

### Florida Department of Environmental Protection

# CITIZEN SUPPORT ORGANIZATION 2016 REPORT

(pursuant to Florida Statute 20.058)

| Citizen Support Orga   | anization (CSO) Name:  | Florida Greenways and Trails Foundation   |
|--|--|---|
| Mailing Address:   | P.O. Box 4142 Tallahas   | see, FL 32315   |
| Telephone Number: _  | 850-251-9419   | Website Address (if applicable): FGTF.org   |
| summary, the statute s<br>Department of Environ<br>property, audit require<br>managed by the Depar<br>Section 258.015, F.S.,<br>requires authorization | Citizen support organizational recifies the organizational remental Protection (Departments, public records requirement.  Citizen support organizate by the Division of Recreations (RIP) program for state processing the control of t | tions; use of property; audit; public records; partnerships. In requirements, operational parameters, duties of a CSO to support the ment), or individual units of the Department, use of Department rements, and authorizes public-private partnerships to enhance lands tions; use of property; audit. In summary, the statute defines a CSO, on and Parks, and specifies the use of property. This statute authorizes barks, the program's operational parameters, CSO's operational |
| Advocate for and h   |  | vide system of greenways and trails in support of the Florida<br>Department of Environmental Protection   |
| The Foundation has organizations, work   | 0 1  | artnerships with other trail and greenway related ties, local and regional planning organizations and other   |
| Brief Description of   | f the CSO's Plans for Ne   | ext Three Fiscal Years:   |
| foundations and oth  | ner groups to increase p   | o include private, for-profit organizations, healthcare ublic awareness of green ways and trails. We will continue to d work with local and regional groups and agencies.   |
|  |  |   |

© 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

# Florida Greenways and Trails Foundation, Inc. CODE OF ETHICS

#### **PREAMBLE**

- (1) It is essential to the proper conduct and operation of the Florida Greenways and Trails Foundation, Inc. (herein "Foundation") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Florida Statute, Section 112.3251, requires that the law protect against any conflict of interest and establish standards for the conduct of Foundation 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 Foundation 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 Foundation. 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 Foundation, 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 Foundation board members, officers, and employees.

#### 1. Prohibition of Solicitation or Acceptance of Gifts

No Foundation 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 Foundation board member, officer, or employee would be influenced thereby.

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

No Foundation 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 Foundation board member, officer, or employee was expected to participate in his or her official capacity.

#### 3. Salary and Expenses

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

#### 4. Prohibition of Misuse of Position

A Foundation 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 Foundation 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 the Foundation board or office or who is employed by a Foundation may not personally represent another person or entity for compensation before the governing body of the Foundation 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 Foundation employee and a Foundation board member at the same time.

#### 8. Requirements to Abstain From Voting

A Foundation 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 Foundation 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 Foundation 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 Foundation Code of Ethics

Failure of a Foundation 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 Foundation to observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the Foundation.

Approved by the Foundation Board (2014)

Reviewed and Ratified by the Foundation Board on October 9, 2015

Florida Greenways and Trails Foundation

## 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)

2014

OMB No. 1545-1150

Open to Public

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.

For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015 Check if applicable: C Name of organization D Employer identification number FLORIDA GREENWAYS AND TRAILS Address change 59-3742206 FOUNDATION INC. JName change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Initial return
Final return/
terminated PO BOX 4142 850-766-7225 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return TALLAHASSEE, FL 32315 Number > Application pending X Cash Other (specify) H Check ▶ \_\_\_ if the organization is **G** Accounting Method: Website: ► WWW.FGTF.ORG not required to attach Schedule B Tax-exempt status (check only one) -  $\times$  501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). Form of organization: X 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, 151,182. column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 103,351. Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 47,602. 2 Membership dues and assessments 3 Investment income SEE SCHEDULE O 12. 4 **5a** Gross amount from sale of assets other than inventory 5a Less; cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than **3evenue** 6a **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such 217. gross income and contributions exceeds \$15,000) **c** Less: direct expenses from gaming and fundraising events 6с 217. d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7b Less; cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schedule 0) 8 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 151,182. 9 Grants and similar amounts paid (list in Schedule 0) 10 10 Benefits paid to or for members 11 11 Salaries, other compensation, and employee benefits 12 12 56,522. Professional fees and other payments to independent contractors 13 13 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 135. 15 15 Other expenses (describe in Schedule 0) SEE SCHEDULE O 100,281. 16 17 Total expenses. Add lines 10 through 16 156,938. 17 Excess or (deficit) for the year (Subtract line 17 from line 9) -5,756. 18 18 Net Assets 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) 67,483. Other changes in net assets or fund balances (explain in Schedule 0) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

59-3742206

FOUNDATION INC.

| Part II  | •  | ,  |  |                         |                |                               |
|--|--|--|--|-------------------------|----------------|-------------------------------|
|  | Check if the organization used Schedule O to re                                      | espond to any questic                    |  |                         |                | X                             |
|  |  |  | (A) Beginning of year                      |                         | ( <b>B</b> ) E | nd of year                    |
| <b>22</b> Cas                                  | sh, savings, and investments   |  | 82,443                                     | • 22                    |                | 67,727.                       |
| <b>23</b> Lai                                  | nd and buildings   |  |  | 23                      |                |                               |
| <b>24</b> Oth                                  | ner assets (describe in Schedule 0)  |  |  | 24                      |                |                               |
| 25 To  | tal assets   |  | 82,443                                     |                         |                | 67,727.                       |
| 26 To  | tal liabilities (describe in Schedule 0) SEE SCHEDULE                                | 0  | 14,960                                     |                         |                | 6,000.                        |
| 27 Ne  | t assets or fund balances (line 27 of column (B) must agree with line 2              | 1)                                       | 67,483                                     | • 27                    |                | 61,727.                       |
| Part I   | Statement of Program Service Accomplishm   | •  | ,  |                         |                | penses                        |
|  | Check if the organization used Schedule O to re                                      |  | on in this Part III                        |                         |                | for section and 501(c)(4)     |
| What is th                                     | ne organization's primary exempt purpose? SEE SCHEDULE                               | 0  |  |                         |                | ons; optional for             |
|  | e organization's program service accomplishments for each of its three largest progr |  | ses. In a clear and concise                | oth                     | iers.)         |                               |
|  | scribe the services provided, the number of persons benefited, and other relevant in | formation for each program title.        |  |                         |                |                               |
| 28 <u>SE</u>                                   | E SCHEDULE O   |  |  |                         |                |                               |
|  |  |  |  |                         |                |                               |
|  |  |  |  | <u> </u>                |                |                               |
| <u>.                                      </u> | nts\$ ) If this amount includes foreig   | n grants, check here                     | <b>_</b>                                   | 28a                     | 1              | 125,550.                      |
| 29   |  |  |  |                         |                |                               |
|  |  |  |  |                         |                |                               |
|  |  |  |  | <u> </u>                |                |                               |
| <del>.</del>                                   | nts\$ ) If this amount includes foreig   | n grants, check here                     | <u></u>                                    | <u> </u>                | 3              |                               |
| 30   |  |  |  | <u> </u>                |                |                               |
|  |  |  |  |                         |                |                               |
|  |  |  |  | <del></del> -,          |                |                               |
| (Grai  |  | n grants, check here                     | <b>&gt;</b>                                | 30:                     | 3              |                               |
|  |  |  |  | -                       |                |                               |
| (Grai  | ,  | ın grants, check here                    | <b>_</b>                                   | 31                      | _              | 105 550                       |
|  |  | · Employooo                              |  | > 32                    |                | 125,550                       |
| Part I   | <u> </u>   |  |  | see the instr           | uctions f      | or Part IV)                   |
|  | Check if the organization used Schedule O to re                                      | <del></del>                              |  | (d)                     |                |                               |
|  | (a) Name and Kills   | (b) Average hours<br>per week devoted to | (C) Reportable compensation (Forms         | (d) Health I contributi | ons to         | (e) Estimated amount of other |
|  | (a) Name and title   | position                                 | W-2/1099-MISC)<br>(if not paid, enter -0-) | employee<br>plans, and  | deferred       | compensation                  |
| M D  | ALE ALLEN  | ·  | , , , ,                                    | compens                 | sation         |                               |
|  | DIR/FMR PRESIDENT  | 13.35                                    | 0.   |                         | 0.             | 0,                            |
|  | BECKHAM  | 13.33                                    | 0.   |                         | 0.             | 0.                            |
|  | IDENT  | 11.37                                    | 0.   |                         | 0.             | 0.                            |
|  | N SMITH  | 11.37                                    | 0.   |                         | 0.             | 0.                            |
|  | PRESIDENT  | 3.88                                     | 0.   |                         | 0.             | 0.                            |
|  | LLEWELLYN  | 3.00                                     | 0.   |                         | 0.             |                               |
|  | ETARY  | 2.79                                     | 0.   |                         | 0.             | 0.                            |
|  | A MYERS  | 2.17                                     | -  |                         | <u> </u>       | - 0                           |
|  | SURER  | 3.11                                     | 0.   |                         | 0.             | 0.                            |
|  | BROOKS   | 3.11                                     | - 0.                                       |                         | <u> </u>       |                               |
| DIRE   |  | 1.98                                     | 0.   |                         | 0.             | 0.                            |
|  | H HOLT   | 1.70                                     | -  |                         | •              |                               |
| DIRE   |  | 2.04                                     | 0.   |                         | 0.             | 0.                            |
|  | S RODATZ   | 2.04                                     | -  |                         | •              |                               |
| DIRE   |  | 3.60                                     | 0.   |                         | 0.             | 0.                            |
|  | RT ERN   | 3.00                                     |  |                         |                | <u> </u>                      |
| DIRE   |  | 5.40                                     | 0.   |                         | 0.             | 0.                            |
|  | AEL WOODS  | 3.10                                     |  |                         |                | <u> </u>                      |
| DIRE   |  | 3.12                                     | 0.   |                         | 0.             | 0.                            |
|  | I MCCREE   | 7.12                                     |  |                         | <u> </u>       |                               |
| DIRE   |  | 3.19                                     | 0.   |                         | 0.             | 0.                            |
|  | <del></del>  | 3,17                                     |  |                         |                | <u> </u>                      |
|  |  | _  |  |                         |                |                               |

Form 990-EZ (2014)

59-3742206

Page 3

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 Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each Χ 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended Х documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 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)? X N/A b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 35b 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 X 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? X 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made X 38a in a prior year and still outstanding at the end of the tax year covered by this return? **b** If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities N/A **40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: **0** • ; section 4912 ► 0 • ; 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 X 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 40c reimbursed \_\_\_\_\_**>** 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 X List the states with which a copy of this return is filed **NONE 42a** The organization's books are in care of ightharpoonup ALICIA GERMANI Telephone no.  $\triangleright 850 - 766 - 7225$ Located at ▶ PO BOX 4142, TALLAHASSEE, FL ZIP+4 ► 32315 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 Yes No 42b X If "Yes," enter the name of the foreign country: 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 of the U.S.? X If "Yes," enter the name of the foreign country: 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 N/AYes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of 44a Х b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead X 44b X c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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)

Form 990-EZ (2014)

|      |             |  |                     |              |                                       | _                                      |            | Yes             | No        |
|------|-------------|--|---------------------|--------------|---------------------------------------|--|------------|-----------------|-----------|
| 46   |             | ganization engage, directly or indirectly, in political campaign activities  |                     |              |                                       |  |            |                 | 37        |
| Da   | rt VI       | omplete Schedule C, Part I   |                     |              |                                       |  | 46         |                 | X         |
| ı u  |             | All section 501(c)(3) organizations must answer questions 47   | '-49b and 52. a     | and comple   | te the tables for line                | s 50 and 51.                           |            |                 |           |
|      |             | Check if the organization used Schedule O to respond to any  |                     | -            |                                       |  |            |                 |           |
|      |             |  |                     |              |                                       |  |            | Yes             |           |
|      |             | ganization engage in lobbying activities or have a section 501(h) elec   |                     |              |                                       |  | 47         |                 | X         |
| 48   |             | anization a school as described in section 170(b)(1)(A)(ii)? If "Yes," (   |                     |              |                                       |  | 48         |                 | X         |
|      |             | ganization make any transfers to an exempt non-charitable related on as the related organization a section 527 organization? |                     |              |                                       |  | 49a<br>49b |                 |           |
|      |             | this table for the organization's five highest compensated employees   |                     |              |                                       |  |            | eived ı         | L<br>more |
|      |             | 1,000 of compensation from the organization. If there is none, enter   | •                   |              |                                       |  |            |                 |           |
|      |             | (a) Name and title of each employee  | (b) Averag          |              | (C) Reportable                        | (d) Health benefits contributions to   |            | Estim           |           |
|      |             |  | per week d<br>posit |              | compensation (Forms<br>W-2/1099-MISC) | employee benefit<br>plans, and deferre |            | unt of<br>npens |           |
|      |             | NONE   | posit               | .1011        |                                       | compensation                           | COI        | препа           |           |
|      |             |  | _                   |              |                                       |  |            |                 |           |
|      |             |  |                     |              |                                       |  | +          |                 |           |
|      |             |  | _                   |              |                                       |  |            |                 |           |
|      |             |  |                     |              |                                       |  | +          |                 |           |
|      |             |  |                     |              |                                       |  |            |                 |           |
|      |             |  |                     |              |                                       |  |            |                 |           |
|      |             |  |                     |              |                                       |  |            |                 |           |
|      |             |  | _                   |              |                                       |  |            |                 |           |
|      | Total num   | ber of other employees paid over \$100,000   |                     |              |                                       |  |            |                 |           |
|      |             | this table for the organization's five highest compensated independe   |                     | ho each rece | eived more than \$100.0               | 000 of compens                         | ation fr   | om the          | e         |
| •    | -           | on. If there is none, enter "None." <b>NONE</b>  |                     |              | σασ. σα φ .σο,                        | 000 01 00 mp 0110                      |            |                 |           |
|      |             | ame and business address of each independent contractor  |                     | (b           | ) Type of service                     | (c)                                    | Compe      | nsatio          | n         |
|      |             |  |                     |              |                                       |  |            |                 |           |
|      |             |  |                     |              |                                       |  |            |                 |           |
|      |             |  |                     |              |                                       |  |            |                 |           |
|      |             |  |                     |              |                                       |  |            |                 |           |
|      |             |  |                     |              |                                       |  |            |                 |           |
|      |             |  |                     |              |                                       |  |            |                 |           |
|      |             |  |                     |              |                                       |  |            |                 |           |
|      |             |  |                     |              |                                       |  |            |                 |           |
|      |             |  |                     |              |                                       |  |            |                 |           |
|      |             | ber of other independent contractors each receiving over \$100,000   |                     |              | <b>&gt;</b>                           |  |            |                 |           |
| 52   |             | ganization complete Schedule A? <b>Note</b> . All section 501(c)(3) organiz  |                     |              |                                       | ▶ [*                                   | X Ye       |                 | ¬ No      |
| Unde |             | d Schedule A   |                     |              |                                       |  |            |                 | No        |
|      |             | d complete. Declaration of preparer (other than officer) is based on a   |                     |              |                                       | -                                      | igo ario   | DOILCI          | , 11 15   |
| ,    |             | ,  |                     |              |                                       |  |            |                 |           |
| Sig  |             | Signature of officer   |                     |              |                                       | Date                                   |            |                 |           |
| Her  | e           | LINDA MYERS, TREASURER Type or print name and title  |                     |              |                                       |  |            |                 |           |
|      |             |  |                     | Doto         | Chock                                 | if PTIN                                |            |                 |           |
|      |             | Print/Type preparer's name Preparer's signature  | $\cap$              | Date         | Check  <br>  self- emplo              | -                                      |            |                 |           |
| Pai  |             | JOHN D. ROWE, CPA  | Teur CDA            | 10/2         | 8/15                                  | POO                                    | 0 9 9      | 553             |           |
|      | parer       |  | LLC                 |              | ·                                     | ► 72-13                                |            |                 |           |
| USE  | Only        | Firm's address ▶ 906 S STATE RD 19   |                     |              | Phone no.                             | 386-32                                 |            |                 |           |
|      |             | PALATKA, FL 32177  |                     |              |                                       |  |            |                 |           |
| May  | the IRS dis | cuss this return with the preparer shown above? See instructions   |                     |              |                                       |  | X Ye       | s               | No        |
|      |             |  |                     |              |                                       | F                                      | orm 9      | 90-EZ           | (2014)    |

#### **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

Open to Public Inspection

Name of the organization

FLORIDA GREENWAYS AND TRAILS FOUNDATION INC.

**Employer identification number** 59-3742206

| Pa   | rt I  | Reason for Public (                 | Charity Status (           | All organizations must c                           | omplete th                | is part.) Se | ee instructions.                      |                                     |
|------|-------|-------------------------------------|----------------------------|--|---------------------------|--------------|---------------------------------------|-------------------------------------|
| he ( | organ | ization is not a private found      | ation because it is: (     | For lines 1 through 11, o                          | check only                | one box.)    |                                       |                                     |
| 1    |       | A church, convention of ch          | urches, or association     | on of churches describe                            | d in <b>sectio</b>        | n 170(b)(1   | )(A)(i).                              |                                     |
| 2    |       | A school described in <b>sect</b> i |                            |  |                           |              | N- 1/1-                               |                                     |
| 3    | 一     | A hospital or a cooperative         |                            | •  | action 170                | VhV1VAVii    | i)                                    |                                     |
| 4    | H     | A medical research organiz          |                            |  |                           |              | •                                     | the hospital's name                 |
| 7    | ш     | city, and state:                    | ation operated in co       | rijuriction with a nospita                         | i described               | a iii Sectio | ii iio(b)( i)(A)(iii). Liitei         | trie nospital s name,               |
| _    |       |                                     | w the benefit of a co      | llaga ar university over                           | d ar anara                | tad by a a   | avaramantal unit dagarik              | and in                              |
| 5    | ш     | An organization operated for        |                            | niege or university owne                           | d or opera                | ted by a go  | overnmental unit descrit              | ea m                                |
| _    |       | section 170(b)(1)(A)(iv). (C        | • •                        |  | 4-                        | 70(1-)(4)(4) | <i>(.</i> )                           |                                     |
| 6    | v     | A federal, state, or local gov      | -                          |  |                           |              |                                       |                                     |
| 1    | X     | An organization that norma          | •                          | intial part of its support                         | rom a gov                 | ernmentai    | unit or from the general              | public described in                 |
| _    |       | section 170(b)(1)(A)(vi). (C        |                            |  |                           |              |                                       |                                     |
| 8    | Ш     | A community trust describe          |                            |  | •                         |              |                                       |                                     |
| 9    |       | An organization that norma          |                            |  |                           |              |                                       |                                     |
|      |       | activities related to its exen      |                            |  |                           |              |                                       |                                     |
|      |       | income and unrelated busing         |                            | (less section 511 tax) fr                          | om busine                 | sses acqu    | ired by the organization              | after June 30, 1975.                |
|      |       | See <b>section 509(a)(2).</b> (Cor  | -                          |  |                           |              |                                       |                                     |
| 10   | Н     | An organization organized a         | •                          | *  | -                         |              |                                       |                                     |
| 11   |       | An organization organized a         | •                          | •  | •                         |              | •                                     |                                     |
|      |       | more publicly supported or          |                            |  |                           |              |                                       | Check the box in                    |
|      |       | lines 11a through 11d that          | * *                        |  |                           | •            | · · · · · · · · · · · · · · · · · · · |                                     |
| а    |       | Type I. A supporting orga           | •                          | •  |                           |              |                                       |                                     |
|      |       | the supported organization          | on(s) the power to re      | gularly appoint or elect                           | a majority                | of the dire  | ctors or trustees of the s            | supporting                          |
|      |       | organization. You must o            | omplete Part IV, Se        | ections A and B.                                   |                           |              |                                       |                                     |
| b    |       | Type II. A supporting org           | anization supervised       | d or controlled in connec                          | tion with it              | s support    | ed organization(s), by ha             | ving                                |
|      |       | control or management o             | f the supporting orga      | anization vested in the s                          | ame perso                 | ons that co  | ontrol or manage the sup              | ported                              |
|      |       | organization(s). You mus            | t complete Part IV,        | Sections A and C.                                  |                           |              |                                       |                                     |
| С    |       | Type III functionally inte          | grated. A supporting       | g organization operated                            | in connec                 | tion with, a | and functionally integrate            | ed with,                            |
|      |       | its supported organization          | n(s) (see instructions     | s). You must complete                              | Part IV, Se               | ections A,   | D, and E.                             |                                     |
| d    |       | Type III non-functionally           | <b>integrated.</b> A supp  | orting organization oper                           | rated in co               | nnection v   | vith its supported organi             | zation(s)                           |
|      |       | that is not functionally int        | egrated. The organiz       | zation generally must sa                           | tisfy a dist              | ribution re  | quirement and an attent               | iveness                             |
|      | _     | requirement (see instruct           | ions). <b>You must con</b> | nplete Part IV, Section                            | s A and D,                | and Part     | V.                                    |                                     |
| е    |       | Check this box if the orga          | anization received a       | written determination fro                          | om the IRS                | that it is a | Type I, Type II, Type III             |                                     |
|      |       | functionally integrated, or         | Type III non-functio       | nally integrated support                           | ing organi:               | zation.      |                                       |                                     |
| f    | Ente  | r the number of supported o         | organizations              |  |                           |              |                                       |                                     |
| g    |       | ride the following information      |                            |  | le vi ii                  |              |                                       |                                     |
|      | (     | Name of supported                   | (ii) EIN                   | (iii) Type of organization (described on lines 1-9 | (iv) Is the o<br>listed i | •            | (v) Amount of monetary                | (vi) Amount of                      |
|      |       | organization                        |                            | above or IRC section                               | governing of              | document?    | support (see<br>Instructions)         | other support (see<br>Instructions) |
|      |       |                                     |                            | (see instructions))                                | Yes                       | No           | mondonorio,                           | mondonono)                          |
|      |       |                                     |                            |  |                           |              |                                       |                                     |
|      |       |                                     |                            |  |                           |              |                                       |                                     |
|      |       |                                     |                            |  |                           |              |                                       |                                     |
|      |       |                                     |                            |  |                           |              |                                       |                                     |
|      |       |                                     |                            |  |                           |              |                                       |                                     |
|      |       |                                     |                            |  |                           |              |                                       |                                     |
|      |       |                                     |                            |  |                           |              |                                       |                                     |
|      |       |                                     |                            |  | -                         |              |                                       |                                     |
|      |       |                                     |                            |  |                           |              |                                       |                                     |
|      |       |                                     |                            |  |                           |              |                                       |                                     |
|      |       |                                     |                            |  |                           |              |                                       |                                     |

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

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

| Sec  | ction A. Public Support  |                     |                     |                     |                     |                     |                       |
|------|--|---------------------|---------------------|---------------------|---------------------|---------------------|-----------------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2010            | <b>(b)</b> 2011     | (c) 2012            | (d) 2013            | (e) 2014            | (f) Total             |
| 1    | Gifts, grants, contributions, and  |                     |                     |                     |                     |                     |                       |
|      | membership fees received. (Do not  |                     |                     |                     |                     |                     |                       |
|      | include any "unusual grants.")   | 37,910.             | 42,092.             | 79,116.             | 86,828.             | 103,351.            | 349,297.              |
| 2    | Tax revenues levied for the organ-   |                     |                     |                     |                     |                     |                       |
|      | ization's benefit and either paid to   |                     |                     |                     |                     |                     |                       |
|      | or expended on its behalf  |                     |                     |                     |                     |                     |                       |
| 3    | The value of services or facilities  |                     |                     |                     |                     |                     |                       |
|      | furnished by a governmental unit to  |                     |                     |                     |                     |                     |                       |
|      | the organization without charge  |                     |                     |                     |                     |                     |                       |
| 4    | Total. Add lines 1 through 3   | 37,910.             | 42,092.             | 79,116.             | 86,828.             | 103,351.            | 349,297.              |
| 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)   |                     |                     |                     |                     |                     | 158,072.              |
| 6    | Public support. Subtract line 5 from line 4.   |                     |                     |                     |                     |                     | 191,225.              |
|      | etion B. Total Support   |                     |                     |                     |                     |                     |                       |
|      | ndar year (or fiscal year beginning in)  | (a) 2010            | <b>(b)</b> 2011     | (c) 2012            | (d) 2013            | <b>(e)</b> 2014     | (f) Total             |
|      | Amounts from line 4  | 37,910.             | 42,092.             | 79,116.             | 86,828.             | 103,351.            | (f) Total<br>349,297. |
| 8    | Gross income from interest,  | 07,0200             | ,                   | ,====               |                     |                     | 0 10 7 10 10          |
| 0    | dividends, payments received on  |                     |                     |                     |                     |                     |                       |
|      | * * *  |                     |                     |                     |                     |                     |                       |
|      | securities loans, rents, royalties and income from similar sources   |                     | 24.                 | 29.                 | 13.                 | 12.                 | 78.                   |
| 0    | Net income from unrelated business   |                     | 21.                 | 20.                 | 13.                 | 12.                 | 70.                   |
| 9    |  |                     |                     |                     |                     |                     |                       |
|      | activities, whether or not the   |                     |                     |                     |                     |                     |                       |
| 40   | business is regularly carried on   |                     |                     |                     |                     |                     |                       |
| 10   | Other income. Do not include gain  |                     |                     |                     |                     |                     |                       |
|      | or loss from the sale of capital   |                     |                     |                     |                     |                     |                       |
|      | assets (Explain in Part VI.)   |                     |                     |                     |                     |                     | 349,375.              |
|      | <b>Total support.</b> Add lines 7 through 10   | -4- ( :4            |                     |                     |                     | 40                  | 80,819.               |
| 12   | Gross receipts from related activities,  | •                   | ,                   |                     |                     | 12                  | 00,019.               |
| 13   | First five years. If the Form 990 is for   | -                   |                     |                     | -                   |                     | ▶□                    |
| Sec  | organization, check this box and stop<br>ction C. Computation of Publ  |                     |                     |                     |                     |                     | PL                    |
|      |  |                     |                     | -1(6)               |                     |                     | 54.73 %               |
|      | Public support percentage for 2014 (   |                     |                     |                     |                     | 15                  | 64 60                 |
|      | Public support percentage from 2013 33 1/3% support test - 2014. If the control of the control o |                     |                     |                     |                     |                     |                       |
| Iba  |  | •                   |                     | •                   |                     | •                   |                       |
|      | stop here. The organization qualifies  |                     |                     |                     |                     |                     |                       |
| D    | 33 1/3% support test - 2013. If the contract terms to the second state of the second s |                     |                     |                     |                     |                     |                       |
| 4-   | and stop here. The organization qualifies as a publicly supported organization   |                     |                     |                     |                     |                     |                       |
| 1/a  | 'a 10% -facts-and-circumstances test - 2014. 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 <b>stop here.</b> Explain in Part VI how the organization   |                     |                     |                     |                     |                     |                       |
|      | meets the "facts-and-circumstances"  |                     |                     |                     |                     |                     |                       |
| b    | 10% -facts-and-circumstances tes   |                     |                     |                     |                     |                     |                       |
|      | more, and if the organization meets the  |                     | •                   |                     |                     |                     |                       |
|      | organization meets the "facts-and-circ   |                     |                     |                     |                     |                     | ▶ٰ                    |
| 18   | Private foundation. If the organization  | n did not check a l | box on line 13, 16a | a, 16b, 17a, or 17b | o, check this box a | and see instruction | s ▶∟                  |

#### 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.)

| Se   | ction A. Public Support  | slow, please com         | piete Fart II.)      |                        |                      |                      |  |
|------|--|--------------------------|----------------------|------------------------|----------------------|----------------------|--|
|      | endar year (or fiscal year beginning in)   | (a) 2010                 | <b>(b)</b> 2011      | (c) 2012               | (d) 2013             | (e) 2014             | (f) Total  |
|      | Gifts, grants, contributions, and  | (-)                      | (=,==::              | (-,                    | (-,                  | (-,                  | (-,  |
|      | membership fees received. (Do not  |                          |                      |                        |                      |                      |  |
|      | include any "unusual grants.")   |                          |                      |                        |                      |                      |  |
| 2    | Gross receipts from admissions,  |                          |                      |                        |                      |                      |  |
| _    | merchandise sold or services per-  |                          |                      |                        |                      |                      |  |
|      | formed, or facilities furnished in   |                          |                      |                        |                      |                      |  |
|      | any activity that is related to the  |                          |                      |                        |                      |                      |  |
| 2    | organization's tax-exempt purpose  |                          |                      |                        |                      |                      | <u> </u>   |
| 3    | Gross receipts from activities that  |                          |                      |                        |                      |                      |  |
|      | are not an unrelated trade or bus-   |                          |                      |                        |                      |                      |  |
|      | iness under section 513  |                          |                      |                        | -                    |                      |  |
| 4    | Tax revenues levied for the organ-   |                          |                      |                        |                      |                      |  |
|      | ization's benefit and either paid to   |                          |                      |                        |                      |                      |  |
|      | or expended on its behalf  |                          |                      |                        |                      |                      |  |
| 5    | The value of services or facilities  |                          |                      |                        |                      |                      |  |
|      | furnished by a governmental unit to  |                          |                      |                        |                      |                      |  |
|      | the organization without charge  |                          |                      |                        |                      |                      |  |
| 6    | Total. Add lines 1 through 5   |                          |                      |                        |                      |                      |  |
| 78   | Amounts included on lines 1, 2, and  |                          |                      |                        |                      |                      |  |
|      | 3 received from disqualified persons   |                          |                      |                        |                      |                      |  |
| k    | 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   |                          |                      |                        |                      |                      |  |
| (    | Add lines 7a and 7b  |                          |                      |                        |                      |                      |  |
|      | Public support (Subtract line 7c from line 6.)                                       |                          |                      |                        |                      |                      |  |
| Se   | ction B. Total Support   |                          | •                    | •                      |                      |                      |  |
| Cale | endar year (or fiscal year beginning in)   | (a) 2010                 | <b>(b)</b> 2011      | (c) 2012               | (d) 2013             | (e) 2014             | (f) Total  |
| 9    | Amounts from line 6  |                          |                      |                        |                      |                      |  |
|      | Gross income from interest,  |                          |                      |                        |                      |                      |  |
|      | dividends, payments received on  |                          |                      |                        |                      |                      |  |
|      | securities loans, rents, royalties and income from similar sources                   |                          |                      |                        |                      |                      |  |
| ŀ    | Unrelated business taxable income  |                          |                      |                        |                      |                      |  |
| •    | (less section 511 taxes) from businesses   |                          |                      |                        |                      |                      |  |
|      | acquired after June 20, 1075   |                          |                      |                        |                      |                      |  |
|      | · · · · · · · · · · · · · · · · · · ·  |                          |                      |                        |                      |                      |  |
| 11   | Add lines 10a and 10b  Net income from unrelated business                            |                          |                      |                        | <u> </u>             |                      | <del>                                     </del> |
| •••  | activities not included in line 10b,   |                          |                      |                        |                      |                      |  |
|      | whether or not the business is   |                          |                      |                        |                      |                      |  |
| 10   | regularly carried on   |                          |                      |                        |                      |                      |  |
| 12   | Other income. Do not include gain or loss from the sale of capital                   |                          |                      |                        |                      |                      |  |
|      | assets (Explain in Part VI.)   |                          |                      |                        |                      |                      |  |
|      | Total support. (Add lines 9, 10c, 11, and 12.)                                       |                          |                      |                        |                      |                      |  |
| 14   | First five years. If the Form 990 is for   | the organization'        | s first, second, thi | rd, fourth, or fifth t | ax year as a section | on 501(c)(3) organi: | zation,  |
| _    | check this box and stop here   |                          |                      |                        |                      |                      | <b>&gt;</b>                                      |
|      | ction C. Computation of Publi  |                          |                      |                        |                      | 1 1                  |  |
|      | Public support percentage for 2014 (li   |                          |                      | column (f))            |                      | 15                   | %  |
|      | Public support percentage from 2013  |                          |                      |                        |                      | 16                   | %  |
|      | ction D. Computation of Inves  |                          |                      |                        |                      |                      |  |
|      | Investment income percentage for 20  |                          |                      |                        |                      | 17                   | %  |
|      | Investment income percentage from 2  |                          |                      |                        |                      | 18                   | %  |
| 19   | a 33 1/3% support tests - 2014. If the   | organization did r       | not check the box    | on line 14, and line   | e 15 is more than 3  | 33 1/3%, and line    | 17 is not  |
|      | more than 33 1/3%, check this box ar   | nd <b>stop here.</b> The | e organization qua   | lifies as a publicly   | supported organiz    | ation                | ▶□   |
| k    | 33 1/3% support tests - 2013. If the   | organization did r       | not check a box or   | n line 14 or line 19a  | a, and line 16 is m  | ore than 33 1/3%,    | and  |
|      | line 18 is not more than 33 1/3%, che  | ck this box and <b>s</b> | top here. The orga   | anization qualifies    | as a publicly supp   | orted organization   | <b>&gt;</b>                                      |
| 20   | Private foundation. If the organizatio   | n did not check a        | box on line 14, 19   | a, or 19b, check t     | his box and see in   | structions           |  |

#### Part IV | Supporting Organizations

(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 **p**<sub>art VI</sub> 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.)

|      |          | Yes   | No   |
|------|----------|-------|------|
|      |          |       |      |
|      | 4        |       |      |
| -    | 1        |       |      |
|      |          |       |      |
|      | 2        |       |      |
|      | 0-       |       |      |
| -    | За       |       |      |
|      |          |       |      |
| L    | 3b       |       |      |
|      | 0-       |       |      |
| -    | 3c       |       |      |
|      | 4a       |       |      |
|      |          |       |      |
|      | 41       |       |      |
| -    | 4b       |       |      |
|      |          |       |      |
|      |          |       |      |
| -    | 4c       |       |      |
|      |          |       |      |
|      |          |       |      |
|      |          |       |      |
| L    | 5a       |       |      |
|      | Fh.      |       |      |
| H    | 5b<br>5c |       |      |
|      |          |       |      |
|      |          |       |      |
|      |          |       |      |
|      | 6        |       |      |
|      |          |       |      |
|      |          |       |      |
|      | 7        |       |      |
|      | 8        |       |      |
|      | -        |       |      |
|      |          |       |      |
|      | 9a       |       |      |
|      | Qh       |       |      |
|      | 9b       |       |      |
|      | 9с       |       |      |
|      |          |       |      |
|      | 10-      |       |      |
|      | 10a      |       |      |
|      | 10b      |       |      |
| n 99 | 0 or 99  | 0-EZ) | 2014 |

| Test the organization accepted a gift or contribution from any of the following persons?   | Pai        | Part IV   Supporting Organizations (continued)   |   |                                       |        |
|--|------------|--|---|---------------------------------------|--------|
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) billow, the governing body of a supported organization?  b A tamily member of a person described in (d) above?  c A 59% controlled entity of a person described in (g) in (b) above?!  7 **Yes** to a, b, or c, provide detail in part Vi.  10 **Location B. Type I Supporting Organizations  1 **Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year? If "No" describe in part V, how the supported organization, describe how the powers to appoint and/or remove directors or trustees at all times during the controlled the organization's activities. If the organization and 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 **Did the organization operated for the benefit of any supported organization? If "Yes," explain in Part V, how the powers to appoint and/or remove directors or trustees were allocated among the supported organization(s) that operated, supervised, or controlled the supporting organization.  2 **Did the organization powers for the benefit of any supported organization? If "Yes," explain in Part V, how the provision such benefit careled out the purposes of the supported organization or the case and continuous working relationship with the supported organ |            | ,  |   | Yes                                   | No     |
| below, the governing body of a supported organization?  A family member of a person described in (a) bove?  A 35% controlled entity of a person described in (a) or (b) above?!  A 55% controlled entity of a person described in (a) or (b) above?!  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 organizations directors or trustees at all times during the tax year? If "No," describe in Part ty I how the supported organizations have the power to regularly appoint or elect at least a majority of the organizations activities. If the organization is deviced arong the supported organization, describe in Part ty I how the supported organization and more than one supported agraination, describe how the powers to appoint endire remove directors or trustees were allocated among the supported organization of particular to the than the supported organization particular to provide the supported organization of the than the supported organization in Part ty how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporticited the supporting organization of the than the supported organization is controlled the capacity organization organization (s) that operated, supervised, or controlled the supportine organization organization (s) that operated, supervised, or controlled the supportined organization organization (s) that operated, supervised, or controlled the supported organization organization (s) that operated, supervised, or controlled the supported organization organization (s) that operated, supervised, or controlled the supported organization (s) that operated, supervised, or controlled the supported organization (s) that operated organization (s) that operated organization (s) that operated organization (s) that operated organization (s) the same persons that controlled organization (s) that organization supported organization (s) the same pe | 11         | 11 Has the organization accepted a gift or contribution from any of the following            | persons?  |                                       |        |
| below, the governing body of a supported organization?  A Atamily member of a pesson described in (a) bove?  A 35% controlled entity of a person described in (a) or (b) above?!  A 35% controlled entity of a person described in (a) or (b) above?!  Did the directors, bustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of electors or trustees at all times during the tax year? If "No," describe in Part ty I how the supported organizations have the power to controlled the organizations are what conditions or restrictions, if any, applied to such power during the tax year.  I but the organization organization services in the supported organization of the than the supported organization, describe his part ty I how the supported organization of the than the supported organization shad organization and what conditions or restrictions, if any, applied to such powers during the tax year.  I the organization operate for the benefit of any supported organization of the than the supported organization in part ty I how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supportine organization organization (b) that operated, supervised, or controlled the supportine organization organization (b) that operated, supervised, or controlled the supportine organizations are supported organization(s) that operated, supervised, or controlled the supportine organizations.  I 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 ty I how control or managed the supported organization's supported organization (s) If No, "describe in Part ty I how control or managed the supported organization organization and the supported organization organization and the supported organization organization and the supported organization o | а          | <b>a</b> A person who directly or indirectly controls, either alone or together with person  | ons described in (b) and (c)                          |                                       |        |
| b. A SB% controlled entity of a person described in (a) bovie?  A SB% controlled entity of a person described in (a) or (b) above? If "Yea" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  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 organizations directors or trustees at all times during the tax year? If "No," describe highly in how the supported organizations (effectively operated, supervised, or controlled the organization's activities. If the organization is derived to require a supported organization, describe how the powers to appoint and/or enteror derivation of the supported organization, describe how the powers to appoint and/or enteror derivation of the supported organization, describe how the powers to appoint and/or enteror derivation of the supported organization, describe how the powers to appoint and/or enteror derivation of the supported organization of the trans the supported organization of the supported organizations or trustees of each 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 directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's and the supported organization provide to each of its supported organizations by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations by the provided organization organization organization and an analysis of the supported organ |            |  |   |                                       |        |
| section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regulatly appoint or elect at least a majority of the organization of decrease at all times during the tax year? If "No," describe in part y, in how the supported organizations directors or trustees at all times during the tax year? If "No," describe in part y, in how the supported organization of organization decrease and what conditions or restrictions, if yan, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of the supported organization and what conditions or restrictions, if yan, applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of the "Yes," explain in Part y, how providing such benefit carried out the purposes of the supported organization (s) that operated, supervised, or controlled the supporting organization (s) that operated, supervised, or controlled the supporting organization or supported organization (s) that operated, supervised, or controlled the supporting organization or trustees during the tax year also a majority of the directors or trustees of each 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 directors or trustees or expense that controlled or managed to a supporting organization was vested in the same persons that controlled or managed to a supported organization's tax year, (1) a written notice describing the type and amount of support provided during the provided organization's tax year, (1) a verification of the companization was respected organization, and (3) ocloses of the organization was respected organization or the povernity body of a supported org | b          |  |   |                                       |        |
| Section B. Type I Supporting Organizations   Yes   No  |            |  |   |                                       |        |
| 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 y, in how the supported organization's directors or trustees at all times during the tax year? If *No,* describe in part y, in how the supported organization and the organization 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 of the thin the supported organization sand 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 filt *Yes,* "avoisin in Part y, how providing such benefit carried out the purposes of the supported organization (i) *Hosp in Part y, how providing such benefit carried out the purposes of the supported organization (ii) that operated, supported organizations or controlled the supporting organizations.  2 Section C. Type III 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 part y, how control or management of the supporting organizations we vested in the same persons that controlled or managed the supported organization's provided to each of its supported organizations that or the organization supporting organizations. The vest and of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently field as of the date of notification, and (3) copies of the organization's apportation supported organization's glovering body of a supported organization? If *No,* explain in Part y how the organization supported organization's provided organization's provided organization supported organization's supported organizati   |            |  | , alt vi.   |                                       |        |
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least an anjorty of the organizations in directors or trustees at all times during the tax year? If "No," describe in Part IV, how the supported organization(e) effectively operated, supervised, or controlled the organizations activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization operated for the benefit of any supported organization of the treath the supported organization(e) that operated, supervised, or controlled the supporting organization than the supported organization(s) that operated, supervised, or controlled the supported organizations.  2 Section C. Type II Supporting Organizations  3 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 IV, how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization supported organizations in the supported organization's governing documents in effect on the date of notification, and (3) copies of the organization provide to each of its supported organizations? If "No," explain in Part IV how the organization maintained a close and continuous working reliebroship with the supported organization(s).  3 By reason of the relationship described in (2), did the organization's supported organization's have a significant voice in the organization's investment policies and in diverting the use of the organization's law the supported organization site parts of the Activities Test, C |            |  |   | Yes                                   | No     |
| 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 y  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 bid the organization operate for the benefit of any supported organization of the supported organization (II "Ves," explain in Part IV in the Supporting organization's directors or trustees of each 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 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 supported organization's supported organization's supported organization's supported organization's extent not previously provided?  2 Were any of the organization is described in (2), did the organization's supported organization's income or assets at all times during the tax year' If "Yes," describe in part IV, the role the organization's income or assets at all times during the tax year' If "Yes," describe in part IV, the role the organization's income or assets at all times during the tax year' If "Yes," describe in Part IV, the role the organization's income or assets at a | 1          | 1 Did the directors trustees or membership of one or more supported organizations.           | ations have the power to                              | 1.00                                  | 110    |
| tax year? If "No," describe in Part IV, how the supported organizations, effectively operated, supervised, or controlled the organization's activities. If the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or instease were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the lax year.  2 Did the organization operated for the benefit of any supported organization? If "Yes," explain in Part IV, In which providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  2 Section 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 Part IV, how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization stay was, (1) a copy of the Form 800 that was most recently filed as of the date of notification, and (3) copies of the organization's supervised organization's tax year, (1) a copy of the Form 800 that was most recently filed as of the date of notification, and in the organization was responsive or the relationship of the government policies and in directing the use of the organization's and continuous working relationship with the supported organization's and in the supported organization's investment policies and in | •          | · · · · · · · · · · · · · · · · · · ·  |   |                                       |        |
| 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 of the than the supported organization (if year, 'explain in Part VI) how providing such benefit carried out the purposes of the supported organization if If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization (if year, explain in Part VI) how control or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization, was vested in the same persons that controlled or managed the supported organization's supported organization was vested in the same persons that controlled or managed the supported organization's unaway to the organization or trustees of the supported 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 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 powering documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization so officers, directors, or trustees either (i) appointed or elected by the supported organization's provided organization with the supported organization (s).  3 By reason of the relationship described in (2), did the organization wit |            |  | -   |                                       |        |
| 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 of the than the supported organization 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; bit at operated, supervised, or controlled the supporting organization.  2 Section 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," discribe 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 was vested in the same persons that controlled or managed the supported organization's was vested in the same persons that controlled or managed the supported organization's supported organization supported organization's supported organization's supported organization's supported organization's or the relationship of the organization's or five expension or the relationship or discribed in Part VI how, explain in Part VI how the organization's or five expension supported organization's provided organization's or the relationship will describe in Part VI in the supported organization's activation supported organization's activation supported organization's activation supported organization's activation supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organizatio |            |  |   |                                       |        |
| 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 operated, supervised, or controlled the supporting organization? If "Res," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations.  2 Ver 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 part VI, how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization in supported organizations.  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 officers, directors, or trustees either (i) appointed or elected by the supported organization sylventing on the governing body of a supported organization and (3) copies of the organization maintained a close and continuous working relationship with the supported organization's income or assets at all times during the tax year? If "Yes," describe in part VI there for degralization's programization's programization's income or assets at all times during the tax year? If "Yes," describe in part VI there for the directors in the use of the organization's according to the programization and programization's programization as the parent of each of its supported organizations. Complete line 3 below.  2 Did the organization satisfied the Activities Test. Complete line 2 below.  3 Did substantially all of the organization's activities during the ta |            |  |   |                                       |        |
| 2 Did the organization operate for the benefit of any supported 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.  2 Section C. Type II Supporting Organizations  1 Were a majority 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 was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization provide to each of its supported organizations, by the last day of the fifth month of the organization is 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?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization organization organization organization in provided organizations organizations.  3 By reason of the relationship described in (2), did the organizationship with the supported organization(s).  2 Present of organization in a freed organization in directing the use of the organizationship was a significant violoci in the organization is involved in the organization is responsible of the supported organizationship with the supported organization's supported organization's supported organization's supporte |            |  |   |                                       |        |
| organization(s) that operated, supervised, or controlled the supporting organization? If "Ves," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations.  2   Ves   No    1   Were a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organization is 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 was vested in the same persons that controlled or managed the supported organization is supported organizations, by the last day of the fifth month of the organization by the provided 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, and (3) copies of the organization so governing documents in effect on the date of notification, and its explain in part VI how the organization maintained a close and continuous working relationship with the supported organization is provided?  2   Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization is income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization's supported organizations by the organization is the parent of each of its supported organizations.  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):  2   Activ | 2          |  |   |                                       |        |
| Part IV, how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations.  Section 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 part IV, how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).  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, and (3) copies 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 or IV No." Explain in part, IV how the organization in summarization is most ment provided continuous working relationship with the supported organization(s).  2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization is investment policies and in directing the use of the organization's support dorganization's support dorganization's supported organization's supported organization's supported organization's supported organization's and supported organization's part of the regalization is the parent of each of its supported organization's supported organization's supported organization's part of the organization is the parent of each of its supported organization's provide detarmined that these activities of the supported organization's activities during the  | _          |  |   |                                       |        |
| Section 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 directors or trustees of the supported organization organization organization to the supporting Organizations.  Section D. Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is 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 poverning 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 (1) appointed or elected by the supported organization(s) or (6) serving on the governing body of a supported organization or pravity provided?  2 Were any of the organization's officers, directors, or trustees either (1) appointed organization and part of the extent not previously provided?  2 Were any of the organization's briestment policies and in directing the use of the organization's as a significant voice in the organization since and continuous working relationship with the supported organization's investment policies and in directing the use of the organization's as a supported organization's used to satisy the Integral Part Test during the year(see Instructions):  1 Check the box next to the method that the organiz |            |  | ·   |                                       |        |
| 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 but the same persons that controlled or managed this supported organization's but the same persons that controlled or managed this supported organization's but the same persons that controlled or managed this supported organization's but the same persons that controlled or managed this supported organizations but the same persons that controlled or managed this supported organization's but the supported organization's provided during the prior tax year. (2) a vertler 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 Vere any of the organization's officers, directors, or trustees either (1) appointed or elected by the supported organization's officers, directors, or trustees either (1) appointed or elected by the supported organization's income or assets at all times during the tax year? If "Yes," describe in Part V, there is the organization's income or assets at all times during the tax year? If "Yes," describe in Part V, there is the organization's supported organization's supported organization's supported organization's party of the organization's supported organization's party of the organization's and the text of the method that the organization used to satisfy the Integral Part Test during the year(see instructions):  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):  2 Activities Test. Answer (a) and (b) below.  3 Did |            | •  |   |                                       |        |
| 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 was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization is 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 flied as of the date of notification, and (3) copies of the organization's source organization's source organization's organization organization's organization's organization's organization's organization's new the organization's organization's played in this regard.  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instructions):  2 Activities Test. Answer (a) and (b) below.  2 Did substantially all of the organization's activities during the tax year agovernmental entity, Describe in Part VI how you supported a government entity (see instructions):  2 Activities Test. Answer (a) and (b) below.  3 Did substantially all of the organization was responsive? If "Yes," then in Part VI identify those supported organization's position that its supported organizations, and how the organization determined that these activities constituted   | 800        | ,  |   |                                       |        |
| 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 organizationis? It "No," describe in Part VI how control or managed the supported organization was vested in the same persons that controlled or managed the supported organization(s).  Section D. Type III Supporting Organizations  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?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organizations or organizations (s) (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 organizations(s).  3 By reason of the relationship described in (2), did the organization's supported organizations 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.  3 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):  a The organization satisfied the Activities Test. Complete line 2 below.  c The organization satisfied the Activities Test. Complete line 2 below.  c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  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 org | Sec        | Section 6. Type if Supporting Organizations  |   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | - NI - |
| 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. Type III Supporting Organizations  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?  2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization maintained a close and continuous working relationship with the supported 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 organization's played in this regard.  3 By reason of the relationship described in (2), did the organization for the organization's supported organization's supported organization's supported organizations played in this regard.  3 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):  a The organization satisfied the Activities Test. Complete line 2 below.  c The organization satisfied the Activities Test. Complete line 2 below.  c The organization satisfied the Activities Test. Complete line 2 below.  c The organization satisfied the Activities Test. Complete line 2 below.  c The organization satisfied the Activities the line 2 below.  c The organization satisfied the organization was responsive for the supported organization satisfied the reasons for the organization's position that its supported orga |            |  |   | Yes                                   | NO     |
| section D. Type III Supporting Organization was vested in the same persons that controlled or managed the supported organizations(s).  I 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?  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, "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 organizations played in this regard.  3 By reason of the relationship described in (2), did the organizations are 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):  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 organizations and explain how these activities directly further their exempt purposes, how the organization was responsive? If "Yes," then in Part VI identify the example of the organization was responsive? If "Yes," explain in Part VI the reasons for the organization and explain how these activi | 1          |  |   |                                       |        |
| the supported organization(s).  Section D. Type III Supporting Organizations  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?  2 Were any of the organization's individual organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's supported organization's supported organization's supported organization's investment policies and in directing the use of the organization's supported organization's supported organization's supported organization's supported organization's income or assets at all times during the tax year? If "Five," describe in part VI he role the organization's income or assets at all times during the tax year? If "Five," describe in part VI he role the organization's supported organization's supported organization's supported organization's supported organization's supported organization's played in this regard.  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):  2 Activities Test. Answer (a) and (b) below.  2 Activities Test. Answer (a) and (b) below.  3 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization was responsive to those supported organization was responsive to those supported organization was responsive formalization was responsive to those organization, and how the organization determined that these activities during the tax year directly furthered their exempt |            |  |   |                                       |        |
| Section D. Type III Supporting Organizations  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, and (3) copies of the organization's governing documents in effect on the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, and (3) copies of the organization's operation governing documents in effect on the date of notification, and (3) copies of the organization's organization's overship of the date of notification, and (3) copies of the organization's organization's of the date of notification, and (3) copies of the organization's organization's of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's officers, directors, or trustees of each of the organization's newtring relationship with the supported organization(s).  2 Were any of the organization's investment policies and in directing the use of the organization's upported organizations played in this regard.  3 By reason of the relationship described in (2), did the organization used to satisfy the Integral Part Test during the year(see Instructions):  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instructions):  2 Activities Test. Answer (a) and (b) below.  3 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly further the exempt purposes, how the organization was responsive to those supported organization was responsive? If "Yes," then in part VI identity these suppor |            |  | _   |                                       |        |
| 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?  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 y; 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 y; 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 The organization satisfied the Activities Test. Complete line 3 below.  b 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 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 have |            |  |   |                                       |        |
| 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?  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 V how the organization and an aniatized a close and continuous working relationship with the supported organization(s).  2 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 V; 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 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.  c The organization is the parent of each of its supported organizations. Complete line 3 below.  c The organization is the parent of each of its supported organizations. Complete line 3 below.  c The organization is the parent of each of its supported organizations are supported organizations and explain how these activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly furthered their exempt purposes, how the org | Sec        | Section D. Type III Supporting Organizations   |   | 1                                     |        |
| 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?  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 across and continuous working relationship with the supported organization(s).  2 Is 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 organization's 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 The organization is the parent of each of its supported granizations. Complete line 3 below.  c The organization is the parent of each of its supported pranizations. Complete line 3 below.  c The organization is the parent of each of its supported organizations. Complete line 3 below.  c The organization is the parent of each of its supported organization was responsive? If "Yes," then in Part VI identify those supported organization's activities during the tax year directly furthered their exempt purposes of the supported organization's activities during the tax year directly furthered their exempt purposes, how the organization was responsive? If "Yes," then in Part VI identify those supported organization's purpose activities of the organization was responsive? If "Yes," explain in |            |  |   | Yes                                   | No     |
| 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?  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).  2 By reason of the relationship described in (2), clid 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.  3 Section E. Type III Functionally-Integrated Supporting Organizations  3 The organization satisfied the Activities Test. Complete fine 2 below.  b The organization is the parent of each of its supported organizations. Complete fine 3 below.  c 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 organization's position that its supported organization's involvement, one or more of the organization's aposition that its supported organization's involvement, one or more of the organization's position that its supported organization's involvement, one or more of the organization's position that its supported organization's involvement, one or more of the organization's position that its supported organization's involvement, one or more of t | 1          |  | •   |                                       |        |
| 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 y <sub>1</sub> 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 y <sub>1</sub> the role the organization's supported organizations played in this regard.  3 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  |            |  | -   |                                       |        |
| 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 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.  c The organization is the parent of each of its supported organizations. Complete line 3 below.  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 activities during the tax year directly furthered their exempt purposes, how the organization was responsive to those supported organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive to those supported organization determined that these activities described in (a) constitute activities that, but for the organization determined that these activities described in (a) constitute activities that, but for the organization have the proganization 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) 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 organization's income or assets at all times during the tax year? If "Yes," describe in Part VI her ole the organization's supported organizations played in this regard.  3 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 The organization satisfied the Activities Test. Complete line 2 below.  b 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 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 does on the supported organization was responsive to those supported organization determined that these activities does on the organization that its supported organization(s) would have engaged in these activities but for the organization's involvement.  3 Did the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  3 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   |            |  | . , ,   | _                                     |        |
| 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.  3 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 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.  c 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 organizations and explain how these activities directly furthered their exempt purposes, how the 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 described in (a) constitute activities that, but for the organization 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 polic | 2          | 2 Were any of the organization's officers, directors, or trustees either (i) appoint         | ed or elected by the supported                        |                                       |        |
| 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 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. c 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 organizations and explain how these activities directly furthered their exempt purposes, how 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 described in (a) constitute activities that, but for the organization 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 ea |            | organization(s) or (ii) serving on the governing body of a supported organizati              | on? If "No," explain in Part VI how                   |                                       |        |
| 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 v1 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 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. c 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 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 determined that these activities of the 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   |            | the organization maintained a close and continuous working relationship with                 | the supported 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 The organization satisfied the Activities Test. Complete Iine 2 below. b The organization is the parent of each of its supported organizations. Complete Iine 3 below. c 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 is not how these activities directly furthered their exempt purposes, how the organization was responsive to those supported 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 determined that these activities of the organization's involvement.  2a b Did the organization's position that its supported organization(s) would have engaged in these activities but 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  | 3          | 3 By reason of the relationship described in (2), did the organization's supported           | d organizations have a                                |                                       |        |
| Section E. Type III Functionally-Integrated Supporting Organizations  1  |            | significant voice in the organization's investment policies and in directing the             | use of the organization's                             |                                       |        |
| Section E. Type III Functionally-Integrated Supporting Organizations  1  |            | income or assets at all times during the tax year? If "Yes," describe in Part VI             | the role the organization's                           |                                       |        |
| The organization satisfied the Activities Test. Complete fine 2 below.    The organization is the parent of each of its supported organizations. Complete fine 3 below.   The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   Activities Test. Answer (a) and (b) below.   Activities Test. Answer (a) and (b)  |            | supported organizations played in this regard.   | 3   |                                       |        |
| a  | <u>Sec</u> |  |   |                                       |        |
| b  | 1          | 1 Check the box next to the method that the organization used to satisfy the Int             | egral Part Test during the year(see instructions):    |                                       |        |
| The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  Activities Test. Answer (a) and (b) below.  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.  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.  Parent of Supported Organizations. Answer (a) and (b) below.  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.  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  | а          | a The organization satisfied the Activities Test. Complete line 2 below.                     |   |                                       |        |
| 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 involvement.  2b  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   | b          | <b>b</b> The organization is the parent of each of its supported organizations. C            | omplete line 3 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.  2a  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.  2b  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.  3a  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  | С          | c  The organization supported a governmental entity. Describe in Part VI I                   | ow you supported a government entity (see instruction | s <u>).</u>                           |        |
| 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.  2a  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.  2b  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.  3a  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  | 2          | 2 Activities Test. Answer (a) and (b) below.   |   | Yes                                   | No     |
| 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.  2b  Parent of Supported Organizations. Answer (a) and (b) below.  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.  3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   | а          |  | further the exempt purposes of                        |                                       |        |
| 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.  2b  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   |            | the supported organization(s) to which the organization was responsive? If "Y                | 'es," then in Part VI identify                        |                                       |        |
| 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.  2b  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  |            | those supported organizations and explain how these activities directly full                 | thered their exempt purposes,                         |                                       |        |
| 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.  2b  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.  3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   |            | how the organization was responsive to those supported organizations, and h                  | ow the organization determined                        |                                       |        |
| 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.  2b  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.  3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   |            | that these activities constituted substantially all of its activities.                       | 2a  |                                       |        |
| 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. 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.  3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  | b          | <b>b</b> Did the activities described in (a) constitute activities that, but for the organiz | ation's involvement, one or more                      |                                       |        |
| 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. 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.  3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |            | of the organization's supported organization(s) would have been engaged in?                  | If "Yes," explain in Part VI the                      |                                       |        |
| activities but for the organization's involvement.  2b  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   |            |  |   |                                       |        |
| 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  |            |  |   |                                       |        |
| 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 <i>Part VI</i> .  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  | 3          | · · · · · · · · · · · · · · · · · · ·  |   |                                       |        |
| trustees of each of the supported organizations? Provide details in <i>part VI</i> .  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |            |  | the officers, directors, or                           |                                       |        |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |            |  |   |                                       |        |
|  | b          |  |   |                                       |        |
|  | _          |  |   |                                       |        |

### FLORIDA GREENWAYS AND TRAILS

Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION INC.

59-3742206 Page 6

| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting  | g Orga   | anizations                   |                             |  |  |  |
|------|---|----------|------------------------------|-----------------------------|--|--|--|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All |          |                              |                             |  |  |  |
|      | other Type III non-functionally integrated supporting organizations must con  | mplete   | Sections A through E.        |                             |  |  |  |
| Soot | (B) Current Year  |          |                              |                             |  |  |  |
| Seci | ion A - Adjusted Net Income   |          | (A) Prior 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        |                              |                             |  |  |  |
| Sect | ion 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       |                              |                             |  |  |  |
| С    | Fair market value of other non-exempt-use assets  | 1c       |                              |                             |  |  |  |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d       |                              |                             |  |  |  |
| е    | Discount claimed for blockage or other  |          |                              |                             |  |  |  |
|      | factors (explain in detail in <b>Part VI</b> ):   |          |                              |                             |  |  |  |
| 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        |                              |                             |  |  |  |
| Sect | ion 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-functional  | y-integr | ated Type III supporting org | anization (see              |  |  |  |
|      | instructions).  |          |                              |                             |  |  |  |

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION INC.

| Par      | t V Type III Non-Functionally Integrated 509                         | (a)(3) Supporting Orga        | anizations (continued) | <u> </u>        |
|----------|--|-------------------------------|------------------------|-----------------|
| Secti    | on D - Distributions   |                               | (00/10/10/00/          | Current Year    |
| 1        | Amounts paid to supported organizations to accomplish exe            | empt purposes                 |                        |                 |
| 2        | Amounts paid to perform activity that directly furthers exempt       | ot purposes of supported      |                        |                 |
|          | organizations, in excess of income from activity                     |                               |                        |                 |
| 3        | Administrative expenses paid to accomplish exempt purpos             | es of supported organization  | ns                     |                 |
| 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 t        | he organization is responsive | Э                      |                 |
|          | (provide details in Part VI). See instructions.                      |                               |                        |                 |
| 9        | Distributable amount for 2014 from Section C, line 6                 |                               |                        |                 |
| 10       | Line 8 amount divided by Line 9 amount                               |                               |                        |                 |
|          |  | (i)                           | (ii)                   | (iii)           |
| Sacti    | on E - Distribution Allocations (see instructions)                   | Excess Distributions          | Underdistributions     | Distributable   |
| Jecu     | on E - Distribution Anocations (see instructions)                    |                               | Pre-2014               | Amount for 2014 |
| 1        | Distributable amount for 2014 from Section C, line 6                 |                               |                        |                 |
| 2        | Underdistributions, if any, for years prior to 2014                  |                               |                        |                 |
|          | (reasonable cause required-see instructions)                         |                               |                        |                 |
| 3        | Excess distributions carryover, if any, to 2014:                     |                               |                        |                 |
| а        |  |                               |                        |                 |
| b        |  |                               |                        |                 |
| С        |  |                               |                        |                 |
| d        |  |                               |                        |                 |
| е        | From 2013  |                               |                        |                 |
|          | Total of lines 3a through e  |                               |                        |                 |
|          | Applied to underdistributions of prior years                         |                               |                        |                 |
|          | Applied to 2014 distributable amount                                 |                               |                        |                 |
| <u>i</u> | Carryover from 2009 not applied (see instructions)                   |                               |                        |                 |
| j        | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                    |                               |                        |                 |
| 4        | Distributions for 2014 from Section D,                               |                               |                        |                 |
|          | line 7: \$   |                               |                        |                 |
|          | Applied to underdistributions of prior years                         |                               |                        |                 |
|          | Applied to 2014 distributable amount                                 |                               |                        |                 |
|          | Remainder. Subtract lines 4a and 4b from 4.                          |                               |                        |                 |
| 5        | Remaining underdistributions for years prior to 2014, if             |                               |                        |                 |
|          | any. Subtract lines 3g and 4a from line 2 (if amount                 |                               |                        |                 |
| 6        | greater than zero, see instructions).                                |                               |                        |                 |
| 6        | Remaining underdistributions for 2014. Subtract lines 3h             |                               |                        |                 |
|          | and 4b from line 1 (if amount greater than zero, see                 |                               |                        |                 |
| 7        | instructions).  Excess distributions carryover to 2015. Add lines 3j |                               |                        |                 |
| 7        | and 4c.  |                               |                        |                 |
| 8        | Breakdown of line 7:   |                               |                        |                 |
| a        | DICANGONITO IIIIC 1.   |                               |                        |                 |
| b        |  |                               |                        |                 |
| С        |  |                               |                        |                 |
|          | Excess from 2013   |                               |                        |                 |
|          | Excess from 2014   |                               |                        |                 |

Schedule A (Form 990 or 990-EZ) 2014

#### FLORIDA GREENWAYS AND TRAILS

| Schedule A | (Form 990 or 990-EZ) 2014 FOUNDATION INC.   | 59-3742206 Page 8                 |
|------------|---|-----------------------------------|
| Part VI    | (Form 990 or 990-EZ) 2014 FOUNDATION INC.  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 | 7a or 17b; and Part III, line 12. |
|            | Also complete this part for any additional information. (See instructions).   | ,                                 |
|            | Also complete this part for any additional morniation. (See mortalition).   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |
|            |   |                                   |

### Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2014

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

| Contributor's Name  | Total<br>Contributions | Excess<br>Contributions |
|---|------------------------|-------------------------|
| ELIZABETH ORDWAY DUNN FOUNDATION                          | 55,000.                | 48,012.                 |
| FELBURN FOUNDATION  | 65,000.                | 58,012.                 |
| SMOKE RISE FOUNDATION                                     | 15,000.                | 8,012.                  |
| BLUE CROSS & BLUE SHIELD FOUNDATION                       | 30,000.                | 23,012.                 |
| SPACE COAST HEALTH FOUNDATION                             | 10,000.                | 3,012.                  |
| WINTER PARK HEALTH FOUNDATION                             | 25,000.                | 18,012.                 |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
| Total Excess Contributions to Schedule A, Part II, Line 5 |                        | 158,072.                |

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

Name of the organization

Organization type (check one):

FLORIDA GREENWAYS AND TRAILS FOUNDATION INC.

Employer identification number

59-3742206

| Filers of:   |   | Section:   |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Form 990   | or 990-EZ   | X 501(c)( 3 ) (enter number) organization  |  |  |  |  |  |
|  |   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation   |  |  |  |  |  |
|  |   | 527 political organization   |  |  |  |  |  |
| Form 990   | )-PF  | 501(c)(3) exempt private foundation  |  |  |  |  |  |
|  |   | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |  |  |  |  |  |
|  |   | 501(c)(3) taxable private foundation   |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Check if   | your organization is  | covered by the <b>General Rule</b> or a <b>Special Rule</b> .  |  |  |  |  |  |
| Note. On   | ly a section 501(c)(  | 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  |  |  |  |  |  |
| General  | Rule  |  |  |  |  |  |  |
|  | -   | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. |  |  |  |  |  |
| Special F  | Rules   |  |  |  |  |  |  |
|  | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. |  |  |  |  |  |  |
|  | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.  |  |  |  |  |  |  |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If the is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusing sequences, contributions totaling \$5,000 or more during the year |   |  |  |  |  |  |  |
| Caution.   | An organization th  | at is not covered by the General Bule and/or the Special Bules does not file Schedule B (Form 990, 990-FZ, or 990-PF).   |  |  |  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
FLORIDA GREENWAYS AND TRAILS
FOUNDATION INC.

Employer identification number

59-3742206

| Part I     | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional   | Il space is needed.        |   |
|------------|--|----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 1          | FELBURN FOUNDATION  1515 E. SILVER SPRINGS BLVD, SUITE 188  OCALA, FL 33480  | \$ 20,000.                 | Person X Payroll  |
| (a)        | (b)  | (c)                        | (d)   |
|            | Name, address, and ZIP + 4  BLUE CROSS & BLUE SHIELD OF FLORIDA FOUNDATION  4800 DEERWOOD CAMPUS PARKWAY  JACKSONVILLE, FL 32246 | \$ 10,000.                 | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution  |
| 3          | SPACE COAST HEALTH FOUNDATION 6905 N. WICKHAM RD, SUITE 301 MELBOURNE, FL 32940  | \$                         | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution  |
| 4          | WINTER PARK HEALTH FOUNDATION, INC.  220 EDINBURGH DR.  WINTER PARK, FL 32792  | \$ <u>25,000.</u>          | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
| 5          | SMOKE RISE FOUNDATION, INC.  1313 W. 175TH ST  HOMEWOOD, IL 60430  | \$5,000.                   | Person X Payroll  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)    |

Name of organization
FLORIDA GREENWAYS AND TRAILS
FOUNDATION INC.

Employer identification number

59-3742206

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if | f additional space is needed.             |                      |
|------------------------------|---|---|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                            | (c) FMV (or estimate) (see instructions)  | (d)<br>Date received |
|                              |   | -<br>-<br>-<br>-<br>- \$                  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                              | (c) FMV (or estimate) (see instructions)  | (d)<br>Date received |
|                              |   | -<br>-<br>-<br>-<br>\$                    |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                              | (c) FMV (or estimate) (see instructions)  | (d)<br>Date received |
|                              |   | -<br>-<br>-<br>-<br>- \$                  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                              | (c) FMV (or estimate) (see instructions)  | (d)<br>Date received |
|                              |   | -<br>-<br>-<br>-<br>\$                    |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                              | (c) FMV (or estimate) (see instructions)  | (d)<br>Date received |
|                              |   | -<br>-<br>-<br>-<br>\$                    |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                              | (c) FMV (or estimate) (see instructions)  | (d)<br>Date received |
|                              |   | -<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>- |                      |
|                              |   |   |                      |

Name of organization
FLORIDA GREENWAYS AND TRAILS
FOUNDATION INC.

Employer identification number

59-3742206

| Part III        | Exclusively religious, charitable, etc., contributor, Complete c | ibutions to organizations describe            | ped in section 501(c)(7), (8), or (10) that total more than \$1,000 for ollowing line entry. For organizations | _ |  |  |
|-----------------|--|---|--|---|--|--|
|                 | completing Part III, enter the total of exclusively religious    | s, charitable, etc., contributions of \$1,000 | 0 or less for the year. (Enter this info. once.)   |   |  |  |
| / \ \ \ \       | Use duplicate copies of Part III if additiona                    | al space is needed.                           |  |   |  |  |
| (a) No.<br>from | (b) Purpose of gift  | (c) Use of gift                               | (d) Description of how gift is held  |   |  |  |
| Part I          | ( )  |   |  |   |  |  |
| .               |  |   |  | _ |  |  |
| -               |  |   |  | _ |  |  |
| -               |  |   |  | - |  |  |
|                 |  | (-) Turn of most on                           |  |   |  |  |
|                 |  | (e) Transfer of g                             | giπ  |   |  |  |
|                 | Transferee's name, address, ar                                   | nd <b>7</b> ID ± 4                            | Relationship of transferor to transferee   |   |  |  |
|                 | Transferce 3 hame, address, ar                                   | IN EN TT                                      | relationship of transfer of to transfer ee   | _ |  |  |
| -               |  |   |  | - |  |  |
| -               |  |   |  | - |  |  |
| -               |  |   |  | - |  |  |
| (a) No.<br>from | 47.5   | ( ) 11  | (1) D  |   |  |  |
| Part I          | (b) Purpose of gift  | (c) Use of gift                               | (d) Description of how gift is held  |   |  |  |
|                 |  |   |  |   |  |  |
| .               |  |   |  | _ |  |  |
|                 |  |   |  | _ |  |  |
|                 |  |   |  |   |  |  |
|                 |  | (e) Transfer of g                             | gift   |   |  |  |
|                 |  |   |  |   |  |  |
|                 | Transferee's name, address, ar                                   | nd ZIP + 4                                    | Relationship of transferor to transferee   |   |  |  |
| -               |  |   |  | - |  |  |
| -               |  |   |  | - |  |  |
| -               |  |   |  | - |  |  |
| (a) No.<br>from |  |   |  | _ |  |  |
| from<br>Part I  | (b) Purpose of gift  | (c) Use of gift                               | (d) Description of how gift is held  |   |  |  |
|                 |  |   |  |   |  |  |
|                 |  |   |  | _ |  |  |
|                 |  |   |  | _ |  |  |
|                 |  |   |  |   |  |  |
|                 |  | (e) Transfer of g                             | fer of gift  |   |  |  |
|                 |  |   |  |   |  |  |
|                 | Transferee's name, address, ar                                   | nd ZIP + 4                                    | Relationship of transferor to transferee   |   |  |  |
| .               |  |   |  | - |  |  |
| -               |  |   |  | - |  |  |
| -               |  |   |  | - |  |  |
| (a) No.<br>from | I  |   |  | _ |  |  |
| from<br>Part I  | (b) Purpose of gift  | (c) Use of gift                               | (d) Description of how gift is held  |   |  |  |
| Turti           |  |   |  | _ |  |  |
| -               |  |   |  | - |  |  |
| -               |  |   |  | - |  |  |
|                 |  |   |  | - |  |  |
|                 |  | (e) Transfer of g                             | gift   |   |  |  |
|                 |  |   |  |   |  |  |
|                 | Transferee's name, address, ar                                   | nd ZIP + 4                                    | Relationship of transferor to transferee   |   |  |  |
|                 |  |   |  | _ |  |  |
| .               |  |   |  | _ |  |  |
| .               |  |   |  | _ |  |  |
| I               |  |   |  |   |  |  |

#### **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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. FLORIDA GREENWAYS AND TRAILS FOUNDATION INC.

Employer identification number 59-3742206

| FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: |            |             |
|---|------------|-------------|
| DESCRIPTION OF PROPERTY:                              |            | AMOUNT:     |
| INTEREST INCOME                                       |            | 12.         |
|   |            |             |
| FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:         |            |             |
| DESCRIPTION OF OTHER EXPENSES:                        |            | AMOUNT:     |
| MEMBERSHIP FEES & STRATEGIC PARTNERSHIPS - OTHER      |            |             |
| ORGANIZATIONS   |            | 500.        |
| TRAVEL  |            | 15,631.     |
| PUBLIC COMMUNICATIONS/RESEARCH/MEDIA/WEBSITE          |            | 43,301.     |
| TRAIL ACTIVITIES & PROMOTIONS                         |            | 29,116.     |
| ANNUAL FILING FEES                                    |            | 75.         |
| LICENSES AND PERMITS                                  |            | 50.         |
| BOARD MEETINGS AND RECEPTIONS                         |            | 10,729.     |
| SUPPLIES & MATERIALS                                  |            | 879.        |
| TOTAL TO FORM 990-EZ, LINE 16                         |            | 100,281.    |
|   |            |             |
| FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:     |            |             |
| DESCRIPTION BEG.                                      | OF YEAR    | END OF YEAR |
| DEFERRED REVENUE                                      | 10,000.    | 0.          |
| ACCOUNTS PAYABLE                                      | 4,960.     | 6,000.      |
| TOTAL TO FORM 990-EZ, LINE 26                         | 14,960.    | 6,000.      |
|   |            |             |
| FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - FLORI | DA GREENWA | YS AND      |
| TRAILS FOUNDATION, INC. EXISTS TO SUPPORT THE MISSION | AND PROGR  | AMS OF      |
| THE FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION'S  | OFFICE OF  |             |

#### **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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. FLORIDA GREENWAYS AND TRAILS FOUNDATION INC.

Employer identification number 59-3742206

| GREENWAYS AND TRAILS AS IT CONTINUES TOWARD ESTABLISHING A STATEWIDE    |
|---|
| SYSTEM OF GREENWAYS AND TRAILS FOR RECREATION, CONSERVATION,            |
| ALTERNATIVE TRANSPORTATION AND THE ECONOMIC BENEFIT OF TOURISM.         |
|   |
| FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:        |
| FLORIDA GREENWAYS AND TRAILS FOUNDATION, INC. WAS                       |
| SUCCESSFUL IN BUILDING A MULTI-COUNTY COALITION IN CENTRAL              |
| FLORIDA TO SUPPORT AND ADVANCE THE COAST TO COAST                       |
| CONNECTOR; THIS IS THE FIRST AND CENTRAL LEG OF THE STATEWIDE TRAIL     |
| SYSTEM. WE BEGAN TO ADVOCATE FOR THE NORTHEAST CONNECTOR AND THE        |
| SOUTHWEST CONNECTOR TO COMPLETE THE END TO END FLORIDA TRAIL -          |
| PROMOTING RECREATION, CONSERVATION, ALTERNATIVE TRANSPORTATION AND THE  |
| ECONOMIC BENEFITS OF TOURISM.   |
|   |
| FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:  |
| THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, |
| OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.          |
| THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, |
| OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.                          |
|   |
|   |
|   |
|   |
|   |
|   |

## Form **990-EZ**

#### CHANGE OF ACCOUNTING PERIOD

### **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

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.

Open to Public Inspection

| A          | For th             | e 2015 calendar year, or tax year beginning JUL 1, 2015  | an  | dending 🛚 🗀      | EC 3            | 1,               | 2015                     |  |  |  |  |
|------------|--------------------|--|---|------------------|-----------------|------------------|--------------------------|--|--|--|--|
| В          | Check i            | C Name of organization   |   |                  | D Em            | ployer i         | identification number    |  |  |  |  |
|            | $\neg$             | ess change FLORIDA GREENWAYS AND TRAILS  |   |                  |                 |                  |                          |  |  |  |  |
|            | $\square_{Nam}$    | e change FOUNDATION INC.   |   |                  | 5               | 9-3              | 742206                   |  |  |  |  |
|            | Initia             | Number and street (or P.O. box, if mail is not delivered to street address)                        |   | Room/sui         | te <b>E</b> Tel | ephone           | number                   |  |  |  |  |
|            | Final              | return/<br>nated PO BOX 4142   |   |                  | 8               | 50-              | 766-7225                 |  |  |  |  |
|            | Ame                | City or town, state or province, country, and ZIP or foreign postal code                           |   | •                | F Gro           | oup Exe          | mption                   |  |  |  |  |
|            | $\square_{Applic}$ | ation pending TALLAHASSEE, FL 32315  |   |                  | Nu              | mber <b>&gt;</b> | •                        |  |  |  |  |
| G          |                    | nting Method: X Cash   |   |                  | <b>H</b> Ch     | eck 🕨            | X if the organization is |  |  |  |  |
| 1          | Websi              | te: ► WWW.FGTF.ORG   |   |                  | - no            | <b>t</b> require | ed to attach Schedule B  |  |  |  |  |
| J          | Tax-ex             | tempt status (check only one) $ \times$ 501(c)(3) $-$ 501(c) ( ) $\blacktriangleleft$ (insert no.) | 4947(a  | a)(1) or 5       | 27 (Fo          | rm 990           | , 990-EZ, or 990-PF).    |  |  |  |  |
| K          | orm o              | n of organization: X Corporation Trust Association Other   |   |                  |                 |                  |                          |  |  |  |  |
| L          | Add Iir            | es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 o         | r more, or it   | total assets (Pa | art II,         |                  |                          |  |  |  |  |
|            | columi             | n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ                           |   |                  |                 | <b>&gt;</b> \$   |                          |  |  |  |  |
|            | art I              |  | d Balanc  | es (see the ins  | structions      | for Par          | rt I)                    |  |  |  |  |
|            |                    | Check if the organization used Schedule O to respond to any question in this Part I                |   |                  |                 |                  | X                        |  |  |  |  |
|            | 1                  | Contributions, gifts, grants, and similar amounts received   |   |                  |                 | 1                | 18,230.                  |  |  |  |  |
|            | 2                  | Program service revenue including government fees and contracts                                    |   |                  |                 | 2                | 23,400.                  |  |  |  |  |
|            | 3                  | Membership dues and assessments  |   |                  |                 | 3                |                          |  |  |  |  |
|            | 4                  | Investment income SE   | E SCH   | EDULE C          | )               | 4                | 6.                       |  |  |  |  |
|            | 5a                 | Gross amount from sale of assets other than inventory  | 5a  |                  |                 |                  |                          |  |  |  |  |
|            | b                  | Less: cost or other basis and sales expenses   | 5b  |                  |                 |                  |                          |  |  |  |  |
|            | C                  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)            |   |                  |                 | 5c               |                          |  |  |  |  |
|            | 6                  | Gaming and fundraising events  |   |                  |                 |                  |                          |  |  |  |  |
| Ф          | a                  | Gross income from gaming (attach Schedule G if greater than  |   |                  |                 |                  |                          |  |  |  |  |
| Revenue    |                    | \$15,000)  | 6a  |                  |                 |                  |                          |  |  |  |  |
| eve        | b                  | Gross income from fundraising events (not including \$   | of contrib  | utions           |                 |                  |                          |  |  |  |  |
| Œ          |                    | from fundraising events reported on line 1) (attach Schedule G if the sum of such                  | -   |                  |                 |                  |                          |  |  |  |  |
|            |                    | gross income and contributions exceeds \$15,000)   | 6b  |                  | 250.            |                  |                          |  |  |  |  |
|            | 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 suf               | btract line 6   | c)               |                 | 6d               | 250.                     |  |  |  |  |
|            | 7a                 | Gross sales of inventory, less returns and allowances  | 7a  |                  |                 |                  |                          |  |  |  |  |
|            | b                  | Less: cost of goods sold   | 7b  |                  |                 |                  |                          |  |  |  |  |
|            | C                  | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                     |   |                  |                 | 7c               |                          |  |  |  |  |
|            | 8                  | Other revenue (describe in Schedule O)   |   |                  |                 | 8                |                          |  |  |  |  |
|            | 9                  | <b>Total revenue</b> . Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                     |   |                  |                 |                  | 41,886.                  |  |  |  |  |
|            | 10                 | Grants and similar amounts paid (list in Schedule 0)   |   |                  |                 | 10               |                          |  |  |  |  |
|            | 11                 | Benefits paid to or for members  |   |                  |                 | 11               |                          |  |  |  |  |
| es         | 12                 | Salaries, other compensation, and employee benefits  |   |                  |                 | 12               | 40,482.                  |  |  |  |  |
| ŠUŚ        | 13                 |  | Professional fees and other payments to independent contractors |                  |                 |                  |                          |  |  |  |  |
| Expenses   | 14                 | Occupancy, rent, utilities, and maintenance  |   |                  |                 | 14               |                          |  |  |  |  |
| ш          | 15                 | Printing, publications, postage, and shipping  |   |                  |                 | 15               | 1,138.                   |  |  |  |  |
|            | 16                 | Other expenses (describe in Schedule 0)  | E SCH   | EDULE C          | )               | 16               | 18,341.                  |  |  |  |  |
|            | 17                 | Total expenses. Add lines 10 through 16  |   |                  | _               | 17               | 59,961.                  |  |  |  |  |
| Ŋ          | 18                 | Excess or (deficit) for the year (Subtract line 17 from line 9)                                    |   |                  |                 | 18               | -18,075.                 |  |  |  |  |
| set        | 19                 | Net assets or fund balances at beginning of year (from line 27, column (A))                        |   |                  |                 |                  |                          |  |  |  |  |
| As         | 1                  | (must agree with end-of-year figure reported on prior year's return)                               |   |                  |                 | 19               | 61,727.                  |  |  |  |  |
| Net Assets | 20                 | Other changes in net assets or fund balances (explain in Schedule 0)                               |   |                  |                 | 20               | 0.                       |  |  |  |  |
| _          | 21                 | Net assets or fund balances at end of year. Combine lines 18 through 20                            |   |                  | 🕨               | 21               | 43,652.                  |  |  |  |  |

59-3742206

FOUNDATION INC.

| . ,  |  | ets (see the instructions for Part II)                      |  |  |   |  |
|--|--|---|--|--|---|--|
|  | Check if the   | organization used Schedule O to re                          |  |  |   | X  |
|  |  |   | (  | <b>A)</b> Beginning of year  |   | ( <b>B)</b> End of year  |
| 22   | Cash, savings, and invest  | ments   |  | 67,727   | - 22  | 54,572.  |
| 23   | Land and buildings   |   |  |  | 23  |  |
| 24   | Other assets (describe in  | Schedule 0) SEE SCHEDULE                                    | 0  | 0 .  |   | 1,080.   |
| 25   |  |   |  | 67,727   | 25  | 55,652.  |
| 26   | Total liabilities (describe  | in Schedule 0) SEE SCHEDULE                                 | 0  | 6,000  | - 26  | 12,000.  |
| 27   |  | ces (line 27 of column (B) must agree with line 21          |  | 61,727   | • 27  | 43,652.  |
| Pá   | art III Statement o  | f Program Service Accomplishm                               | ents (see the instructi  | ons for Part III)  | '   | Expenses   |
|  | Check if the   | organization used Schedule O to re                          | spond to any question  | n in this Part IIÍ   |   | ired for section   |
| Wha  |  | ry exempt purpose?SEE SCHEDULE                              |  |  |   | (3) and 501(c)(4) izations; optional for   |
|  |  | ervice accomplishments for each of its three largest progra |  | es. In a clear and concise   | others  |  |
|  |  | d, the number of persons benefited, and other relevant info |  |  |   |  |
| 28   | SEE SCHEDULE   | 0   |  |  |   |  |
|  |  |   |  |  | _   |  |
|  |  |   |  |  | _   |  |
|  | (Grants \$   | ) If this amount includes foreigr                           | grants check here  | <b>•</b>   | 28a   | 47,969.  |
| 29   | (c. a. no p  | , in this arrivality includes religi                        | . g. a. n.e., e e e  | ······   |   | <u> </u>   |
|  |  |   |  |  | _   |  |
|  |  |   |  |  | -   |  |
|  | (Grants \$   | ) If this amount includes foreigr                           | a grants check here  |  | 29a   |  |
| 30   | (αιαπιό φ  | ) ii tiils amount includes foreigi                          | grants, check here   |  |   |  |
| 00   |  |   |  |  | -   |  |
|  |  |   |  |  | -   |  |
|  | (Grants \$   | ) If this amount includes foreign                           | arante chack hara  |  | 30a   |  |
| 21   | Other program services   | /describe in Schodule (A                                    | r grants, check here   | ······   |   |  |
| 01   | (Grants \$   | ) If this amount includes foreigr                           |  |  | <sub>31a</sub>  |  |
| 22   | <u> </u>   | (   |  |  | 32  | 47,969.  |
| D  | art IV List of Office  | ers, Directors, Trustees, and Key                           | Fmplovees (list each one of  | even if not compensated - s  |   |  |
| Г  |  | · · · · · · · · · · · · · · · · · · ·                       | • •  | even ii not compensated - s  | see the manuch  |  |
| _  |  | arganization used Schedule O to re                          | enand to any question  | n in this Dart IV  |   |  |
|  | Check ii the o   | organization used Schedule O to re                          | 1  |  | (d) Hoolth box  | ofite (a) Entimeted  |
|  | Check ii the o   |   | (b) Average hours  | (C) Reportable compensation (Forms   | (d) Health benicontributions  | to amount of other   |
|  | Check ii the d   | organization used Schedule O to re                          | 1  | (C) Reportable compensation (Forms   | contributions<br>employee ben<br>plans, and defe                    | amount of other  |
| TA7  |  |   | (b) Average hours<br>per week devoted to   | (C) Reportable compensation (Forms W-2/1099-MISC)                          | contributions<br>employee ben                                       | amount of other  |
| ₩.   | DALE ALLEN   |   | (b) Average hours<br>per week devoted to<br>position   | (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions<br>employee ben<br>plans, and defe<br>compensatio     | amount of other compensation   |
|  | DALE ALLEN   |   | (b) Average hours<br>per week devoted to   | (C) Reportable compensation (Forms W-2/1099-MISC)                          | contributions<br>employee ben<br>plans, and defe<br>compensatio     | amount of other  |
| JC   | DALE ALLEN<br>EC DIR<br>DE BECKHAM   |   | (b) Average hours per week devoted to position  11.62  | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | ` contributions<br>employee ben<br>plans, and defe<br>compensatio   | amount of other compensation  0 • 0 •  |
| JC<br>PR   | DALE ALLEN EC DIR DE BECKHAM RESIDENT  |   | (b) Average hours<br>per week devoted to<br>position   | (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | ` contributions<br>employee ben<br>plans, and defe<br>compensatio   | amount of other compensation   |
| JC<br>PR<br>BR   | DALE ALLEN EC DIR DE BECKHAM RESIDENT RIAN SMITH   |   | (b) Average hours per week devoted to position  11.62  11.46   | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | `contributions<br>employee ben<br>plans, and defe<br>compensatio    | amount of other compensation  0 . 0 .  0 .   |
| JC<br>PR<br>BR<br>VI   | DALE ALLEN EEC DIR DE BECKHAM RESIDENT RIAN SMITH  |   | (b) Average hours per week devoted to position  11.62  | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | `contributions<br>employee ben<br>plans, and defe<br>compensatio    | amount of other compensation  0 • 0 •  |
| DE PROPERTIES DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE L | DALE ALLEN EC DIR E BECKHAM ESIDENT RIAN SMITH ECE PRESIDENT   |   | (b) Average hours per week devoted to position  11.62  11.46  2.85   | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions<br>employee ben<br>plans, and defe<br>compensatio     | amount of other compensation  0 . 0 .  0 . 0 .   |
| DE BR VI   | DALE ALLEN EC DIR DE BECKHAM RESIDENT RIAN SMITH CCE PRESIDENT ARK LLEWELLYN CCRETARY  |   | (b) Average hours per week devoted to position  11.62  11.46   | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions<br>employee ben<br>plans, and defe<br>compensatio     | amount of other compensation  0 . 0 .  0 .   |
| DE PRESENTATION OF THE PRE | DALE ALLEN EC DIR DE BECKHAM RESIDENT RIAN SMITH CCE PRESIDENT RK LLEWELLYN CCRETARY   |   | (b) Average hours per week devoted to position  11.62  11.46  2.85  4.69                                     | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions<br>employee ben<br>plans, and defe<br>compensatio     | amount of other compensation  0. 0. 0.  0. 0.  |
| PR<br>BR<br>VI<br>MA<br>SE<br>LI   | DALE ALLEN  CEC DIR  DE BECKHAM  RESIDENT  RIAN SMITH  CE PRESIDENT  ARK LLEWELLYN  CCRETARY  NDA MYERS  REASURER  |   | (b) Average hours per week devoted to position  11.62  11.46  2.85   | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions<br>employee ben<br>plans, and defe<br>compensatio     | amount of other compensation  0 . 0 .  0 . 0 .   |
| PR<br>BR<br>VI<br>MA<br>SE<br>TR<br>JE   | DALE ALLEN EEC DIR EE BECKHAM RESIDENT RIAN SMITH ECE PRESIDENT RK LLEWELLYN ECRETARY ENDA MYERS REASURER  |   | (b) Average hours per week devoted to position  11.62  11.46  2.85  4.69  2.62                               | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions employee ben employee ben plans, and defe compensatio | o.  |
| PR<br>VI<br>MA<br>SE<br>LI<br>TR<br>DI   | DALE ALLEN ECC DIR EE BECKHAM ESIDENT CIAN SMITH CCE PRESIDENT ARK LLEWELLYN ECRETARY NDA MYERS EEASURER ENA BROOKS  |   | (b) Average hours per week devoted to position  11.62  11.46  2.85  4.69                                     | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions employee ben employee ben plans, and defe compensatio | amount of other compensation  0. 0. 0.  0. 0.  |
| PR<br>BR<br>VI<br>MA<br>SE<br>LI<br>TR<br>JE<br>DI<br>LE   | DALE ALLEN ECC DIR EE BECKHAM ESIDENT CIAN SMITH CCE PRESIDENT ARK LLEWELLYN ECRETARY NDA MYERS EASURER ENA BROOKS ERECTOR   |   | (b) Average hours per week devoted to position  11.62  11.46  2.85  4.69  2.62  0.81                         | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions<br>employee ben<br>plans, and defe<br>compensatio     | to to defer the first amount of other compensation   |
| PR<br>BR<br>VI<br>MA<br>SE<br>LI<br>TR<br>DI<br>LE   | DALE ALLEN ECC DIR DE BECKHAM RESIDENT RIAN SMITH ECE PRESIDENT RK LLEWELLYN ECRETARY ENDA MYERS REASURER ENA BROOKS ERECTOR EIGH HOLT   |   | (b) Average hours per week devoted to position  11.62  11.46  2.85  4.69  2.62                               | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions<br>employee ben<br>plans, and defe<br>compensatio     | o.  |
| PR<br>BR<br>VI<br>MA<br>SE<br>LI<br>TR<br>JE<br>DI<br>LE<br>DI<br>CH   | DALE ALLEN EC DIR DE BECKHAM RESIDENT RIAN SMITH ECE PRESIDENT RK LLEWELLYN ECRETARY ENDA MYERS REASURER ENA BROOKS ERECTOR EIGH HOLT ERECTOR IRIS RODATZ  |   | (b) Average hours per week devoted to position  11.62  11.46  2.85  4.69  2.62  0.81  0.69                   | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions employee ben plans, and defe compensation             | to to the to t |
| PR<br>BR<br>VI<br>MA<br>SE<br>LI<br>TR<br>DI<br>CH   | DALE ALLEN CEC DIR DE BECKHAM RESIDENT RIAN SMITH CCE PRESIDENT RK LLEWELLYN CCRETARY NDA MYERS REASURER ENA BROOKS RECTOR CIGH HOLT RECTOR RIS RODATZ RECTOR  |   | (b) Average hours per week devoted to position  11.62  11.46  2.85  4.69  2.62  0.81                         | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions employee ben plans, and defe compensation             | to to defer the first amount of other compensation   |
| JC<br>PR<br>BR<br>VI<br>MA<br>SE<br>LI<br>TR<br>JE<br>DI<br>CH<br>DI<br>RC   | DALE ALLEN GEC DIR DE BECKHAM RESIDENT RIAN SMITH CCE PRESIDENT RK LLEWELLYN CCRETARY NDA MYERS REASURER CNA BROOKS RECTOR CIGH HOLT RECTOR RECTOR RESIDENT  |   | (b) Average hours per week devoted to position  11.62  11.46  2.85  4.69  2.62  0.81  0.69  4.35             | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions employee ben employee ben plans, and defe compensatio | 1  |
| JC<br>PR<br>BR<br>VI<br>MA<br>SE<br>LI<br>TR<br>JE<br>DI<br>CH<br>DI<br>RC   | DALE ALLEN ECC DIR EE BECKHAM ESIDENT RIAN SMITH ECE PRESIDENT ARK LLEWELLYN ECRETARY NDA MYERS REASURER ENA BROOKS RECTOR EIGH HOLT RECTOR IRIS RODATZ RECTOR BERT ERN ERECTOR                        |   | (b) Average hours per week devoted to position  11.62  11.46  2.85  4.69  2.62  0.81  0.69                   | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions employee ben employee ben plans, and defe compensatio | to to the to t |
| JC PR BR VI MA SE LI TR DI CH CH DI RC DI MI   | DALE ALLEN EEC DIR EE BECKHAM EESIDENT RIAN SMITH ECE PRESIDENT ARK LLEWELLYN ECRETARY NDA MYERS EASURER ENA BROOKS ERECTOR EIGH HOLT ERECTOR IRIS RODATZ ERECTOR DBERT ERN ERECTOR ECHAEL WOODS       |   | (b) Average hours per week devoted to position  11.62  11.46  2.85  4.69  2.62  0.81  0.69  4.35  3.96       | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions employee ben employee ben plans, and defe compensatio | to to the to the first amount of other compensation  |
| PR BR VI MA SE LII TR DI CH DI RC DI RC DI MI DI DI  | DALE ALLEN EEC DIR DE BECKHAM RESIDENT RIAN SMITH ECE PRESIDENT RK LLEWELLYN ECRETARY NDA MYERS REASURER ENA BROOKS RECTOR IGH HOLT RECTOR RIS RODATZ RECTOR DEERT ERN RECTOR CHAEL WOODS RECTOR (FMR) |   | (b) Average hours per week devoted to position  11.62  11.46  2.85  4.69  2.62  0.81  0.69  4.35             | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions employee ben employee ben plans, and defe compensatio | 1  |
| PR<br>BR<br>VI<br>MA<br>SE<br>LI<br>TR<br>DI<br>CH<br>DI<br>RC<br>DI<br>RC<br>DI<br>HE   | DALE ALLEN EC DIR DE BECKHAM RESIDENT RIAN SMITH ECE PRESIDENT RK LLEWELLYN ECRETARY ENDA MYERS REASURER ENA BROOKS RECTOR EIGH HOLT RECTOR RECTOR DERT ERN RECTOR CHAEL WOODS RECTOR (FMR)            |   | (b) Average hours per week devoted to position  11.62  11.46  2.85  4.69  2.62  0.81  0.69  4.35  3.96  0.92 | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions employee ben plans, and defe compensatio              | To to to the t |
| PR<br>BR<br>VI<br>MA<br>SE<br>LI<br>TR<br>DI<br>CH<br>DI<br>RC<br>DI<br>RC<br>DI<br>HE   | DALE ALLEN EEC DIR DE BECKHAM RESIDENT RIAN SMITH ECE PRESIDENT RK LLEWELLYN ECRETARY NDA MYERS REASURER ENA BROOKS RECTOR IGH HOLT RECTOR RIS RODATZ RECTOR DEERT ERN RECTOR CHAEL WOODS RECTOR (FMR) |   | (b) Average hours per week devoted to position  11.62  11.46  2.85  4.69  2.62  0.81  0.69  4.35  3.96       | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions employee ben plans, and defe compensatio              | to to the to the first amount of other compensation  |
| PR<br>BR<br>VI<br>MA<br>SE<br>LI<br>TR<br>DI<br>CH<br>DI<br>RC<br>DI<br>RC<br>DI<br>HE   | DALE ALLEN EC DIR DE BECKHAM RESIDENT RIAN SMITH ECE PRESIDENT RK LLEWELLYN ECRETARY ENDA MYERS REASURER ENA BROOKS RECTOR EIGH HOLT RECTOR RECTOR DERT ERN RECTOR CHAEL WOODS RECTOR (FMR)            |   | (b) Average hours per week devoted to position  11.62  11.46  2.85  4.69  2.62  0.81  0.69  4.35  3.96  0.92 | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions employee ben plans, and defe compensatio              | To to to the t |

Page 3

X

59-3742206 FOUNDATION INC. Form 990-EZ (2015) 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 Sch. 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 0  | 33    |     | x           |
| 34   | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended   | "     |     | <del></del> |
| •    | documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)  | 34    |     | х           |
| 35 a | 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   |     | Х           |
| 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   | N/  | A           |
| 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  | 35c   |     | X           |
| 36   | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"  |       |     | l           |
|      | complete applicable parts of Schedule N  | 36    |     | X           |
|      | Enter amount of political expenditures, direct or indirect, as described in the instructions   37a   | -     |     | 77          |
|      | Did the organization file Form 1120-POL for this year?   | 37b   |     | X           |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made   | 38a   |     | x           |
| h    | in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved   38b   N/A   | 308   |     |             |
| 39   | Section 501(c)(7) organizations. Enter:  | 1     |     |             |
|      | Initiation fees and capital contributions included on line 9  39a  N/A   |       |     |             |
|      | Gross receipts, included on line 9, for public use of club facilities  39b  N/A  | 1     |     |             |
|      | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  | 1     |     |             |
|      | section 4911 $\blacktriangleright$ 0 • ; section 4912 $\blacktriangleright$ 0 • ; section 4955 $\blacktriangleright$   |       |     |             |
| 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   |     | X           |
| 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  |       |     |             |
| a    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization   |       |     |             |
| •    | by the organization   All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter   |       |     |             |
| C    | transaction? If "Yes," complete Form 8886-T  | 40e   |     | x           |
| 41   | List the states with which a copy of this return is filed <b>NONE</b>  | 400   |     |             |
|      | The organization's books are in care of ►ALICIA GERMANI  Telephone no. ► 850-76  | 6-7   | 225 |             |
|      | Located at ▶ PO BOX 4142, TALLAHASSEE, FL ZIP+4 ▶ 3  | 231   | 5   |             |
| 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  |       | Yes |             |
|      | account)?  | 42b   |     | Х           |
|      | If "Yes," enter the name of the foreign country:   |       |     |             |
| _    | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   | 40.   |     | v           |
| С    | At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:   | 42c   |     | X           |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here   |       | _   |             |
| 70   | and enter the amount of tax-exempt interest received or accrued during the tax year  | N/A   |     |             |
|      |  |       |     |             |
|      |  |       | Yes | No          |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of   |       |     |             |
|      | Form 990-EZ  | 44a   |     | X           |
| 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   |     | X           |
|      | Did the organization receive any payments for indoor tanning services during the year?   | 44c   |     | X           |
| d    | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation  | 44.3  |     |             |
| AE - | in Schedule O  | 44d   |     | X           |
|      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section | 45a   |     |             |
| U    | 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)   | 45b   |     |             |
|      | V12(V)(10): 11 100, 1 0111 000 and Octobation it may need to be completed instead of Form 350-LZ (See instructions)  | - 400 |     |             |

FLORIDA GREENWAYS AND TRAILS Page 4 Form 990-EZ (2015) 59-3742206 FOUNDATION INC. Yes No Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? X If "Yes," complete Schedule C, Part I 46 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 Yes Nο Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II X 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 48 X 49a **49a** Did the organization make any transfers to an exempt non-charitable related organization? **b** If "Yes," was the related organization a section 527 organization? 49b 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." (d) Health benefits, contributions to employee benefit plans, and deferred compensation (b) Average hours (a) Name and title of each employee (e) Estimated (C) Reportable ompensation (Forms W-2/1099-MISC) per week devoted to amount of other position compensation NONE Total number of other employees paid over \$100,000 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." NONE (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? **Note**; All section 501(c)(3) organizations must attach a ► X Yes 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, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here LINDA MYERS, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Check self- employed **Paid** CPA 06/22/16 P00099553 JOHN D. ROWE, CPA JOHN D. ROWE, **Preparer** 

Firm's name ► CARR, RIGGS & INGRAM, LLC

PALATKA, FL 32177

May the IRS discuss this return with the preparer shown above? See instructions

Firm's address ▶ 906 S STATE RD 19

► X Yes Form 990-EZ (2015)

Firm's EIN ► 72-1396621

Phone no. 386-325-4561

**Use Only** 

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## 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

Open to Public Inspection

Name of the organization

FLORIDA GREENWAYS AND TRAILS FOUNDATION INC.

Employer identification number 59-3742206

| Pa   | rt I  | Reason for Public (   | Charity Status (       | All organizations must co                          | omplete th    | is part.) Se | ee instructions.                       |                                   |  |  |  |
|------|---|---|------------------------|--|---------------|--------------|--|-----------------------------------|--|--|--|
| he o | e 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 (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    |   |   | or the benefit of a co | llege or university owner                          | d or operat   | ted by a g   | overnmental unit describ               | ned in                            |  |  |  |
| Ŭ    |   | 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    |   |   |                        |  |               |              |  |                                   |  |  |  |
|      | X   | ☐ A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> ☐ 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). (Co   | •                      | intial part of its support i                       | Torri a gov   | emmema       | unit or norm the general               | public described in               |  |  |  |
| 8    |   |   | •                      | (4)(A)(vi) (Complete Den                           | <b>.</b> II \ |              |  |                                   |  |  |  |
|      | H   | A community trust describe  |                        |  |               |              |  |                                   |  |  |  |
| 9    |   | An organization that norma  | •                      | •  | -             |              |  |                                   |  |  |  |
|      |   | activities related to its exen  | •                      |  |               |              |  | •                                 |  |  |  |
|      |   | income and unrelated busin  |                        | (less section 511 tax) tr                          | om busine     | sses acqu    | ired by the organization               | aπer June 30, 1975.               |  |  |  |
| 40   |   | See section 509(a)(2). (Cor   | . ,                    | tarah dan dan dan dan sasah Baran                  | f-t- 0        |              | 201-1141                               |                                   |  |  |  |
| 10   |   | An organization organized a   | •                      | •  | •             |              |  |                                   |  |  |  |
| 11   |   | An organization organized a   | · ·                    | •  | •             |              | •                                      |                                   |  |  |  |
|      |   | more publicly supported or  | •                      |  |               |              |  | neck the box in                   |  |  |  |
|      |   | lines 11a through 11d that  |                        |  |               | -            | <del>_</del>                           |                                   |  |  |  |
| а    | L   | ☐ Type I. A supporting orga   |                        | •  |               |              |  |                                   |  |  |  |
|      |   | the supported organization  |                        |  | a majority (  | of the dire  | ctors or trustees of the s             | supporting                        |  |  |  |
|      |   | organization. You must o  | •                      |  |               |              |  |                                   |  |  |  |
| b    |   | ■ Type II. A supporting organization  | · ·                    |  |               |              |  | -                                 |  |  |  |
|      |   | control or management o   |                        |  | ame perso     | ons that co  | ontrol or manage the sup               | ported                            |  |  |  |
|      |   | organization(s). You mus  | - ·                    |  |               |              |  |                                   |  |  |  |
| С    |   |   | -                      |  |               |              | • •                                    | ed with,                          |  |  |  |
|      |   | its supported organization  |                        | •  |               |              |  |                                   |  |  |  |
| d    |   | ☐ Type III non-functionally   |                        |  |               |              | • • • • • •                            |                                   |  |  |  |
|      |   | that is not functionally int  | -                      | • •  | -             |              |  | iveness                           |  |  |  |
|      |   | requirement (see instructi  | •                      | - ·  |               |              |  |                                   |  |  |  |
| е    |   | Check this box if the orga  |                        |  |               |              | ı Type I, Type II, Type III            |                                   |  |  |  |
|      |   | functionally integrated, or   |                        |  |               |              |  |                                   |  |  |  |
| f    |   | er the number of supported of   |                        |  |               |              |  |                                   |  |  |  |
| g    |   | vide the following information  |                        |  | (iv) Is the o | rganization  | (u) Amount of monotony                 | (vi) Amount of                    |  |  |  |
|      | (1  | i) Name of supported<br>organization  | (ii) EIN               | (iii) Type of organization (described on lines 1-9 | listed i      | n your       | (v) Amount of monetary<br>support (see | (vi) Amount of other support (see |  |  |  |
|      |   | organization  |                        | above (see instructions))                          | governing o   |              | instructions)                          | instructions)                     |  |  |  |
|      |   |   |                        |  | Yes           | No           | ,                                      | ,                                 |  |  |  |
|      |   |   |                        |  |               |              |  |                                   |  |  |  |
|      |   |   |                        |  |               |              |  |                                   |  |  |  |
|      |   |   |                        |  |               |              |  |                                   |  |  |  |
|      |   |   |                        |  |               |              |  |                                   |  |  |  |
|      |   |   |                        |  |               |              |  |                                   |  |  |  |
|      |   |   |                        |  |               |              |  |                                   |  |  |  |
|      |   |   |                        |  |               |              |  |                                   |  |  |  |
|      |   |   |                        |  |               |              |  |                                   |  |  |  |
| [∩ta |   |   |                        |  |               |              |  |                                   |  |  |  |

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

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

| Sec  | ction A. Public Support  |                             |                      |                           |                      |                      |                       |
|------|--|-----------------------------|----------------------|---------------------------|----------------------|----------------------|-----------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨                          | (a) 2011                    | <b>(b)</b> 2012      | (c) 2013                  | (d) 2014             | (e) 2015             | (f) Total             |
| 1    | Gifts, grants, contributions, and                                  |                             |                      |                           |                      |                      |                       |
|      | membership fees received. (Do not                                  |                             |                      |                           |                      |                      |                       |
|      | include any "unusual grants.")                                     | 42,092.                     | 79,116.              | 86,828.                   | 103,351.             | 18,230.              | 329,617.              |
| 2    | Tax revenues levied for the organ-                                 |                             |                      |                           |                      |                      |                       |
|      | ization's benefit and either paid to                               |                             |                      |                           |                      |                      |                       |
|      | or expended on its behalf  |                             |                      |                           |                      |                      |                       |
| 3    | The value of services or facilities                                |                             |                      |                           |                      |                      |                       |
|      | furnished by a governmental unit to                                |                             |                      |                           |                      |                      |                       |
|      | the organization without charge                                    | 10.000                      | 50 446               | 06.000                    | 400 054              | 10000                | 200 645               |
| 4    | Total. Add lines 1 through 3                                       | 42,092.                     | 79,116.              | 86,828.                   | 103,351.             | 18,230.              | 329,617.              |
| 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,   |                             |                      |                           |                      |                      | 160 006               |
|      | column (f)   |                             |                      |                           |                      |                      | 163,936.              |
| 6    | Public support. Subtract line 5 from line 4.                       |                             |                      |                           |                      |                      | 165,681.              |
|      | ction B. Total Support   |                             | # N 00 40            | ( ) 00/0                  | 4,004,4              |                      | (0 =                  |
|      | ndar year (or fiscal year beginning in)                            | (a) 2011<br>42,092.         | (b) 2012<br>79,116.  | (c) 2013<br>86,828.       | (d) 2014<br>103,351. | (e) 2015<br>18,230.  | (f) Total<br>329,617. |
|      | Amounts from line 4  | 42,092.                     | 19,110.              | 00,020.                   | 103,331.             | 10,230.              | 329,017.              |
| 8    | Gross income from interest,  |                             |                      |                           |                      |                      |                       |
|      | dividends, payments received on                                    |                             |                      |                           |                      |                      |                       |
|      | securities loans, rents, royalties                                 | 24.                         | 29.                  | 13.                       | 12.                  | 6.                   | 84.                   |
| _    | and income from similar sources                                    | 24.                         | 29.                  | 13.                       | 14.                  | 0.                   | 04.                   |
| 9    | Net income from unrelated business                                 |                             |                      |                           |                      |                      |                       |
|      | activities, whether or not the                                     |                             |                      |                           |                      |                      |                       |
| 10   | 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                              |                             |                      |                           |                      |                      | 329,701.              |
| 12   | Gross receipts from related activities,                            | etc (see instructi          | one)                 |                           |                      | 12                   | 103,242.              |
| 13   | First five years. If the Form 990 is for                           |                             |                      | t fourth or fifth to      |                      |                      |                       |
|      | organization, check this box and <b>stor</b>                       |                             |                      |                           |                      |                      |                       |
| Sec  | ction C. Computation of Publ                                       |                             |                      |                           |                      |                      |                       |
| 14   | Public support percentage for 2015 (                               | line 6, column (f) d        | ivided by line 11, c | olumn (f))                |                      | 14                   | 50.25 %               |
| 15   | Public support percentage from 2014                                |                             |                      |                           |                      | 15                   | 54.73 %               |
| 16a  | 33 1/3% support test - 2015. If the                                |                             |                      |                           |                      | nore, check this bo  | x and                 |
|      | stop here. The organization qualifies                              | as a publicly supp          | orted organization   |                           |                      |                      | <b>▶</b> X            |
| b    | 33 1/3% support test - 2014. If the                                |                             |                      |                           |                      |                      | nis box               |
|      | and stop here. The organization qual                               | ifies as a publicly s       | supported organiza   | ation                     |                      |                      | <b>&gt;</b>           |
| 17a  | 10% -facts-and-circumstances tes                                   |                             |                      |                           |                      |                      |                       |
|      | and if the organization meets the "fac                             | ts-and-circumstan           | ces" test, check th  | nis box and <b>stop h</b> | nere. Explain in Pa  | rt VI how the organ  | ization               |
|      | meets the "facts-and-circumstances"                                | test. The organiza          | tion qualifies as a  | publicly supported        | d organization       |                      | ▶□                    |
| b    | 10% -facts-and-circumstances tes                                   | <b>t - 2014.</b> If the org | anization did not c  | heck a box on line        | e 13, 16a, 16b, or   | 17a, and line 15 is  | 10% or                |
|      | more, and if the organization meets the                            | ne "facts-and-circu         | mstances" test, ch   | neck this box and         | stop here. Explair   | n in Part VI how the |                       |
|      | organization meets the "facts-and-circ                             | cumstances" test.           | The organization of  | ualifies as a publi       | cly supported orga   | anization            | ▶□                    |
| 18   | Private foundation. If the organization                            | n did not check a           | box on line 13, 16a  | a, 16b, 17a, or 17b       | o, check this box a  | and see instruction  | s 🕨 🔲                 |

#### 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.)

| Se   | ction A. Public Support  | siow, piedoc com | proto r arr m,      |                     |                    |                     |  |
|------|--|------------------|---------------------|---------------------|--------------------|---------------------|--|
|      | endar year (or fiscal year beginning in)   | (a) 2011         | <b>(b)</b> 2012     | (c) 2013            | (d) 2014           | (e) 2015            | (f) Total  |
|      | Gifts, grants, contributions, and  |                  |                     | , ,                 |                    |                     |  |
|      | membership fees received. (Do not  |                  |                     |                     |                    |                     |  |
|      | include any "unusual grants.")   |                  |                     |                     |                    |                     |  |
| 2    | Gross receipts from admissions,  |                  |                     |                     |                    |                     |  |
|      | merchandise sold or services per-  |                  |                     |                     |                    |                     |  |
|      | formed, or facilities furnished in   |                  |                     |                     |                    |                     |  |
|      | any activity that is related to the organization's tax-exempt purpose                |                  |                     |                     |                    |                     |  |
| 3    | Gross receipts from activities that  |                  |                     |                     |                    |                     |  |
| J    | are not an unrelated trade or bus-   |                  |                     |                     |                    |                     |  |
|      |  |                  |                     |                     |                    |                     |  |
|      | iness under section 513  |                  |                     |                     |                    |                     |  |
| 4    | Tax revenues levied for the organ-   |                  |                     |                     |                    |                     |  |
|      | ization's benefit and either paid to   |                  |                     |                     |                    |                     |  |
|      | or expended on its behalf  |                  |                     |                     |                    |                     |  |
| 5    | The value of services or facilities  |                  |                     |                     |                    |                     |  |
|      | furnished by a governmental unit to  |                  |                     |                     |                    |                     |  |
|      | the organization without charge  |                  |                     |                     |                    |                     |  |
|      | Total. Add lines 1 through 5   |                  |                     |                     |                    |                     |  |
| 7    | Amounts included on lines 1, 2, and  |                  |                     |                     |                    |                     |  |
|      | 3 received from disqualified persons   |                  |                     |                     |                    |                     |  |
| ŀ    | 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   |                  |                     |                     |                    |                     |  |
| •    | Add lines 7a and 7b  |                  |                     |                     |                    |                     |  |
|      | Public support. (Subtract line 7c from line 6.)                                      |                  |                     |                     |                    |                     |  |
| Se   | ction B. Total Support   |                  |                     |                     |                    |                     |  |
| Cale | endar year (or fiscal year beginning in) 🖊   | <b>(a)</b> 2011  | <b>(b)</b> 2012     | (c) 2013            | (d) 2014           | (e) 2015            | (f) Total  |
| 9    | Amounts from line 6  |                  |                     |                     |                    |                     |  |
| 10   | Gross income from interest,  |                  |                     |                     |                    |                     |  |
|      | dividends, payments received on securities loans, rents, royalties                   |                  |                     |                     |                    |                     |  |
|      | and income from similar sources  |                  |                     |                     |                    |                     |  |
| ŀ    | Unrelated business taxable income  |                  |                     |                     |                    |                     |  |
|      | (less section 511 taxes) from businesses   |                  |                     |                     |                    |                     |  |
|      | acquired after June 30, 1975   |                  |                     |                     |                    |                     |  |
|      | Add lines 10a and 10b  |                  |                     |                     |                    |                     |  |
|      | Net income from unrelated business   |                  |                     |                     |                    |                     |  |
|      | activities not included in line 10b,   |                  |                     |                     |                    |                     |  |
|      | whether or not the business is regularly carried on                                  |                  |                     |                     |                    |                     |  |
| 12   | Other income. Do not include gain  |                  |                     |                     |                    |                     |  |
|      | or loss from the sale of capital   |                  |                     |                     |                    |                     |  |
| 12   | assets (Explain in Part VI.)   |                  | †                   |                     |                    |                     | <del>                                     </del> |
|      | First five years. If the Form 990 is for   | the organization | s first second this | d fourth or fifth t | ay year as a sooti | n 501(c)(3) organi: | zation   |
| '-   | check this box and <b>stop here</b>  | · ·              |                     |                     | •                  | . , . ,             |  |
| Se   | ction C. Computation of Publi  |                  |                     |                     |                    |                     |  |
|      | Public support percentage for 2015 (li   |                  |                     | column (fl)         |                    | 15                  | %  |
|      | Public support percentage from 2014  |                  |                     |                     |                    | 16                  |  |
|      | ction D. Computation of Inves  |                  |                     |                     |                    | , IV                | 70   |
|      | Investment income percentage for 20  |                  |                     |                     |                    | 17                  | %  |
|      | Investment income percentage from 2  |                  |                     |                     |                    | 18                  |  |
|      | a 33 1/3% support tests - 2015. If the   |                  |                     |                     |                    |                     |  |
| 130  | more than 33 1/3%, check this box ar   |                  |                     |                     |                    |                     |  |
|      | 33 1/3% support tests - 2014. If the   |                  |                     |                     |                    |                     |  |
| ı    | line 18 is not more than 33 1/3%, che  | •                |                     |                     | •                  | •                   |  |
| 20   | Private foundation. If the organization  |                  |                     |                     |                    |                     |  |

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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 (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.)

|     |          | Yes  | No   |
|-----|----------|------|------|
|     |          | 163  | 140  |
|     |          |      |      |
|     |          |      |      |
|     | 1        |      |      |
|     |          |      |      |
|     |          |      |      |
|     | 2        |      |      |
|     |          |      |      |
|     | 3a       |      |      |
|     |          |      |      |
|     |          |      |      |
|     | 3b       |      |      |
|     | SD       |      |      |
|     | _        |      |      |
|     | 3с       |      |      |
|     |          |      |      |
|     | 4a       |      |      |
|     |          |      |      |
|     |          |      |      |
|     | 4b       |      |      |
|     | 713      |      |      |
|     |          |      |      |
|     |          |      |      |
|     |          |      |      |
|     | 4c       |      |      |
|     |          |      |      |
|     |          |      |      |
|     |          |      |      |
|     |          |      |      |
|     | _        |      |      |
|     | 5a       |      |      |
|     |          |      |      |
|     | 5b       |      |      |
|     | 5c       |      |      |
|     |          |      |      |
|     |          |      |      |
|     |          |      |      |
|     |          |      |      |
|     |          |      |      |
|     | 6        |      |      |
|     |          |      |      |
|     |          |      |      |
|     | 7        |      |      |
|     |          |      |      |
|     | 8        |      |      |
|     |          |      |      |
|     |          |      |      |
|     |          |      |      |
|     | 9a       |      |      |
|     |          |      |      |
|     | 9b       |      |      |
|     |          |      |      |
|     | 9с       |      |      |
|     |          |      |      |
|     |          |      |      |
|     | 40       |      |      |
|     | 10a      |      |      |
|     |          |      |      |
|     | 10b      |      |      |
| m 9 | 90 or 99 | 0-EZ | 2015 |
|     |          | -    |      |

| Pa     | rt IV      | Supporting Organizations (continued)   |          |     |    |
|--------|------------|--|----------|-----|----|
|        |            | ··· ·· · · · · · · · · · · · · · · · ·   |          | Yes | No |
| 11     | Has tl     | he organization accepted a gift or contribution from any of the following persons?   |          |     |    |
| а      |            | son who directly or indirectly controls, either alone or together with persons described in (b) and (c)  |          |     |    |
|        |            | v, the governing body of a supported organization?   | 11a      |     |    |
| b      |            | nily member of a person described in (a) above?  | 11b      |     |    |
|        |            | % controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 11c      |     |    |
|        |            | B. Type I Supporting Organizations   |          |     |    |
|        |            |  |          | Yes | No |
| 1      | Did th     | ne directors, trustees, or membership of one or more supported organizations have the power to   |          |     |    |
|        |            | arly appoint or elect at least a majority of the organization's directors or trustees at all times during the  |          |     |    |
|        | -          | ear? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or  |          |     |    |
|        |            | olled the organization's activities. If the organization had more than one supported organization,   |          |     |    |
|        |            | ribe how the powers to appoint and/or remove directors or trustees were allocated among the supported  |          |     |    |
|        | organ      | nizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1        |     |    |
| 2      |            | ne organization operate for the benefit of any supported organization other than the supported   |          |     |    |
|        | organ      | nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in   |          |     |    |
|        | Part V     | // how providing such benefit carried out the purposes of the supported organization(s) that operated,   |          |     |    |
|        | super      | vised, or controlled the supporting organization.  | 2        |     |    |
| Sec    | tion (     | 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 tru     | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |          |     |    |
|        | or ma      | nagement of the supporting organization was vested in the same persons that controlled or managed  |          |     |    |
|        | the su     | upported organization(s).  | 1        |     |    |
| Sec    | tion I     | D. All Type III Supporting Organizations   |          |     |    |
|        |            |  |          | Yes | No |
| 1      | Did th     | ne organization provide to each of its supported organizations, by the last day of the fifth month of the  |          |     |    |
|        | organ      | nization'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   |          |     |    |
|        | organ      | nization'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  |          |     |    |
|        | organ      | nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |          |     |    |
|        | the or     | rganization maintained a close and continuous working relationship with the supported organization(s).   | 2        |     |    |
| 3      | By rea     | ason of the relationship described in (2), did the organization's supported organizations have a   |          |     |    |
|        | signifi    | icant voice in the organization's investment policies and in directing the use of the organization's   |          |     |    |
|        |            | ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |          |     |    |
| _      |            | orted organizations played in this regard.   | 3        |     |    |
| Sec    |            | E. Type III Functionally-Integrated Supporting Organizations   |          |     |    |
| 1      | Checi      | k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):  |          |     |    |
| a      | H          | The organization satisfied the Activities Test. Complete line 2 below.   |          |     |    |
| b      | H          | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>   |          | ,   |    |
| C      | <br>^ ~±:: | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see institute a Task Annual (s) and (s) below   | ructions |     | Na |
| 2      |            | ties Test. Answer (a) and (b) below.   |          | Yes | No |
| а      |            | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of  |          |     |    |
|        |            | upported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>   |          |     |    |
|        |            | supported organizations and explain how these activities directly furthered their exempt purposes, the organization was responsive to those supported organizations, and how the organization determined                         |          |     |    |
|        |            | hese activities constituted substantially all of its activities.   | 2a       |     |    |
| b      |            |  | Za       |     |    |
| D      |            | ne activities described in (a) constitute activities that, but for the organization's involvement, one or more<br>e organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the |          |     |    |
|        |            | ns for the organization's position that its supported organization(s) would have engaged in these  |          |     |    |
|        |            | ties but for the organization's involvement.   | 2b       |     |    |
| 3      |            | nt of Supported Organizations. Answer (a) and (b) below.   | ZIJ      |     |    |
| о<br>a |            | ne organization have the power to regularly appoint or elect a majority of the officers, directors, or   |          |     |    |
| а      |            | ees of each of the supported organizations? Provide details in <i>Part VI</i> .  | За       |     |    |
| b      |            | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each   | Ju       |     |    |
| .,     |            | supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.  | 3b       |     |    |

#### FLORIDA GREENWAYS AND TRAILS

Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION INC.

59-3742206 Page 6

| Pa   | Type III Non-Functionally Integrated 509(a)(3) Supporting                       | g Orga    | anizations                          |                                |
|------|---|-----------|-------------------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | trust o   | n Nov. 20, 1970. <b>See instr</b> u | uctions. All                   |
|      | other Type III non-functionally integrated supporting organizations must co     | mplete \$ | Sections A through E.               |                                |
| Sect | ion A - Adjusted Net Income   |           | (A) Prior Year                      | (B) Current Year<br>(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         |                                     |                                |
| Sect | ion B - Minimum Asset Amount  |           | (A) Prior Year                      | (B) Current Year<br>(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):               |           |                                     |                                |
| а    | Average monthly value of securities   | 1a        |                                     |                                |
| b    | Average monthly cash balances   | 1b        |                                     |                                |
| С    | Fair market value of other non-exempt-use assets                                | 1c        |                                     |                                |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d        |                                     |                                |
| е    | Discount claimed for blockage or other  |           |                                     |                                |
|      | factors (explain in detail in <b>Part VI</b> ):                                 |           |                                     |                                |
| 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         |                                     |                                |
| Sect | ion 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-functionall | y-integra | ated Type III supporting org        | anization (see                 |
|      | instructions).  |           |                                     |                                |

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION INC.

| Par           | t V        | Type III Non-Functionally Integrated 509                       | (a)(3) Supporting Orga        | anizations (continued) |                 |
|---------------|------------|--|-------------------------------|------------------------|-----------------|
| Secti         | on D -     | Distributions  |                               | ,                      | Current Year    |
| 1             | Amou       | nts paid to supported organizations to accomplish exe          | mpt purposes                  |                        |                 |
| 2             | Amou       | nts paid to perform activity that directly furthers exemp      | t purposes of supported       |                        |                 |
|               | organi     | izations, in excess of income from activity                    |                               |                        |                 |
| 3             | Admir      | nistrative expenses paid to accomplish exempt purpose          | es of supported organization  | ns                     |                 |
| 4             | Amou       | nts paid to acquire exempt-use assets                          |                               |                        |                 |
| 5             | Qualif     | ied set-aside amounts (prior IRS approval required)            |                               |                        |                 |
| 6             | Other      | distributions (describe in <b>Part VI</b> ). See instructions. |                               |                        |                 |
| 7             | Total      | annual distributions. Add lines 1 through 6.                   |                               |                        |                 |
| 8             |            | outions to attentive supported organizations to which the      | ne organization is responsive | <del></del>            |                 |
|               |            | de details in <b>Part VI</b> ). See instructions.              | J                             |                        |                 |
| 9             | \ <u>'</u> | outable amount for 2015 from Section C, line 6                 |                               |                        |                 |
|               |            | amount divided by Line 9 amount                                |                               |                        |                 |
| <del></del>   | 2.110 0    | amount arriada by Emo o amount                                 | (i)                           | (ii)                   | (iii)           |
|               |            |  | Excess Distributions          | Underdistributions     | Distributable   |
| 3ecti         | on E -     | Distribution Allocations (see instructions)                    | Excess Biodibations           | Pre-2015               | Amount for 2015 |
| 1             | Distrib    | outable amount for 2015 from Section C, line 6                 |                               |                        |                 |
|               |            | rdistributions, if any, for years prior to 2015                |                               |                        |                 |
| _             |            | nable cause required-see instructions)                         |                               |                        |                 |
| 3             | •          | s distributions carryover, if any, to 2015:                    |                               |                        |                 |
| a             | LACES      | S distributions carryover, if arry, to 2010.                   |                               |                        |                 |
| b             |            |  |                               |                        |                 |
| C             |            |  |                               |                        |                 |
|               | From       | 2012   |                               |                        |                 |
|               | From       |  |                               |                        |                 |
|               |            |  |                               |                        |                 |
|               |            | of lines 3a through e  |                               |                        |                 |
|               |            | ed to underdistributions of prior years                        |                               |                        |                 |
|               |            | ed to 2015 distributable amount                                |                               |                        |                 |
| <u>i</u><br>: |            | over from 2010 not applied (see instructions)                  |                               |                        |                 |
| <u></u>       |            | inder. Subtract lines 3g, 3h, and 3i from 3f.                  |                               |                        |                 |
| 4             |            | outions for 2015 from Section D,                               |                               |                        |                 |
|               | line 7:    |  |                               |                        |                 |
|               |            | ed to underdistributions of prior years                        |                               |                        |                 |
|               |            | ed to 2015 distributable amount                                |                               |                        |                 |
|               |            | inder. Subtract lines 4a and 4b from 4.                        |                               |                        |                 |
| 5             |            | ining underdistributions for years prior to 2015, if           |                               |                        |                 |
|               |            | Subtract lines 3g and 4a from line 2 (if amount                |                               |                        |                 |
|               |            | er than zero, see instructions).                               |                               |                        |                 |
| 6             |            | ining underdistributions for 2015. Subtract lines 3h           |                               |                        |                 |
|               |            | b from line 1 (if amount greater than zero, see                |                               |                        |                 |
|               |            | ctions).   |                               |                        |                 |
| 7             |            | ss distributions carryover to 2016. Add lines 3j               |                               |                        |                 |
|               | and 4      |  |                               |                        |                 |
| 8             | Break      | down of line 7:  |                               |                        |                 |
| <u>a</u>      |            |  |                               |                        |                 |
| b             |            |  |                               |                        |                 |
|               |            | s from 2013  |                               |                        |                 |
|               |            | s from 2014  |                               |                        |                 |
| е             | Exces      | s from 2015  |                               |                        |                 |

Schedule A (Form 990 or 990-EZ) 2015

#### FLORIDA GREENWAYS AND TRAILS

Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Schedule A (Form 990 or 990-EZ) 2015 FOUNDATION INC.

59-3742206 Page 8

|      |     | Pai<br>line<br>Se<br>(Se | t IV,<br>1; P<br>ction<br>e ins | Sectio<br>art IV,<br>D, line<br>tructio | on A, I<br>Sect<br>es 5, 6<br>ons.) | lines<br>ion D<br>3, and | 1, 2,<br>, line:<br>d 8; a | 3b, 3<br>s 2 a<br>ınd F | 3c, 4k<br>nd 3;<br>Part V | o, 4c,<br>; Par<br>', Sec | , 5a, 6<br>t IV, S<br>ction E | , 9a<br>ection | , 9b,<br>on E<br>es 2 | 9c,<br>, line<br>, 5, a | 11a,<br>s 1c,<br>ind 6. | 11b,<br>2a, 2<br>. Also | and<br>2b, 3<br>co | 11c;<br>Ba an<br>mple | ; Par<br>d 3b<br>te th | t IV, i<br>o; Par<br>nis pa | Sect<br>t V,<br>art fo | tion B<br>line 1<br>or any | i, line<br>; Pai<br>add | es 1 and<br>rt V, Sec<br>litional in | 2; F<br>tion<br>forn | Part IV, Se<br>B, line 16<br>nation. | ection C,<br>e; Part V, |
|------|-----|--------------------------|---------------------------------|---|-------------------------------------|--------------------------|----------------------------|-------------------------|---------------------------|---------------------------|-------------------------------|----------------|-----------------------|-------------------------|-------------------------|-------------------------|--------------------|-----------------------|------------------------|-----------------------------|------------------------|----------------------------|-------------------------|--------------------------------------|----------------------|--------------------------------------|-------------------------|
| PART | r I | I,                       | SI                              | IOR                                     | ΓΥ                                  | EAF                      | R E                        | XP:                     | LAN                       | IAT                       | ION                           | :              |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
| THE  | OR  | GA                       | NIZ                             | ZAT]                                    | ON                                  | 'ន                       | CU                         | RR.                     | ENT                       | Y '                       | EAR                           | . (            | 7/                    | 31                      | /15                     | <u> </u>                | 1                  | 2/                    | 31,                    | /15                         | 5)                     | IS                         | Α                       | SHOF                                 | RТ                   | YEAR                                 |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |
|      |     |                          |                                 |   |                                     |                          |                            |                         |                           |                           |                               |                |                       |                         |                         |                         |                    |                       |                        |                             |                        |                            |                         |                                      |                      |                                      |                         |

### Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2015

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

| Contributor's Name  | Total<br>Contributions | Excess<br>Contributions |
|---|------------------------|-------------------------|
| ELIZABETH ORDWAY DUNN FOUNDATION                          | 55,000.                | 48,406.                 |
| FELBURN FOUNDATION  | 65,000.                | 58,406.                 |
| SMOKE RISE FOUNDATION                                     | 18,500.                | 11,906.                 |
| BLUE CROSS & BLUE SHIELD FOUNDATION                       | 30,000.                | 23,406.                 |
| SPACE COAST HEALTH FOUNDATION                             | 10,000.                | 3,406.                  |
| WINTER PARK HEALTH FOUNDATION                             | 25,000.                | 18,406.                 |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
| Total Excess Contributions to Schedule A, Part II, Line 5 |                        | 163,936.                |

### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Name of the organization

FLORIDA GREENWAYS AND TRAILS FOUNDATION INC.

Employer identification number 59-3742206

| FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:           |             |
|---|-------------|
| DESCRIPTION OF PROPERTY:  | AMOUNT:     |
| INTEREST INCOME   | 6.          |
|   |             |
| FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:                   |             |
| DESCRIPTION OF OTHER EXPENSES:                                  | AMOUNT:     |
| PUBLIC COMMUNICATIONS/RESEARCH/MEDI                             | 6,037.      |
| TRAIL EVENTS & PROMOTIONS                                       | 2,238.      |
| TRAVEL  | 9,886.      |
| OFFICE & MISCELLANEOUS EXPENSES                                 | 180.        |
| TOTAL TO FORM 990-EZ, LINE 16                                   | 18,341.     |
|   |             |
| FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:                    |             |
| DESCRIPTION BEG. OF YEAR  | END OF YEAR |
| PREPAID EXPENSES 0.   | 1,080.      |
|   |             |
| FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:               |             |
| DESCRIPTION BEG. OF YEAR  | END OF YEAR |
| ACCOUNTS PAYABLE 6,000.   | 12,000.     |
|   |             |
| FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - FLORIDA GREENWA | YS AND      |
| TRAILS FOUNDATION, INC. EXISTS TO SUPPORT THE MISSION AND PROGR | AMS OF      |
| THE FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION'S OFFICE OF  |             |
| GREENWAYS AND TRAILS AS IT CONTINUES TOWARD ESTABLISHING A STAT | EWIDE       |
| SYSTEM OF GREENWAYS AND TRAILS FOR RECREATION, CONSERVATION,    |             |
| ALTERNATIVE TRANSPORTATION AND THE ECONOMIC BENEFIT OF TOURISM. |             |

### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. FLORIDA GREENWAYS AND TRAILS FOUNDATION INC.

Employer identification number 59-3742206

| FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:        |
|---|
| FLORIDA GREENWAYS AND TRAILS FOUNDATION, INC. WAS                       |
| SUCCESSFUL IN BUILDING A MULTI-COUNTY COALITION IN CENTRAL              |
| FLORIDA TO SUPPORT AND ADVANCE THE COAST TO COAST                       |
| CONNECTOR; THIS IS THE FIRST AND CENTRAL LEG OF THE STATEWIDE TRAIL     |
| SYSTEM. WE BEGAN TO ADVOCATE FOR THE NORTHEAST CONNECTOR AND THE        |
| SOUTHWEST CONNECTOR TO COMPLETE THE END TO END FLORIDA TRAIL -          |
| PROMOTING RECREATION, CONSERVATION, ALTERNATIVE TRANSPORTATION AND THE  |
| ECONOMIC BENEFITS OF TOURISM.   |
|   |
| FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:  |
| THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, |
| OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.          |
| THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, |
| OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.                          |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

#### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

|                             | are filing for an Automatic 3-Month Extension, comple  |            |  |              |                       |               |  |  |  |
|-----------------------------|--|------------|--|--------------|-----------------------|---------------|--|--|--|
|                             | are filing for an Additional (Not Automatic) 3-Month Ex  |            |  |              |                       |               |  |  |  |
|                             | complete Part II unless you have already been granted  |            | ·  | •            |                       |               |  |  |  |
|                             | <b>nic filing (e-file) .</b> You can electronically file Form 8868 if y                                      |            |  |              |                       |               |  |  |  |
| required                    | to file Form 990-T), or an additional (not automatic) 3-mo   | nth extens | sion of time. You can electronically fil                                       | le Form 88   | 368 to request an     | extension     |  |  |  |
| of time t                   | o file any of the forms listed in Part I or Part II with the ex  | ception of | Form 8870, Information Return for T  | ransfers /   | Associated With (     | Certain       |  |  |  |
| Persona                     | l Benefit Contracts, which must be sent to the IRS in pap  | er format  | (see instructions). For more details of  | n the elec   | ctronic filing of thi | s form,       |  |  |  |
| visit ww                    | w.irs.gov/efile and click on e-file for Charities & Nonprofits   |            |  |              |                       |               |  |  |  |
| Part I                      | Automatic 3-Month Extension of Time  | . Only s   | submit original (no copies nee   | eded).       |                       |               |  |  |  |
| A corpor                    | ration required to file Form 990-T and requesting an autor   | natic 6-mo | onth extension - check this box and o  | complete     |                       |               |  |  |  |
| Part I on                   | ıly  |            |  |              |                       | ▶ □           |  |  |  |
| All other                   | corporations (including 1120-C filers), partnerships, REM  | ICs, and t | rusts must use Form 7004 to reques   | t an exten   | sion of time          |               |  |  |  |
| to file ind                 | come tax returns.  |            |  | Enter file   | er's identifying n    | umber         |  |  |  |
| Type or                     | Name of exempt organization or other filer, see instru   | ctions.    |  | Employer     | identification nu     | mber (EIN) or |  |  |  |
| print                       | FLORIDA GREENWAYS AND TRAIL  | LS         |  |              |                       |               |  |  |  |
|                             | FOUNDATION INC.  |            |  |              | 59-37422              | 206           |  |  |  |
| File by the<br>due date for | Number, street, and room or suite no. If a P.O. box, s   | ee instruc | tions.   | Social se    | curity number (SS     | SN)           |  |  |  |
| filing your                 | PO BOX 4142  |            |  |              | ,                     | ,             |  |  |  |
| return. See<br>instructions |  | oreign add | lress, see instructions.   |              |                       |               |  |  |  |
|                             |  |            |  |              |                       |               |  |  |  |
| Enter the                   | e Return code for the return that this application is for (file  | e a separa | te application for each return)  |              |                       | 0 1           |  |  |  |
| Applicat                    | tion   | Return     | Application  |              |                       | Return        |  |  |  |
| Is For                      |  | Code       | Is For   |              | Code                  |               |  |  |  |
|                             | 0 or Form 990-EZ   | 01         | Form 990-T (corporation)   |              | 07                    |               |  |  |  |
| Form 99                     |  |            | 02 Form 1041-A   |              |                       |               |  |  |  |
|                             | 20 (individual)  | 03         | Form 4720 (other than individual)  | 08           |                       |               |  |  |  |
| Form 99                     | ,  | 04         | Form 5227  |              | 10                    |               |  |  |  |
|                             | 0-T (sec. 401(a) or 408(a) trust)  | 05         | Form 6069  |              | 11                    |               |  |  |  |
|                             | 0-T (trust other than above)   | 06         | Form 8870  | 12           |                       |               |  |  |  |
| 1 01111 99                  | ALICIA GERMANI   | 1 00       | 1 01111 0870   |              |                       | 12            |  |  |  |
|                             | oooks are in the care of ▶ PO BOX 4142 - 5   | [ALLA      |  |              |                       |               |  |  |  |
| -                           | shone No. ► 850 – 766 – 7225   |            | Fax No.  |              | <del></del> -         |               |  |  |  |
|                             | organization does not have an office or place of business  |            |  |              |                       | <b>▶</b> □    |  |  |  |
| • If this                   | s is for a Group Return, enter the organization's four digit   | 1          | · · · · · · · · · · · · · · · · · · ·  |              |                       |               |  |  |  |
| box 🕨                       | <u> </u>   |            | ich a list with the names and EINs of  |              | ers the extension     | is for.       |  |  |  |
| 1 In                        | equest an automatic 3-month (6 months for a corporation ${\tt AUGUST~15}$ , ${\tt 2016}$ , to file the exemp |            | to file Form 990-T) extension of time<br>tion return for the organization name |              | The extension         |               |  |  |  |
| is                          | for the organization's return for:   |            |  |              |                       |               |  |  |  |
| <b>&gt;</b>                 | calendar year or   |            |  |              |                       |               |  |  |  |
| <b>&gt;</b>                 | X tax year beginning JUL 1, 2015   | , an       | d ending DEC 31, 2015  |              | <u> </u>              |               |  |  |  |
| 2 If 1                      | the tax year entered in line 1 is for less than 12 months, c   | heck reas  | on: Initial return F   | inal retur   | n                     |               |  |  |  |
|                             | X Change in accounting period  |            |  | - Indirector | · ·                   |               |  |  |  |
|                             | this application is for Forms 990-BL, 990-PF, 990-T, 4720  | or 6069,   | enter the tentative tax, less any  |              |                       | ^             |  |  |  |
| _                           | onrefundable credits. See instructions.  |            |  | 3a           | \$                    | 0.            |  |  |  |
|                             | this application is for Forms 990-PF, 990-T, 4720, or 6069   |            | •  |              |                       | _             |  |  |  |
| es                          | timated tax payments made. Include any prior year overp  | ayment a   | llowed as a credit.  | 3b           | \$                    | 0.            |  |  |  |
| с Ва                        | alance due. Subtract line 3b from line 3a. Include your pa   | yment wit  | h this form, if required,  |              |                       | _             |  |  |  |
|                             | using EFTPS (Electronic Federal Tax Payment System).   |            |  | 3с           | \$                    | 0.            |  |  |  |
| Caution                     | . If you are going to make an electronic funds withdrawal  | (direct de | bit) with this Form 8868, see Form 8   | 453-EO ar    | nd Form 8879-EO       | for payment   |  |  |  |