax revenues levied for the  |                       |   |  |                                   |   |  |
|  | organization's benefit and either paid   |                       |   |  |                                   |   |  |
|  | to or expended on its behalf   | 0                     | 0   | 0  |                                   | 0   | 0  |
| 5  | The value of services or facilities  |                       |   |  |                                   |   |  |
| 20492  | furnished by a governmental unit to the  |                       | 9   |  |                                   |   |  |
|  | organization without charge  | 0                     | 0   | 0  |                                   | 0   | 0  |
| 6  | Total. Add lines 1 through 5   | 47445.03              | 59795.73  | 47528.94   | terre and a sum the second second | 38664.22  | 193433.92  |
| 7a   | Amounts included on lines 1, 2, and 3  |                       |   |  |                                   |   |  |
|  | received from disqualified persons .   |                       |   |  |                                   |   |  |
| b  | Amounts included on lines 2 and 3  |                       |   |  |                                   |   |  |
| D  | received from other than disqualified  |                       |   |  |                                   |   |  |
|  | persons that exceed the greater of \$5,000   |                       |   |  |                                   |   |  |
|  | or 1% of the amount on line 13 for the year  |                       |   |  |                                   |   |  |
| с  | Add lines 7a and 7b  |                       |   |  |                                   |   |  |
| 8  | Public support (Subtract line 7c from  |                       | CONTRACTOR OF STREET  |  |                                   |   |  |
| U  | line 6.)   |                       |   |  |                                   |   |  |
| Secti  | on B. Total Support  |                       |   |  |                                   |   |  |
| and the second s | idar year (or fiscal year beginning in)  | (a) 2010              | (b) 2011  | (c) 2012   | (d) 2013                          | (e) 2014  | (f) Total  |
| 9  | Amounts from line 6  | (a) 2010              | (0) 2011  | (0) 2012   | (u) 2013                          | (6) 2014  | (i) Total  |
| 10a  | Gross income from interest, dividends,   |                       |   |  |                                   |   |  |
| 104  | payments received on securities loans, rents,  |                       |   |  |                                   |   |  |
|  | royalties and income from similar sources .  |                       |   |  |                                   |   |  |
| 6  | · · · · · · · · · · · · · · · · · · ·  |                       |   |  | 1                                 |   |  |
| b  | Unrelated business taxable income (less section 511 taxes) from businesses                 |                       | 1   |  |                                   | 1   |  |
|  | acquired after June 30, 1975   |                       |   |  |                                   |   |  |
|  |  |                       |   |  |                                   | in an   |  |
| С  | Add lines 10a and 10b  |                       |   |  |                                   |   |  |
| 11   | Net income from unrelated business   |                       |   |  |                                   |   |  |
|  | activities not included in line 10b, whether   |                       |   |  |                                   |   |  |
|  | or not the business is regularly carried on  |                       |   |  |                                   |   |  |
| 12   | Other income. Do not include gain or   |                       |   |  |                                   | 1 1   |  |
|  | loss from the sale of capital assets   |                       |   |  |                                   |   |  |
|  | (Explain in Part VI.)  |                       |   |  |                                   |   |  |
| 13   | Total support. (Add lines 9, 10c, 11,  |                       |   |  |                                   |   |  |
|  | and 12.)   |                       |   |  |                                   |   |  |
| 14   | First five years. If the Form 990 is for the   |                       |   |  |                                   |   | 2 00000  |
|  | organization, check this box and stop he   |                       | and the second se |  |                                   |   | · · ▶ 🗌  |
| Secti  | on C. Computation of Public Support  | rt Percentage         | e   |  |                                   |   |  |
| 15   | Public support percentage for 2014 (line   |                       |   |  |                                   | and the second se | 100 %  |
| 16   | Public support percentage from 2013 Scl  |                       |   |  |                                   | 16  | 100 %  |
| Secti  | on D. Computation of Investment In   | come Percei           | ntage   |  |                                   |   |  |
| 17   | Investment income percentage for 2014 (  |                       |   | •  |                                   | the second s  | 0 %  |
| 18   | Investment income percentage from 2013   |                       |   |  |                                   |   | 0 %  |
| 19a  | 331/3% support tests-2014. If the organ  |                       |   |  |                                   |   |  |
|  | 17 is not more than 331/3%, check this box   | and stop here.        | The organizati  | on qualifies as a  | a publicly supp                   | orted organization  | on . 🕨 🗹   |
| b  | 331/3% support tests-2013. If the organiz  | ation did not c       | heck a box on   | line 14 or line 1  | 9a, and line 10                   | 5 is more than 3  | 3 <sup>1</sup> /3%, and  |
|  | line 18 is not more than 331/3%, check this  | box and <b>stop h</b> | ere. The organ  | ization qualifies  | as a publicly s                   | supported organi  | zation 🕨 🗌   |
| 20   | Private foundation. If the organization di   | d not check a         | box on line 14  | , 19a, or 19b, c   | heck this box                     | and see instruc   | tions 🕨 🗍  |
|  |  | Windowski (Program    |   | the state of the s |                                   | nedule A (Form 990  | the second s |
|  |  |                       |   |  | 00                                |   | 5. 000 mmj 2014  |

Schedule A (Form 990 or 990-EZ) 2014

Part IV

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

No

Yes

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|----------------------|---|------------|----------|---------|------------------|
| Part                 | IV Supporting Organizations (continued)   |            |          |         |                  |
| 11                   | Has the organization accepted a gift or contribution from any of the following persons?   |            | Yes      | No      | s. All           |
| a                    | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)  |            |          |         | nt Year          |
|                      | below, the governing body of a supported organization?  | 11a        |          |         | onal)            |
| b                    | A family member of a person described in (a) above?   | 11b        |          |         |                  |
|                      | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.   | 11c        |          |         |                  |
| Secti                | on B. Type I Supporting Organizations   | 194 g      | Yes      | No      |                  |
| 1                    | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If</i> "No," describe in <i>Part VI</i> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1          | Tes      |         |                  |
| 2                    | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  | 2          |          |         | nt Year<br>inal) |
| Secti                | on C. Type II Supporting Organizations  |            |          |         |                  |
| 1                    | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).   | 1          | Yes      | No      |                  |
| Secti                | on D. All Type III Supporting Organizations   | d          | <b>.</b> |         | <u>p </u>        |
|                      |   |            | Yes      | No      |                  |
| 1                    | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1          |          |         |                  |
| 2                    | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).  | 2          |          |         | : Year           |
| 3                    | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>   | 3          |          |         |                  |
| Secti                | on E. Type III Functionally-Integrated Supporting Organizations   | 1          |          |         |                  |
| 1                    | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  | instru     | ction    | s):     |                  |
| а                    | □ The organization satisfied the Activities Test. Complete line 2 below.  |            |          |         |                  |
| b                    | The organization is the parent of each of its supported organizations. Complete line 3 below.   |            |          |         | ion (ooo         |
| С                    | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (   | see ins    | structi  | ons).   | ion (see         |
| 2                    | Activities Test. Answer (a) and (b) below.  |            | Yes      | No      | 0-EZ) 2014       |
| а                    | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  | <b>2</b> a |          |         |                  |
| b                    | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.   | 2b         |          |         |                  |
| 3                    | Parent of Supported Organizations. Answer (a) and (b) below.  |            | (so. 1)  |         |                  |
| а                    | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>   | 3a         |          |         |                  |
| b                    | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.  | 3b         |          |         |                  |
|                      | Schedule A (Form  | 990 or     | 990-E    | Z) 2014 |                  |

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)