

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except private foundations)

OMB No. 1545-1150

2014

Form **990-EZ**

Department of the Treasury
 Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FRIENDS OF THE SHIAWASSEE RIVER INC	D Employer identification number 38-3348975
	Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite PO BOX 402	E Telephone number (989) 723-9062
	City or town, state or province, country, and ZIP or foreign postal code OWOSSO MI 48867	F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ WWW.SHIAWASSEERIVER.ORG

J Tax-exempt status (check only one) — 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 96,670

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	70,500
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	17,085
	4 Investment income	4	4
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c 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 subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	9,081	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	96,670	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	56,971
	13 Professional fees and other payments to independent contractors	13	42,338
	14 Occupancy, rent, utilities, and maintenance	14	1,421
	15 Printing, publications, postage, and shipping	15	1,912
	16 Other expenses (describe in Schedule O)	16	10,660
17 Total expenses. Add lines 10 through 16 ▶	17	113,302	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-16,632
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	70,633
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	54,001

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II [X]

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III []

What is the organization's primary exempt purpose? SEE ATTACHMENT #1
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Table with 2 columns: Description, Expenses. Rows include SEE ATTACHMENT #2, 28a (Grants \$ 40,000), 29, 30, 31, 32 Total program service expenses (40,000).

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated -- see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV []

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, & deferred compensation, (e) Estimated amount of other compensation. Row 1: SEE ATTACHMENT #3.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part 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.
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.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice...
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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
40b Section 501(c)(3) and 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?
40c Section 501(c)(3) and 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.
40d Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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...
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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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		X

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

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

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

		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		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization a section 527 organization?		X

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

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

f Total number of other employees paid over \$100,000 ... ▶

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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
	BRAD KIRKLAND Type or print name and title	TREASURER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ROBERT HEMENWAY				P00876771
	Firm's name ▶ H AND R BLOCK	Firm's EIN ▶ 383176180		Phone no. 989-723-5977	

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization: **FRIENDS OF THE SHIAWASSEE RIVER INC**
Employer identification number: **38-3348975**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

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(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")				83,091	63,658	146,749
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.				83,091	63,658	146,749
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.						146,749

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4				83,091	63,658	146,749
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				2	4	6
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 IV.)						
11 Total support. Add lines 7 through 10						146,755
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test -- 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test -- 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test -- 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test -- 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

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

OMB No. 1545-0047

2014

Name of the organization

FRIENDS OF THE SHIAWASSEE RIVER INC

Employer identification number

38-3348975

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization FRIENDS OF THE SHIAWASSEE RIVER INC	Employer identification number 38-3348975
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COOK FAMILY FOUNDATION 312 W MAIN ST OWOSSO, MI 48867	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization FRIENDS OF THE SHIAWASSEE RIVER INC	Employer identification number 38-3348975
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PART I, LINE 8, OTHER REVENUE - MISCELLANEOUS INCOME \$31, SPECIAL
EVENTS \$9050

PART I, LINE 16, OTHER EXPENSES - WORKERS COMP INSURANCE \$371, SUPPLIES
\$560, DONATED MATERIALS AND SUPPLIES \$375, DATABASE MANAGEMENT \$625,
MARKETING EXPENSE \$44, NONEMPLOYEE INSURANCE \$1897, TRAVEL AND MEETING
\$299

PART I, LINE 16, OTHER EXPENSES - STAFF DEVELOPMENT \$270, BUSINESS
EXPENSE \$9, EVENT SERVICES \$2896, PROGRAM RELATED EXPENSES \$3315

PART II, LINE 26, OTHER LIABILITIES (A) - ACCOUNTS PAYABLE \$752,
ACCRUED WAGES \$1014, PAYROLL LIABILITIES \$3398, TOTAL TO LINE 26 (A).

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2014 FORM 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2014, or tax period beginning	, and ending
Name of Organization FRIENDS OF THE SHIAWASSEE RIVER INC	Employer Identification Number 38-3348975	

Primary Purpose

TO CARE, MAINTAIN AND IMPROVE THE WATER QUALITY AND HABITATS OF THE SHIAWASSEE RIVER WATERSHED; ENHANCE THE COMMUNITY'S APPRECIATION AND KNOWLEDGE OF THE RIVER, ESPECIALLY AMONG YOUTH; AND INCREASE RECREATIONAL ACCESS AND RESPONSIBLE USE OF THE SHIAWASSEE RIVER.

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2014 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION For calendar year 2014, or tax period beginning , and ending

Name of Organization: FRIENDS OF THE SHIAWASSEE RIVER INC
Employer Identification Number: 38-3348975

Part III - Statement of Program Service Accomplishments			
Grants and allocations	40,000	Amount includes foreign grants	Program service expenses 40,000

Exempt Purpose Achievements

PROGRAM SERVICE ACCOMPLISHMENT FOR 2014 INCLUDE THE GREAT LAKES RESTORATION INITIATIVE WHICH RAISED AWARENESS ON WATER QUALITY ISSUES THROUGH A SURVEY, WORKSHOPS, A SUMMIT AND ONE ON ONE MEETINGS.

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2014 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION For calendar year 2014, or tax period beginning , and ending

Name of Organization: FRIENDS OF THE SHIAWASSEE RIVER INC
Employer Identification Number: 38-3348975

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
TOM COOK PRESIDENT	0.50	0	0	0
LORRAINE AUSTIN VICE PRESIDENT	1.00	0	0	0
BRAD KIRKLAND TREASURER	1.00	0	0	0
MATT VANEPPS SECRETARY	0.50	0	0	0
JOSH ADAMS BOARD MEMBER	0.50	0	0	0
LINDA BEEMAN BOARD MEMBER	0.50	0	0	0
GARY BURK BOARD MEMBER	0.50	0	0	0
MIKE GOERGEN BOARD MEMBER	0.50	0	0	0
BETSY HULL BOARD MEMBER	0.50	0	0	0
LARRY JOHNSON BOARD MEMBER	0.50	0	0	0
KAREN KONG BOARD MEMBER	0.50	0	0	0
NANCY KRAUSE BOARD MEMBER	0.50	0	0	0
SUE LOSSING BOARD MEMBER	0.50	0	0	0
ANTHONY NEWMAN BOARD MEMBER	0.50	0	0	0
NICK TERECK BOARD MEMBER	0.50	0	0	0

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2014 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION For calendar year 2014, or tax period beginning , and ending

Name of Organization FRIENDS OF THE SHIAWASSEE RIVER INC Employer Identification Number 38-3348975

Part V - Line 42a

Individual Name HEMENWAY BUSINESS SERVICE

or Business Name:

Street Address 602 W MAIN ST

U.S. Address:

Zip code 48867 City OWOSSO State MI

Foreign Address

City

Province or State

Country

Postal code

Phone Number (989) 723-9062

Fax Number

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2014 DETAIL STATEMENTS

FRIENDS OF THE SHIAWASSEE RIVE
383348975

STATEMENT #1 - SALARIES, OTHER COMPENSATIONS (990-EZ PG 1 LINE 12)

PAYROLL EXPENSE.....	7,431
GRANT AND CONTRACT EXPENSE.....	48,896
SALARIES AND WAGES.....	644

TOTAL CARRIED TO 990-EZ PG 1 LINE 12..... 56,971

STATEMENT #2 - OCCUPANCY, RENT, UTILITIES (990-EZ PG 1 LINE 14)

TELEPHONE.....	1,421
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TOTAL CARRIED TO 990-EZ PG 1 LINE 14..... 1,421

STATEMENT #3 - PRINTING, PUBLICATION, POSTAGE (990 EZ PG 1 LINE 15)

PRINTING AND COPYING.....	1,620
POSTAGE, SHIPPING, AND DELIVERY.....	292

TOTAL CARRIED TO 990 EZ PG 1 LINE 15..... 1,912

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STATEMENT #4 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

WORKERS COMP INSURANCE.....	370
SUPPLIES.....	560
DONATED MATERIALS AND SUPPLIES.....	375
DATABASE MANAGEMENT.....	625
MARKETING EXPENSE.....	44
NON EMPLOYEE INSURANCE.....	1,897
TRAVEL AND MEETING EXPENSE.....	299
STAFF DEVELOPMENT.....	270
BUSINESS EXPENSES.....	9
EVENT SERVICES.....	2,896
PROGRAM RELATED EXPENSE.....	3,315

TOTAL CARRIED TO EOEZ PG 1 LINE 16..... 10,660

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2014, or fiscal year beginning _____, 2014, & ending _____, 20____

▶ **Do not send to the IRS. Keep for your records.**

2014

Department of the Treasury
Internal Revenue Service

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization **FRIENDS OF THE SHIAWASSEE RIVER INC** Employer identification number **38-3348975**

Name and title of officer
BRAD KIRKLAND TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	96,670
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organizations return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organizations electronic return and, if applicable the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize H AND R BLOCK to enter my PIN 35977 as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organizations tax year 2014 electronically filed return. If I have indicated this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 386767 58372
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form — See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see the instructions.

Protecting your privacy is important to H&R Block®. We strive to do business in a manner that justifies you choosing H&R Block®.

We are providing you this privacy notice as required by law. This privacy notice explains the types of information we may collect from and about you or your business, how we may use or disclose that information, and how we protect that information.

Who This Privacy Notice Covers

You are at an independently owned franchised H&R Block® office. This notice applies to personal and business information we collect when we provide tax preparation and other products and services to customers and former customers of this H&R Block® franchise. This notice applies to this franchise office only and not to any other H&R Block® entity. H&R Block® company-owned retail tax preparation offices operate under a similar, but separate, privacy notice because such offices are part of a separate legal entity and may have different practices or processes. If you are doing business with any other H&R Block® business, you should consult that business's privacy notice.

Information We May Collect

We collect various information about you, your spouse, your dependents, your business, and other individuals (e.g., employees as part of providing business services). This information may include:

- **Contact Information** (e.g., name and email address);
- **Dates of Birth**;
- **Social Security Numbers** and other government identification numbers (e.g., EIN and ITIN);
- **Financial Information** (e.g., income, revenue, assets, credits, deductions, and expenses);
- **Payment Data** (e.g., checking, debit and credit account numbers and balances and payment history);
- **Payroll Information** (related to business services);
- **Log-In Information** (only if you choose to provide); and
- **Demographic Information**.

We collect this information from the following categories and sources:

- Information you voluntarily provide. If you choose not to provide certain information we request, we may be unable to serve you as our products, services, tools or calculators may rely upon this information.
- Information related to transactions that you complete or propose to complete with us, our affiliates (if any), our franchisor, its affiliates, or certain non-affiliated third parties.
- Information from the Internal Revenue Service (IRS), other government entities, and certain non-affiliated third parties (e.g., credit reporting agencies).
- Information we receive when you request services or information from us, our affiliates, our franchisor, its affiliates or companies with whom we have a business relationship, enter contests or sweepstakes, or complete surveys or polls.

How We May Use or Disclose Information about You

Our use and disclosure of your information is controlled by various laws, regulations and other legal requirements, as well as policies of H&R Block® and this franchised office. We may use or disclose information that we collect, subject to the terms of this privacy notice and consistent with applicable law. The examples contained in this notice are illustrations; they are not intended to be exclusive.

- Where permitted or required by law, we may use or disclose your information for our normal business purposes. For example, this

may include assigning you a unique identifier or disclosures to the IRS.

- With your consent or where otherwise permitted by law, we may disclose your information to our franchisor or our service providers who perform business functions on our behalf (including service providers who perform "auxiliary services" in connection with tax return preparation, as permitted by IRC Section 7216, and service providers who help deliver advertising tailored to your interests). We require service providers have written contracts that specify appropriate use of your personal information, require them to safeguard your personal information, and prohibit them from making unauthorized or unlawful use of your personal information.
- As permitted by law, we may use, or disclose to our affiliates, our franchisor, or its affiliates, your information to offer you products and services that we believe may interest you. This may include delivery of newsletters and publications. In certain situations involving information collected for tax return preparation, we may be required to have your consent before we disclose this information.
- We do not sell or rent your personal information to third-party direct marketers.
- Where permitted by law, we may disclose your information to joint marketers and business partners with whom we, our franchisor or its affiliates have joint marketing agreements. We require all joint marketers to have written contracts with us that specify appropriate use of your information, require them to safeguard your information, and prohibit them from making unauthorized or unlawful use of your information. If a state law (or other law) requires us to give you the right to opt-out prior to any disclosure of your information for joint marketing, we will not disclose your information for such purposes without providing such opt-out or obtaining your consent to such disclosure.
- We may disclose your information to our franchisor, its affiliates or non-affiliated third parties (including government entities) when we have a good faith belief that such disclosure is required or permitted by law. This may occur, for example, in connection with a court order, legal process, or other judicial, administrative or investigative proceeding. This may occur in other situations as part of our business operations (including disclosures as part of the sale of our business or assets).

How We Protect Your Information

H&R Block® and this franchised H&R Block® office maintain physical, electronic and administrative policies and procedures designed to restrict access to your information. These include programs and specifications for physical security and records retention and disposal; computer and communication security measures reflected in system design, password protection, and data management practices; and other measures to restrict access to the data we hold in physical and electronic forms.

How You May Control Use of Your Information

As described above, we, our franchisor, or our its affiliates may contact you about products and services. If at any time you wish to limit the offers or promotions you receive, you may call 877-723-5458. We will use reasonable efforts to comply with your request. In these situations, it may still be necessary for us to send you information from time to time about transactions or accounts you have with us.

We reserve the right to change this privacy notice and any of the policies described in this notice at any time, consistent with applicable law. If we make a material change to this notice, we will notify you by using one of the following methods: (1) we will post a notice on our web site describing the change; or (2) we will hand deliver or send you regular or electronic mail notifying you of the change.