



FRIENDS OF DELNOR-WIGGINS PASS STATE PARK

11135 GULF SHORE DRIVE NORTH • NAPLES, FLORIDA 34108

March 6, 2017

Mr. Zachery Lozano

Delnor-Wiggins Pass State Park

11135 Gulf Shore Drive North

Naples, Florida 34108

Subject: 2017 Annual CSO Legislative Report

Dear Zach,

The purpose of this letter is to transmit our 2017 Annual CSO Legislative Report. It is due July 1, 2017 and details our most recently completed fiscal year.

The report is composed of the following components:

Name, mailing address, telephone number and website address

Statutory authority creating the CSO

Brief description of the mission

Brief description of the results obtained by the organization

Brief description of the organization's plans for the next three (3) fiscal years

A copy of the organization's Code of Ethics

A copy of the organization's most recent IRS Form 990-EZ. *Note: this is not necessary as it has been provided with our Annual CSO Financial Report.*

We believe this report to be forthcoming, complete and accurate. Should you have any questions or suggestions please do not hesitate to contact me.

Sincerely,

Kathy Foster

President Friends of Delnor-Wiggins Pass State Park

Enclosures



Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION

2017 REPORT

(pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: Supporters of Del-Nor Wiggins Park, Inc.
dba Friends of Delnor-Wiggins Pass State Park

Mailing Address: 11135 Gulf Shore Dr. N., Naples, Florida 34108

Telephone Number: 239-597-6196 Website Address (if applicable): delnorwiggins.org

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 promote community awareness, use, and enjoyment of the Park.
- To offer educational experiences and opportunities for volunteers and visitors to learn about the native environment of this Park and others in the Florida Park System.
- To assist the Park staff with maintenance, resource management, recycling, programs, and special projects.
- To improve Park facilities by providing amenities through fund raising and volunteer activities.
- To assist in protecting, preserving, and restoring the natural resources of this Park.

Brief Description of the CSO's Results Obtained:

Held Wildlife & Wildlands Art Show fundraiser, helped with the Park's Nature Festival geared to the children of Collier County, sponsored Yoga on the Beach and held a Children's Art Show to showcase the work of local elementary school children. Provided outreach to alert people to our park and membership benefits. Provided funds to the park for facility support and vehicles.

Brief Description of the CSO's Plans for Next Three Fiscal Years:

Continue to raise funds to support Park's interpretive and resource management programs. Continue to raise public awareness and support of Delnor-Wiggins Pass State Park and expand our Friends' membership. Identify additional major fund raising activities. Promote our PIP project – Boardwalk through the Mangroves.

- ☒ **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 DELNOR-WIGGINS PASS STATE PARK CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of the Friends of Delnor-Wiggins Pass 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 the Friends of Delnor-Wiggins Pass 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

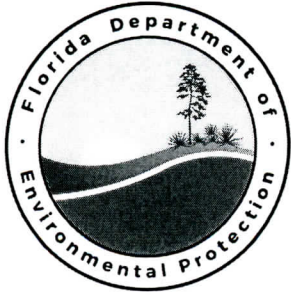
No person may be, at one time, both a CSO employee and a CSO board member at the same time.

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.



Florida Department of Environmental Protection

Delnor-Wiggins Pass State Park
11135 Gulfshore Dr.
Naples, FL 34108

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Ryan E. Matthews
Interim Secretary

Memorandum

To: Valinda Subic, Bureau Chief District 4
Recreation/Parks

From: Zachary Lozano, Park Manager
Delnor-Wiggins Pass State Park

Subject: Comments on the Friends of Delnor-Wiggins Pass State Park

Date: March 23, 2017

Please review our Friends accomplishments for the 2016 year.

Kathy Foster accepted the nomination of President for 2016 and preside over our Friends group the entire year. They held a Wildlife & Wildlands Art Show in January showcasing the work of nineteen local artists which raised funds for the general account. Held second annual Children's Art Show in February highlighting nature art by local elementary school children. They had many accomplishments including rebuilding boardwalks and walkways, participating and founding the annual Volunteer Appreciation Luncheon, provided numerous hours of clean up after holidays and on work days just to name a few.

The Friends of Delnor-Wiggins Pass State Park continue to support the park financially while promoting good will with in our community. I look forward to working with the friends in the upcoming year to meet their goals.

CC: Ezelle Givens, Assistant Bureau Chief District 4, Recreation/Parks



FRIENDS OF DELNOR-WIGGINS PASS STATE PARK

11135 GULF SHORE DRIVE NORTH • NAPLES, FLORIDA 34108

February 16, 2017

Mr. Mark Nicoletti

Delnor-Wiggins Pass State Park

11135 Gulf Shore Drive North

Naples, Florida 34108

Subject: 2016 Annual Financial Report

Dear Mark,

As you know, our Friends' group is a seasonal CSO operating from September through April. We have been supporting, promoting and benefitting the Park since our founding in 1987.

Most of our programs are ongoing and described in detail in subsequent documents in this package. But just to highlight a couple of events: the Wildlife and Wildlands Art Show has been running continuously under our sponsorship for eighteen years. This is now our primary fund raiser.

In 2014 we brought on another program, the Children's Art Show. This is a judged event for local K-5 grade level school children to display their nature artwork and for the kids and their families to become familiar with Delnor-Wiggins Pass State Park. This is not a fund raiser but a community service and awareness event. This, as well as all of our events are open to all park visitors.

Unfortunately, our former fund raiser, the Wiggins Pass Nature Festival is no longer sponsored by the Friends. However the park is continuing the event and has total support from the Friends.

Our membership had been steady at about 100 persons for several years but we experienced a decline the last couple of years. We have a relatively new Membership Chair with new membership ideas so we are making a renewed effort to increase that number. Our new informative membership brochure was well received and was put to good use during our local outreach events. More important than numbers however is the need to encourage greater participation by casual members.

We currently have one project that has P.I.P. status which is our proposed "Boardwalk through the Mangroves". We would have to say, that at the present time, the project is in neutral due to funding constraints, and lack of large fund raising expertise. Last year we hosted biologists from District IV who surveyed our boardwalk plan as well as two other pathways and mapped all three. All routes were

designed to minimize ecological damage and maximize the educational experience. Their final report examined our suggested path and offered alternative ideas.

Enclosed with this letter is the remainder of our 2016 Annual Financial Report which include:

Statement of Accomplishments & Goals

Current Board of Directors

Statement of Value of Contributed Services

IRS Form 990 EZ complete with Schedules A and O. These are for reference only as we submit the Form 990 N postcard to the IRS

We believe this report to be forthcoming, complete and accurate. Should you have any questions or suggestions please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Kathy Foster". The signature is written in a cursive, flowing style.

Kathy Foster, President

Friends of Delnor-Wiggins Pass State Park

enclosures

**Friends of Delnor-Wiggins Pass State Park
Statement of Accomplishments**

Fiscal year 2016

Name of Citizen Support Organization - Supporters of Del-Nor Wiggins Park, Inc. dba
Friends of Delnor-Wiggins Pass State Park

Address – 11135 Gulf Shore Dr. N., Naples, Florida 34108

Estimated Volunteer Hours - 1907 **Total Membership** – 65

Please attach a current list of Citizen Support Organization Board Members –
(include name, address, phone and email address) Attached

Summary of accomplishments:

During FY 2016 the Friends accomplished the following:

- Continued to broaden our liaison efforts with park management & staff.
- Continued to support facility through the use of prepared budget and debit card.
- Held a Wildlife & Wildlands Art Show in January showcasing the work of nineteen local artists which raised funds for our general account. This was our eighteenth year.
- Sponsored an annual Resident Artist. This was our eleventh year.
- Supported the Park's Nature Festival (formally known as Family Discovery Day) in October geared to the children of Collier County
- Held our second annual Children's Art Show in February highlighting nature art by local elementary school children. Judges were selected from the local art community.
- Took field trip to Barnacle State Park..
- Sponsored Yoga on the Beach.
- Maintained and updated the Friends website. Visit <http://www.delnorwiggins.org>
- Continued support of environmental education & interpretive programming.
- Presented educational programs at our meetings.
- Recycling all our aluminum, glass, plastic and cardboard.
- Promoted the aluminum recycling program.
- Participated in outreach events to promote our Friends group.
- Provided numerous hours of clean up after holidays and on work days.
- Rebuilt boardwalks and walkways.
- Helped at entry gate selling passes.
- Participated and funded the annual Volunteer Appreciation luncheon.
- Presented one-woman art show in December featuring our Resident Artist.
- Wrote articles and provided pictures for newsletter.
- Continued planning for our dream project – Boardwalk through the Mangroves.

**Friends of Delnor-Wiggins Pass State Park
Statement of Goals**

Fiscal year 2016

Summary of goals for upcoming year:

During FY 2017 the Friends plan to provide the following:

- Develop a Park "wish list" with Park management.
- Continue to broaden our liaison efforts with Park management to coordinate and potentially reduce the workload of Park staff.
- Continue to support facility through the use of prepared budget and debit card.
- Held a Wildlife & Wildlands Art Show in January showcasing the work of twenty local artists and raised funds for our general account.
- Selected a 2017 Resident artist who will create in our park and hold a one-person art show in December.
- Hold our fourth annual Children's Art Show in February for local elementary kids.
- Work with the park staff on the October Nature Festival geared to the children of Collier County.
- Enhance our efforts to retain and increase membership and encourage greater participation by casual members.
- Investigate more corporate involvement and enhanced fund raising.
- Explore and identify grant opportunities and apply for same.
- Continue with help at the gate by selling passes.
- Participate in annual statewide CSO meeting and Volunteer Appreciation Day.
- Continue our outreach at local events.
- Continue with Sunset Yoga on the Beach.
- Maintain and update the Friends website. Visit <http://www.delnorwiggins.org>.
- Maintain and publicize our Facebook page.
- Continue support of environmental education and interpretive programming.
 - Utilize rangers for several after meeting programs.
- Expand our efforts to procure quality speakers to address members at meetings.
- Plan for one to two field trips.
- Recycling of all aluminum, glass, plastic and cardboard.
- Continue to promote and support our aluminum recycling program.
- Provide clean up after holidays and local clean-up days.
- Repair and rebuild boardwalks as required.
- Provide funding and a manpower chart for hurricane preparedness.
- Continue planning for our PIP project - the Boardwalk through the Mangroves.

**Friends of Delnor-Wiggins Pass State Park
Board of Directors**

Name and Address List for Fiscal Year 2017

President: Kathy Foster (2018) 155 Heron Ave. Naples, FL 34108	kfkbf@comcast.net	(240)498-6630
Vice Pres.: Valerie Thompson (2018) 17 Bluebill Ave. #303 Naples, FL 34108	vtompson@ballstate.bsu.edu	(239)593-0514
Secretary: Marcia Byrd (2019) 1521 Weybridge Circle Naples, FL 34110	marciabyrd@comcast.net	(239) 593-4563
Treas: Milagros Dougan (2020) 10087 Boca Circle Naples, FL 34109	milagrosdougan@gmail.com	(734)718-3452
Director: Joe Gagnier (2020) 1213 Imperial Dr. Naples, FL 34110	busco38@comcast.net	(239) 272-8183
Director: Larry Beer (2019) 5275 Birmingham Dr. #102 Naples, FL 34110	landlbeer@aol.com	(239) 514-1572
Director: Gabriella Miyamoto (2020) 164 Heron Ave. Naples, FL 34108	g.miyamoto@comcast.net dwmembershipchair@gmail.com	(239)777-2233
Director: Phil Nye (2019) 11 Bluebill Ave. #1103 Naples, FL 34108	32nyebird@aol.com	(440) 655-3217
Director: Ann Petrillo (2018) 11 Bluebill Ave. #201 Naples, FL 34108	gapetrillo41@gmail.com	(239)248-2189

STATEMENT ON VALUE OF CONTRIBUTED SERVICES

Name: Friends of Delnor-Wiggins Pass State Park **Fiscal Year:** 2016
Address: 11135 Gulf Shore Drive North
City, State, Zip: Naples, Florida 34108

Park Staff Support:

The total number of hours contributed in staff support services converted to a monetary amount.

The park contributed a total of \$7024.00 in staff support services to the CSO.

Park Facilities Support:

The total amount of water, electric and utility expenses used to support CSO events, concessions etc.

The CSO received a total of \$212.00 in park facilities support.

In-Kind Support:

The CSO receives additional services outside of the park staff contributed hours called in-kind services. In-kind services are a type of charitable giving in which, instead of money, a person contributes some kind of service, good or commodity. Examples are professional services of a lawyer, accountant or any professional or the estimated value of a good or commodity.

The CSO received a total of \$267.00 in in-kind support services.

List of Program Services:

Federal charitable 501(c)(3) organizations are required to report total expenses and revenue for each program service. According to the IRS, a program service is any activity by the organization which accomplishes its charitable purposes. For each program service provide a description, total expense and total revenue.

Program Service Description A:

Funding facility support to include equipment, maintenance, interpretive and educational materials.

Total Expense: \$ 2707.00

Total Revenue: \$ 0

Program Service Description B:

Sponsored the Children's Art Show at the park's pavilion. The goals of this event are to showcase the artistic talents of our local students and to promote community awareness and enjoyment of our park. Artwork from Collier County public and private schools, grades K-5, will be on display. The artwork will be judged by local art professionals as well as a People's Choice Award and a Ranger Pick. The event is available to all park visitors.

Total Expense: \$ 1507.00

Total Revenue: \$ 1146.00

Program Service Description C:

Sponsored the Wildlife and Wildlands Art Show which showcases the natural and cultural resources of Florida through artistic expression. This annual full day event features the work of 15 to 20 artists who are painters in oils, watercolors and pastels, photographers and artists who use natural materials. The event is available to all park visitors.

Total Expense: \$ 1495.00

Total Revenue: \$ 5105.00

Total Program Services:

Total Expense: \$ 5709.00

Total Revenue: \$ 6251.00

NOTE

ATTACHED FORM 990-EZ COMPLETE
WITH SCHEDULES A AND O
IS FOR **REFERENCE** ONLY.

WE HAVE PREVIOUSLY FILED THE REQUIRED IRS
FORM 990-N POSTCARD.

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

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

OMB No. 1545-1150

2016**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A For the 2016 calendar year, or tax year beginning**

, 2016, and ending

, 20

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

SUPPORTERS OF DENZOR WIGGINS PARK, INC.

Number and street (or P.O. box, if mail is not delivered to street address)

11135 GULFSHORE DRIVE NORTH

Room/suite

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

NAPLES, FLORIDA, USA, 34108

D Employer identification number

65-0013222

E Telephone number

239-597-6196

F Group Exemption Number ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶

www.denzorwiggins.org

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	5516 -
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	2150 -
	4	Investment income	4	149 -
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
b	Gross income from fundraising events (not including \$ 1063 - of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	7056 -	
c	Less: direct expenses from gaming and fundraising events	6c	4726 -	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	2330 -	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	649 -	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	10724 -	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	0
	13	Professional fees and other payments to independent contractors	13	0
	14	Occupancy, rent, utilities, and maintenance	14	0
	15	Printing, publications, postage, and shipping	15	305 -
	16	Other expenses (describe in Schedule O)	16	4745 -
	17	Total expenses. Add lines 10 through 16	17	5050 -
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5744 -
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	62,410
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	68,154

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2016)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		
c 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		
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		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input checked="" type="checkbox"/> ; section 4955 <input type="checkbox"/>		
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	<input checked="" type="checkbox"/>
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		0
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0
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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed	FLORIDA	
42a The organization's books are in care of	MILAGROS DOOGAN	
Located at	1135 GOLFVIEW DR. N. PALM BEACH, FL	
	Telephone no.	239-527-6196
	ZIP + 4	33408
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	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		<input checked="" type="checkbox"/>
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
-----	--	-------------------------------------

- b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

- f Total number of other employees paid over \$100,000 0

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

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

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations completed Schedule A

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, this return and the accompanying schedules and statements are 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 <i>James D. Beck</i>	Date
	Type or print name and title <i>James D. Beck Director</i>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

SUPERVISORS OF DEL-NOZ BIGGINS PARK, INC.

Employer identification number

65-0013222

PART I. 8 RECURRING ANNUAL CHARGES

PART I 16 PROGRAM, OPERATIONS, MEMBERSHIP DEVELOPMENT
AND DELIBERATION

PART II 24 STORAGE TRUCKS

PART II 26 UNPAID HOLIDAY LOANS

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Supporters of Del-Nor US Glass Park, Inc.

Employer identification number

65-0013222

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not 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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7718	7855	11,820	9849	7666	44,908
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	7216	8697	7583	7308	7706	38,510
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	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	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	14,934	16,552	19,403	17,157	15,372	83,418
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						83,418

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	14,934	16,552	19,403	17,157	15,372	83,418
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	61	183	161	164	149	718
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	61	183	161	164	149	718
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	14,995	16,735	19,564	17,321	15,521	84,136
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	99.1	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	98.7	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0.9	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	1.3	%

- 19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . ☒
- b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	
2 Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount

		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

- 7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Current Year

- 1 Amounts paid to supported organizations to accomplish exempt purposes
- 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity
- 3 Administrative expenses paid to accomplish exempt purposes of supported organizations
- 4 Amounts paid to acquire exempt-use assets
- 5 Qualified set-aside amounts (prior IRS approval required)
- 6 Other distributions (describe in **Part VI**). See instructions.
- 7 **Total annual distributions.** Add lines 1 through 6.
- 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.
- 9 Distributable amount for 2016 from Section C, line 6
- 10 Line 8 amount divided by Line 9 amount

Section E - Distribution Allocations (see instructions)

(i)

Excess Distributions

(ii)

Underdistributions
Pre-2016

(iii)

Distributable
Amount for 2016

- 1 Distributable amount for 2016 from Section C, line 6
- 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in **Part VI**). See instructions.
- 3 Excess distributions carryover, if any, to 2016:
 - a
 - b
 - c From 2013
 - d From 2014
 - e From 2015
 - f **Total** of lines 3a through e
 - g Applied to underdistributions of prior years
 - h Applied to 2016 distributable amount
 - i Carryover from 2011 not applied (see instructions)
 - j Remainder. Subtract lines 3g, 3h, and 3i from 3f.
- 4 Distributions for 2016 from Section D, line 7: \$
 - a Applied to underdistributions of prior years
 - b Applied to 2016 distributable amount
 - c Remainder. Subtract lines 4a and 4b from 4.
- 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI**. See instructions.
- 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.
- 7 **Excess distributions carryover to 2017.** Add lines 3j and 4c.
- 8 Breakdown of line 7:
 - a
 - b Excess from 2013
 - c Excess from 2014
 - d Excess from 2015
 - e Excess from 2016

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)