

Florida Department of Environmental Protection

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

Citizen Support Organization (CSO) Name: Friends of Kissimmee Prairie Preserve, Inc.

Mailing Address: FoKPPSP, Inc. c/o 33104 NW 192nd Avenue, Okeechobee, FL 34972

Telephone Number: <u>321-724-8265</u> Website Address (if applicable): http://www.kissimmeeprairiefriends.org/

#### **Statutory Authority:**

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

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

**Brief Description of the CSO's Mission**: The Friends of Kissimmee Prairie Preserve, Inc. was formed in 2011 to work for the preservation, protection, interpretation and promotion of and in the best interest of Kissimmee Prairie Preserve.

**Brief Description of the CSO's Results Obtained:** The Friends have successfully promoted interest in the biodiversity of flora at the preserve. We organized a fall wildflower walk at the preserve, with noted Florida wildflower biologists, Roger Hammer and Craig Huegel. We held a morning and afternoon walk, and both were sold out. In addition, the Florida Native Plant Society hired a videographer to produce an educational film during the walks. We held a spring walk in 2015, with similar success. We purchased a high quality canopy tent for staff to use for outdoor education and outreach events, providing staff and volunteers shade and protection. We continued our Florida Grasshopper Sparrow fund, to which interested people can donate money directly to help efforts to conserve the sparrow. For example, money from this fund was used to purchase three pairs of binoculars and harnesses for sparrow survey team members. We have continued the Dark Skies Fund for the conservation of the Preserve's dark environment for astronomy.

**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 hold semi-annual plant walk events (spring & fall) to continue to introduce new people to the preserve, encourage repeat visitors, and raise funds for Friends projects to benefitt the preserve. And to continue to help the Florida Grasshopper Sparrow at the Preserve through use of our FGSP fund. We also plan to explore to explore possible business relationships with other local conservation-based groups. For example, we will meet with Forever Florida Inc. to gauge their willingness to run a prairie buggy tour at the Preserve using their vehicles.

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



# Code of Ethics

## PREAMBLE

- 1) 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.

		l
Form	<b>990-EZ</b>	

Department of the Treasury

# Short Form

OMB No. 1545-1150

2014

**Open to Public** 

Inspection

# **Return of Organization Exempt From Income Tax**

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

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

		2014 calendar year, or tax year beginning , 2014, and ending	-	, 20
B	Check if ap	plicable: C Name of organization D	D Employer ide	entification number
	Address c	hange		
	Name change         Number and street (or P.O. box, if mail is not delivered to street address)         Room/suite         E			umber
	Initial retur			
		h/terminated City or town, state or province, country, and ZIP or foreign postal code	Group Exe	notion
	Amended Applicatio	locum	Number	•
				the organization is <b>not</b>
	Vebsite			ach Schedule B
			•	)-EZ, or 990-PF).
			0111 330, 330	
		organization:		
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as		
-		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	Ψ	<u> </u>
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst		
		Check if the organization used Schedule O to respond to any question in this Part I .		<u>   </u>
	1	Contributions, gifts, grants, and similar amounts received	. 1	
	2	Program service revenue including government fees and contracts	. 2	
	3	Membership dues and assessments	. 3	
	4	Investment income	. 4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than		
ē	<b>–</b>	\$15,000)		
Revenue	b	Gross income from fundraising events (not including \$ of contributions		
ev		from fundraising events reported on line 1) (attach Schedule G if the		
œ		sum of such gross income and contributions exceeds \$15,000)   6b		
	с	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ract	
	<b>–</b>		· 6d	
	70		. 00	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	
	8	Other revenue (describe in Schedule O)	. 8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	
	10	Grants and similar amounts paid (list in Schedule O)	. 10	
	11	Benefits paid to or for members		
es	12	Salaries, other compensation, and employee benefits		
sue	13	Professional fees and other payments to independent contractors	. 13	
Expenses	14	Occupancy, rent, utilities, and maintenance		
ш	15	Printing, publications, postage, and shipping		
	16	Other expenses (describe in Schedule O)		
_	17	Total expenses.         Add lines 10 through 16         .		
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	
jet:	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w		
AS6		end-of-year figure reported on prior year's return)		
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		
Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		
For		work Reduction Act Notice. see the separate instructions.		Form 990-EZ (2014)

Form	990-EZ (2014)						Page <b>2</b>
Pa	t II Balance Sheets (see th	e instructions f	or Part II)				ŀ
	Check if the organization	used Schedule	O to respond to an	ny question in this	Part II....		🗆
	<u> </u>		•		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments					22	
23	Land and buildings			[		23	
24	Other assets (describe in Sched					24	
25	Total assets	,				25	
26	Total liabilities (describe in Sch					26	
27	Net assets or fund balances (	'		n line 21)		27	
Par			., .	,	Part III)		
	Check if the organization		• •				Expenses
Wha	is the organization's primary exer					· ·	uired for section
				ite thuse leveled a		•	c)(3) and 501(c)(4) nizations; optional for
	ribe the organization's program s leasured by expenses. In a clear					othe	
	ons benefited, and other relevant in			services provided			,
28							
20							
	(Cronto ¢	) If this amount	includes foreign gra	nta abaak bara	▶ □	200	
20	(Grants \$	) II this amount	includes foreign gra	mus, check here .	🕨 🗋	28a	
29							
	·····	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		► □	~	
~~	(Grants \$	) If this amount	includes foreign gra	nts, check here .	🕨 🗌	29a	
30							
					·····		
	(Grants \$		includes foreign gra			30a	
31	Other program services (describe						
			includes foreign gra			31a	
-	Total program service expenses	•				32	
Par							, 
	Check if the organization	used Schedule	O to respond to ar			· ·	· · · · <u> </u>
			(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e)	Estimated amount of
	(a) Name and title		hours per week devoted to position	(Forms W-2/1099-MISC)			ther compensation
				(if not paid, enter -0-)	deferred compensation	1	
_							
			1				
			1				
			1				
			1				
			1				

Form 99	90-EZ (2014)		Pa	age 3
Part	V 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		V	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
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 c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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		
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> Did the organization file <b>Form 1120-POL</b> for this year?	37b		
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		
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved       38b         Section 501(c)(7) organizations. Enter:       39a         Initiation fees and capital contributions included on line 9       39a         Gross receipts, included on line 9, for public use of club facilities       39b         Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:       section 4911 ▶	-		
b	Section 4911 Section 4912 Secti	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41 42a				
b	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	Yes	No
с	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. ¥es	► 🗌 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		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		
45a b	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 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a 45b		

Form	990-EZ	(2014)
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			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition			
	to candidates for public office? If "Yes," complete Schedule C, Part I	46		

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

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax			
	year? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f 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 51 \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
d Total number of other independent contractors each receiving	over \$100,000 ... ►	
52 Did the organization complete Schedule A? Note. All se	ction 501(c)(3) organizations n	nust attach a

Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a

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.

Sign Here	Signature of officer			Date			
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Use Only	Firm's name			Firm's	s EIN ►		
	Firm's address ►				Phone no.		
May the IRS	discuss this return with the prepare	r shown above? See instructions			🕨 [	Yes	No

SCHEDULE 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.

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

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Par		- ,				,	ns.
	rganization is not a private founda				-	,	
1	A church, convention of church			ibed in se	ection 17	0(b)(1)(A)(i).	
2 3	<ul> <li>A school described in section</li> <li>A hospital or a cooperative hospital</li> </ul>			n contin	170/b)/	I)/A)/;;;)	
4	A medical research organization		·			<i>,,,,,</i>	iii). Enter the
•	hospital's name, city, and state	•					
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)						
6 7	<ul> <li>A federal, state, or local govern</li> <li>An organization that normally described in section 170(b)(1)</li> </ul>	receives a subs	tantial part of its sup				the general public
8	A community trust described in	n <b>section 170(b)</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	certain taxable i	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	An organization organized and	operated exclus	sively to test for public	c safety.	See <b>sect</b>	ion 509(a)(4).	
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	on 509(a)(3). Check
а	<b>Type I</b> . A supporting organiz the supported organization(s organization. <b>You must cor</b>	) the power to re	egularly appoint or ele			•	
b	Type II. A supporting organize control or management of the organization(s). You must compare the support of	e supporting org	anization vested in th				
с	<b>Type III functionally integra</b> 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	
e	Check this box if the organiz functionally integrated, or Ty						I, Type III
f	Enter the number of supported of						
g	Provide the following information		ported organization(s).	1			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	B listed in your governing support (see other support (see			
				Yes	No		
(A)							
(B)							
(C)							

(D)

(E)

Total

Schedu	ıle A (Form 990 or 990-EZ) 2014						Page <b>2</b>
Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	( ) 00/0	(1) 22//	( ) 00/0	( )) = = ( )	()	(0
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Sect	ion B. Total Support		•	1	•		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	•			•	ear as a sectio	
Sect	ion C. Computation of Public Support	rt Percentag	le				
14	Public support percentage for 2014 (line	6, column (f) d	ivided by line 1	1, column (f))		14	%
15 16a	Public support percentage from 2013 Scl 33 <sup>1</sup> / <sub>3</sub> % support test—2014. If the organi box and stop here. The organization qua	zation did not	check the box		d line 14 is 33		% heck this
b	331/3% support test-2013. If the organic check this box and stop here. The organic	nization did no	ot check a box	c on line 13 o	r 16a, and line		
17a	<b>10%-facts-and-circumstances test – 2</b> 10% or more, and if the organization me Part VI how the organization meets the "f organization	ets the "facts- facts-and-circu	and-circumsta umstances" tes	nces" test, cho st. The organiz	eck this box a ation qualifies	nd <b>stop here. I</b> as a publicly s	line 14 is Explain in upported
b	<b>10%-facts-and-circumstances test</b> — <b>2</b> (15 is 10% or more, and if the organization methods) Explain in Part VI how the organization methods of the organization of the	tion meets the neets the "fact	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check t he organizatio	his box and <b>st</b> on qualifies as	a publicly
18	Private foundation. If the organization di	id not check a	box on line 13	. 16a. 16b. 17a	a, or 17b, chec	ck this box and	see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
5	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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
iou	payments received on securities loans, rents,						
	royalties and income from similar sources .						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
-	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
	and 12.)						
14	First five years. If the Form 990 is for the	•					
	organization, check this box and <b>stop he</b>						🕨
	on C. Computation of Public Suppor					1 1	
15	Public support percentage for 2014 (line 8						%
16	Public support percentage from 2013 Sch					16	%
_	on D. Computation of Investment In		-			4-	
17	Investment income percentage for 2014 (			-			%
18	Investment income percentage from 2013						%
19a	33 <sup>1</sup> / <sub>3</sub> % support tests-2014. If the organ						
	17 is not more than $33^{1/3}$ %, check this box	-	-	-		-	
b	331/3% support tests-2013. If the organiz						
	line 18 is not more than 331/3%, check this I	-	-				
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instr	ructions 🕨 🗌

#### 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 **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

Schedu	le A (Form 990 or 990-EZ) 2014		F	Page 5
Part	IV Supporting 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		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <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		
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? <i>If</i> "Yes," <i>explain in</i> <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		
Secti	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		
Secti	on D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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 <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? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> <i>the role the organization's supported organizations played in this regard.</i>			
	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 organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

3b

Yes No

#### 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>b</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		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
			/

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

Part	V Type III Non-Functionally Integrated 509(a)(3	8) Supporting Organi	zations (continued)	Page
	on D - Distributions	b) Supporting Organi		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		ourient rour
	Amounts paid to perform activity that directly furthers exe		orted	
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
10			(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable 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			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
с	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 greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	<b>Excess distributions carryover to 2015</b> . Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

	orm 990 or 990-EZ) 2014 Page 8 Supplemental Information, Provide the explanations required by Part II, line 10: Part II, line 17a or 17b; and
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

Nume of the organization       Employer identification number	SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-           Complete to provide information for responses to specific question           Form 990 or 990-EZ or to provide any additional information.           ► Attach to Form 990 or 990-EZ.           ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www	is on	OMB No. 1545-0047
			-	