

## Florida Department of Environmental Protection

# CITIZEN SUPPORT ORGANIZATION 2016 REPORT (pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: <u>Friends of Kissimmee Prairie Preserve, Inc.</u> Mailing Address: Friends of KPPSP, Inc. c/o 33104 NW 192<sup>nd</sup> Avenue, Okeechobee, FL 34972 Telephone Number: <u>813-679-5597</u> Website Address (if applicable): <u>http://www.kissimmeeprairiefriends.org</u>

## **Statutory Authority:**

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

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

## **Brief Description of the CSO's Mission:**

Friends of Kissimmee Prairie Preserve, Inc. was formed in 2011 to to work for the preservation, protection, interpretation and promotion of and in the best interest of Kissimmee Prairie Preserve. The Friends organization is a Florida not-for-profit 501(c)(3) corporation and relies on membership fees and private donations to pursue activities on behalf of the Preserve.

## Brief Description of the CSO's Results Obtained:

The Friends have successfully promoted interest in the biodiversity of flora at the preserve. We had two wildflower events at the preserve in the Spring and Fall: Each event consisted of two guided walks with noted Florida wildflower biologists and authors, Roger Hammer and Craig Huegel. We held a morning and afternoon walk each time, and all were sold out. We produced full color printed plant and butterfly checklists for the preserve, which are very popular with participants of the plant walks and other visitors. We purchased a DVD player for the visitor's center to play educational programs to visitors and campers. and donated graphics for the bird edition of the Tervis Tumbler, a popular souvenir item sold by the preserve. We also provided funds to the preserve to buy ice for the fire crews. To continue to support our outreach and membership goals, and the quality of our service and reports, we upgraded to a paid website, contracted "PaperPushers" to provide accounting services, renewed our memberships with the Okeechobee Chamber of Commerce and the Friends of Florida State Park state organization. We continued our Florida Grasshopper Sparrow fund, to which interested people can donate money directly to help efforts to conserve the sparrow. We also have continued the Dark Skies Fund which had previously supported the designation of KPP as the first Dark Sky Park in the state of Florida in 2016. Friends also manned booths at the City of Okeechobee's Centennial Celebration and at the annual reenactment of the Battle of Okeechobee.

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

To continue working to raise awareness about Kissimmee Prairie Preserve, add members and solicit donations throughout Florida, nationally, and internationally. To continue to hold semiannual plant walk events (spring & fall) to introduce new people to the preserve, encourage repeat visitors, and raise funds for Friends projects to benefit the preserve. In 2017, we will partner with Okeechobee County for their 100<sup>th</sup> Centennial celebration on a historic prairie day, celebrating the human and natural history of the area. Some of the items we plan to fund for the preserve this year is a display case for park awards so they can be prominently displayed at the visitor's center, improvements to the primitive campsites, including artesian wells to provide drinking water in those areas, funds to create an outside Pavilion/ "Campfire Area" to provide educational programs for visitors and campers and devices to enhance the experience of the buggy rides for the hearing impaired. Our long term goals include funding Research housing for visiting scientists, and speed bumps or other controls along the road leading into the park. We will also continue to help the Florida Grasshopper Sparrow at the Preserve through use of our FGSP fund, to continue to support Kissimmee Prairie Preserve as a dark sky park through our Dark Skies Fund, and to conduct more outreach events to encourage local residents to visit and support the preserve. Throughout, we will work with the Park Manager and staff to identify and fulfill needs that they have as they arise.

 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 or 990-EZ.



# **Code of Ethics**

## PREAMBLE

- It is essential to the proper conduct and operation of Friends of Kissimmee Prairie Preserve (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- 2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Friends of Kissimmee Prairie Preserve board members, officers, and employees in the performance of their official duties.

### **STANDARDS**

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

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

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

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

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

#### 3) Salary and Expenses

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

#### 4) Prohibition of Misuse of Position

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

#### 5) Prohibition of Misuse of Privileged Information

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

#### 6) Post-Office/Employment Restrictions

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

#### 7) Prohibition of Employees Holding Office

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

#### 8) Requirements to Abstain From Voting

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

#### 9) Failure to Observe CSO Code of Ethics

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

Form	99	0-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 four		the second state of the se
			Do not enter social security numbers on this form as it may be made public.		Open to Public
Depa	rtment o nal Rever	f the Treasury nue Service	Information about Form 990-EZ and its instructions is at www.irs.gov/form99	ю.	Inspection
2000000	2010/02/02/02	NE SARANA SARAN	ar year, or tax year beginning January 1 , 2015, and ending	Decemb	er 31 , 20 15
Вс	heck if ap	oplicable:	C Name of organization D R	Employer	identification number
	ddress c	hange	Friends of Kissimmee Prairie Preserve Inc.		59-6194363
	lame cha		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E	Telephone	number
	nitial retur	rn n/terminated	33104 NW 192nd Avenue		727-317-9450
	mended	No Print to and on Day the		Group Ex	and the second se
			OReechobee, Florida 34972	Number	
		ing Method:			] if the organization is <b>not</b>
	/ebsite				ttach Schedule B 90-EZ, or 990-PF).
				111 990, 9	90-LZ, 01 330-11).
	orm of dd line	organization:	Corporation Trust Association Other 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets	
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		¢
-	art I	or produced or other and the status and	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins		s for Part I)
			the organization used Schedule O to respond to any question in this Part I.		
	1	The Contract Office of the	ons, gifts, grants, and similar amounts received	. 1	4686.15
	2		ervice revenue including government fees and contracts	. 2	
	3		ip dues and assessments	. 3	1614.00
	4	Investment	income	. 4	.18
	5a	Gross amo	unt from sale of assets other than inventory 5a		
	b	Less: cost	or other basis and sales expenses 5b	197	
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. <b>5</b> c	
	6		d fundraising events	282	
e	а		ome from gaming (attach Schedule G if greater than	11.24	
Revenue	100	1 A A	me from fundraising events (not including \$ of contributions		
eve	b		me from fundraising events (not including <u></u> of contributions aising events reported on line 1) (attach Schedule G if the	1.12	
В			h gross income and contributions exceeds \$15,000) 6b	17	
	с		t expenses from gaming and fundraising events 6c	1	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ct	
		line 6c) .		. 6d	
	7a	Gross sale	s of inventory, less returns and allowances 7a	New York	
	b	Less: cost	of goods sold	510.3	
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a) $\ldots$ .		
	8		nue (describe in Schedule O)		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		6300.33
	10		I similar amounts paid (list in Schedule O)		
	11	the state of the s	aid to or for members	. 11	
Expenses	12 13		ther compensation, and employee benefits	. 12	
)en	13		y, rent, utilities, and maintenance	. 14	
EXE	15		ublications, postage, and shipping	. 15	
-	16	0.1	enses (describe in Schedule O)		1048.12
	17	305	enses. Add lines 10 through 16		3181.00
S	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	. 18	
set	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree wi	th 🗌	
As			r figure reported on prior year's return)		
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)		
-	21			21	15347.61
For	Paper	work Reduct	ion Act Notice, see the separate instructions. Cat. No. 106421		Form <b>990-EZ</b> (2015)

Form	990-EZ (2015)					Page <b>2</b>
Pa	rt II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II....		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	12228.28	22	15347.61
23	Land and buildings		[		23	
24	Other assets (describe in Schedule O)		[		24	
25	Total assets			12228.28	25	15347.61
26	Total liabilities (describe in Schedule O)		[		26	
27	Net assets or fund balances (line 27 of column	(B) must agree wit	h line 21)	12228.28	27	15347.61
Par	t III Statement of Program Service Accom					
	Check if the organization used Schedule					Expenses
Wha	t is the organization's primary exempt purpose?					equired for section
	cribe the organization's program service accompli		de contra de la co			1(c)(3) and 501(c)(4) ganizations; optional for
	neasured by expenses. In a clear and concise m					ners.)
	ons benefited, and other relevant information for ea			,		
28	Our organization paid for items for promotion of and	education about the	preserve that were n	ot provided by		
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	28	a 699.58
29	Our organization paid for items for visitor services th					
	agency.			other public		
	ugeney.					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	29	a 56.66
30	Our organization paid for items to support the staff a					00.00
	Supportprovided by the state or other public agency.					
	Supportprovided by the state of other public agency.					
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ □	30	a 49.94
31	Other program services (describe in Schedule O)				00	45.54
0.			ints, check here		31	a 241.94
32	Total program service expenses (add lines 28a t	hrough 31a)			32	and the second se
Par						101011
	Check if the organization used Schedule					
		(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and		e) Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		other compensation
Tim I	Kozusko				1	
	ident	1	0		0	0
	stina Evans				-	
	surer	3.5	0		0	0
	Gray, PhD	0.0				
Secr		1	0		0	0
	a Bollenbach				-	
	President	2	0		0	0
	Mountain	-			-	
	d Member	.5	0		0	0
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Form 9	90-EZ (2015)		F	age 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this		ne	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
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		~
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		v
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions  37a		e lesta	
b	Did the organization file Form 1120-POL for this year?	37b	1100000	~
38a	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 in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	158	Sec. 1	1010011 ≢
39 a	Section 501(c)(7) organizations. Enter:	÷.		10 Carl
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	이번 상태		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
c d	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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed	400		-
42a		727-31	7-945	)
	Located at ► 14437 Oakglen Drive, Largo, Florida ZIP + 4 ►	33774		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ►	420	113	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		in an	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		V
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	÷ I	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
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		~
с	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			1920
	explanation in Schedule O	44d		V
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).	45b		
	LE RAVAEN NE PREMIEREN AND DE TRES DE T	1400		

Form 990-EZ (2015)

orm 9	90-EZ (2015)						age
40	Did the organization ongoing directly or it	directly in political o	ampaign activities on	behalf of or in opposi	tion	Yes	No
46	Did the organization engage, directly or in to candidates for public office? If "Yes," of					100 <del>1</del>	~
Part							- 36
	All section 501(c)(3) organization		stions 47-49b and	52, and complete th	e tables f	or line	əs
	50 and 51.						
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI			
47	Did the experimetion encode in lobbuing	activities or house a	agation EQ1/b) algotia	n in offect during the	tov	Yes	No
17	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par				· 47		
48	Is the organization a school as described in						V
19a	Did the organization make any transfers t						V
b	If "Yes," was the related organization a se				. 49b		
50	Complete this table for the organization's	five highest compen	sated employees (oth	er than officers, direct			
	employees) who each received more than	n \$100,000 of comper	nsation from the orgar	nization. If there is non	e, enter "N	lone."	
		(b) Average	(c) Reportable	(d) Health benefits, contributions to employee	(e) Estimate	d amou	unt of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred	other corr		
				compensation			
Α		8					
		L					
f	Total number of other employees paid ov	er \$100.000					
	Complete this table for the organization			contractors who each	received	more	tha
	\$100,000 of compensation from the orga						
	(a) Name and business address of each independ	lent contractor	(b) Type of serv	ice (c	Compensati	on	
							_
<u>A</u>			4				
		••••••	1				
			-				

completed Schedule A 3 • . . . . • . . . . . . . . . . • • Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Donna Bollenbach, Treasure Type or print name and title	Date			
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Jse Only	Firm's name	Firm's EIN ►			
Joe only	Firm's address ►	Phone no.			

Form 990-EZ (2015)

SCH	IEDU	ILE A	

## (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.

4	2015
2000 C	en to Public nspection

OMB No. 1545-0047

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

Name	of the organization					Employer identification	n number
	ds of Kissimme Prairie Preserve Inc.						94363
Par							ons.
1 2 3	rganization is not a private founda A church, convention of churc A school described in <b>section</b> A hospital or a cooperative ho	hes, or associati 170(b)(1)(A)(ii). spital service org	on of churches descr (Attach Schedule E (F ganization described i	ibed in <b>s</b> e form 990 n <b>sectior</b>	ection 17 or 990-E. n 170(b)(1	70(b)(1)(A)(i). Z).) 1)(A)(iii).	(iii) Estas the
4	A medical research organization hospital's name, city, and state		onjunction with a nosp	pital desc			(III). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a plete Part II.)					al unit described in
6 7	<ul> <li>A federal, state, or local governing</li> <li>An organization that normally described in section 170(b)(1)</li> </ul>	receives a subs	tantial part of its sup				n the general public
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt int income and	functions-subject to unrelated business	o certain taxable i	exception ncome (I	ns, and (2) no more ess section 511 ta	e than 331/3% of its
10	An organization organized and	10 No. 10 No.					
11	An organization organized and one or more publicly supported the box in lines 11a through 11a	d organizations d	escribed in section 5	<b>09(a)(1)</b> o	r section	509(a)(2). See secti	ion 509(a)(3). Check
а	Type I. A supporting organiz the supported organization(s organization. You must corr	) the power to re	gularly appoint or ele				
b	Type II. A supporting organize control or management of th organization(s). You must control	e supporting org	anization vested in th				
c	Type III functionally integrative its supported organization(s)						y integrated with,
d	Type III non-functionally in that is not functionally integra requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organiz functionally integrated, or Ty						I, Type III
f g	Enter the number of supported or Provide the following information	and the first of the second	orted organization(s)			al al a, al a la la	
9	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the c listed in you docu	ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
-				Yes	No		
(A)							
(B)							
(C)			A				
(D)							
(E)							

Total

Page 2

Part	II Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support			-			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						<u></u>
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by	la de estado			an e e Bak		
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)		•				
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support			<u> </u>			
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4					, <u>,</u>	
8	Gross income from interest, dividends,						
-	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business			1			
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	· · ·				· · ·	
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction			······································	12	
13	<b>First five years.</b> If the Form 990 is for the			d third fourth	or fifth tax v		n 501(c)(3)
10	organization, check this box and <b>stop he</b>	•					<b>N -</b>
Secti	on C. Computation of Public Suppor		e				
14	Public support percentage for 2015 (line 6			1, column (f))		14	%
15	Public support percentage from 2014 Sch	nedule A, Part	II, line 14			15	%
16a	331/3% support test-2015. If the organiz						
	box and stop here. The organization qua						
b	331/3% support test-2014. If the organ						
	check this box and stop here. The organ						
17a	10%-facts-and-circumstances test-20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "f						· · · _
	organization						
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organization more and if the organization more and the organizatio						
	supported organization						
18	Private foundation. If the organization di						
10	instructions						
	· · · ·		-				

Part	III Support Schedule for Organiza	tions Descr	ibed in Secti	on 509(a)(2)			
	(Complete only if you checked th						er Part II.
	If the organization fails to qualify	under the tes	sts listed belo	ow, please co	mplete Part I	l.)	
-	on A. Public Support						
	dar 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						
0	received. (Do not include any "unusual grants.")	N/A	1550.19	7849.13	6899.00	6300.15	22598.47
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization'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		1000 00				
6	Total. Add lines 1 through 5		1620.85	3716.32	7349.74	5227.17	17914.07
6 7a	Amounts included on lines 1, 2, and 3		3171.04	11565.45	14248.74	11334.49	40512.54
14	received from disqualified persons						
b	Amounts included on lines 2 and 3		A				
U	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	10000000000	and the second second	Contraction of the second			
3	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6		3171.04	11565.45	14248.74	11334.49	40512.54
10a	Gross income from interest, dividends,						1.0200440.0
	payments received on securities loans, rents,					_	
	royalties and income from similar sources .		.20	.08	.09	.18	.55
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b		.20	.08	.09	.18	.55
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		568.00	197.25			765.25
10	and 12.)		3739.24	11700 70	14040.00	11004 67	41070.04
14	First five years. If the Form 990 is for th	e organization		11762.78 third fourth	14248.83 or fifth tax ve	11334.67 ar as a section	41278.34 501(c)(3)
	organization, check this box and stop her	1.77					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line 8			3, column (f))		15	%
16	Public support percentage from 2014 Sch					16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2015 (I	ine 10c, colum	n (f) divided by	line 13, colum	nn (f))	17	%
18	Investment income percentage from 2014					18	%
19a	331/3% support tests-2015. If the organi						AD THE REAL PROPERTY AND A DESCRIPTION OF THE REAL PROPER
	17 is not more than 331/3%, check this box a		(E) (		5. S S S	7.22.	6.5 ST 10.15
b	331/3% support tests - 2014. If the organization						
	line 18 is not more than 331/3%, check this b						1 St. 100 - 100
20	Private foundation. If the organization did	d not check a b	box on line 14,	19a, or 19b, cl	neck this box a	and see instruc	tions 🕨 🗌

#### Page **4**

Yes No

1

2

За

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

#### 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.)

Part	V Supporting Organizations (continued)			
cii t	oupporting organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
ecti	on 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 organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
ecti	on C. Type II Supporting Organizations			^
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
ecti	on D. All Type III Supporting Organizations	- <b>A</b>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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 <b>Part VI</b> 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): 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- 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. 2

- 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.
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more b of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b За 3b

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		· · ·	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	-	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	и 1	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			Ì
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y-in	tegrated Type III supporti	ng organization (see

art	V Type III Non-Functionally Integrated 509(a)(3	<ol> <li>Supporting Organi</li> </ol>	zations (continued)	
ect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish (	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity	<u></u>		<u>-</u>
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	<del>.</del>
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 whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
с				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
ĥ	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		·····	
4	Distributions for 2015 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
			· · · · · · · · · · · · · · · · · · ·	· ·
b c	Applied to 2015 distributable amount Remainder. Subtract lines 4a and 4b from 4.			
<u>с</u> 5	Remaining underdistributions for years prior to 2015, if			· ·
	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h	· · ·		,
5	and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
B	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

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

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