Form **990**

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 and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

670

BAA For Paperwork Reduction Act Notice, see the separate instruction

Α	For t	he 2014 calen	ar year, or tax year beginning , 2014, and (endin	g		1
В	Check	if applicable	C Name of organization La Cruz Habitat Protection Proj	ject	, Inc.	D Employer iden	tification number
	ΠA	ddress change	Doing business as			20-8448	752
	Пи	ame change	Number and street (or P O box if mail is not delivered to street address)	Room/s	suite	E Telephone num	ber
	П	nitial return	P.O. Box 201633			(512) 7	73-1720
	F	inal return/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	\prod_{Λ}	mended return	Austin TX 787	720		G Gross receipts	\$ 312,872.
	П	pplication pending	F Name and address of principal officer		H(a) Is this a	group return for sub	ordinates? Yes X No
			Deborah Gangloff 17600 Road 27.9 Dolores CO 813	323	H(b) Are all	subordinates included attach a list (see insti	1? Yes No
ī	Tax	-exempt status		527	II NO, i	attach a list (see inst	ucuons)
J	We	bsite: b	estsformonarchs.org		H(c) Group	exemption number	•
K	Forr	n of organization	X Corporation Trust Association Other ► L Year of	formatic	n 200	7 M State of I	egal domicile TX
Pa	rt I	Summar	└ ─┴───────────────────────────────────				
تتنا	1			ate	d to d	onate and	plant
o)			ees to restore the natural and protected i				Para and a second
Ě			Mexico, and to promote sustainable forest m				e
Ĕ			downers for their economic benefit and for				
Governance	2		If the organization discontinued its operations or disposed of m				
ص ھ	3		ng members of the governing body (Part VI, line 1a)				6
S	4		ependent voting members of the governing body (Part VI, line 1b)				6
Ϋ́	5		f individuals employed in calendar year 2014 (Part V, line 2a) f volunteers (estimate if necessary)				0 8
Activities	7a		business revenue from Part VIII, column (C), line 12				0.
			pusiness taxable income from Form 990-T, line 34 · · · · · · · · ·				0.
			· · · · · · · · · · · · · · · · · · ·			rior Year	Current Year
•	8	Contributions	nd grants (Part VIII, line 1h)		<u> </u>	362,461.	312,674.
Revenue	9		e revenue (Part VIII, line 2g)				, , , , , , , , , , , , , , , , , , , ,
eve	10	Investment in	ome (Part VIII, column (A), lines 3, 4, and 7d)			805.	198.
ď	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)			363,266.	312,872.
	13		ıılar amounts paid (Part IX, column (A), lines 1-3)				
	14		o or for members (Part IX, column (A), line 4)				
စ္	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		<u> </u>		
Expenses	16 a	Professional f	ndraising fees (Part IX, column (A), line TECEIVED		<u> </u>		
ğ	b	Total fundrais	ng expenses (Part IX, column (D), Ine 25	33.			
Ú	17	Other expens	s (Part IX, column (A), lines 11a-h1d, 11f-24e).	 .		234,394.	295,557.
	18	Total expense	Add lines 13-17 (must equal Part IX, column (A) line 26)			234,394.	295,557.
	19	Revenue less	expenses Subtract line 18 from line 12			128,872.	17,315.
8 8	_		OGDEN UT		Beginnir	ng of Current Year	
Net Assets Fund Balanc	20	Total assets (art X, line 16)			169,852.	187,167.
A A	21	Total liabilities	(Part X, line 26)				
Ş	22	Net assets or	und balances Subtract line 21 from line 20			169,852.	187,167.
Pa	rt II	Signatur	Block				
Unde	er penal	Ities of perjury, I dec	re that I have examined this return, including accompanying schedules and statements, and to (other than officer) is based on all information of which preparer has any knowledge	the bes	st of my know	edge and belief, it is	rue, correct, and
Comp	Jiele D	eciaration of prepar	(other than officer) is based on all mormation of which preparer has any knowledge				
		Signatu	of officer	ľ		11/16	2015
Sig		Signatu					
He	re	MA	RIA KEBECA WUINDNEZ-				
_							
Pa			Montemayor III				
	epar	-1.4	Montemayor Hill Bricton &				
US	e Or	11y Firm's addre					
			Austin				
Ma	the I	IRS discuss thi	return with the preparer shown above? (see instru				

Form 990 (2014) La Cruz			20-8448	752 Page 2
 _	Program Service Ac	•		_
		note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·	
Briefly describe the organization				
Dedicated to do	· =			
		tural and protected for	orest of South	
See Form 990, Page 2, Pa	rt III, Line 1 (continued)			
2 D. H.	4-1			
_		ram services during the year which w		7 v [7] v
		<i></i>		Yes X No
If 'Yes,' describe these nev) v [] v
		nificant changes in how it conducts,	any program services?	Yes X No
If 'Yes,' describe these cha	-			
Section 501(c)(3) and 501(and revenue, if any, for each	(c)(4) organizations are re	equired to report the amount of grant	st program services, as measured by s and allocations to others, the total e	expenses,
4 a (Code) (Exp	enses \$ 255,	911, including grants of \$	0.)(Revenue \$	0.)
			the past year (during 2	
			Forests for Monarch's	
		anted with local peopl		
			rees planted for mona:	 rch
		e erosion control and		
		e planted around the N		
			the area around Lake	
		can, Mexico. These nev		
		res) this year. Since		
			d its Mexican partner	-
See Form 990, Page 2, Pa				
000 10111 0001 1 age 2,1 c	in in, Line 4a (continued)			
4 b (Code) (Exp	enses \$	including grants of \$) (Revenue \$)
	·			· · · · · · · · · · · · · · · · · · ·
				- <i>-</i>
				-
				
				
				
				
4c (Code) (Exp	enses \$	including grants of \$) (Revenue \$)
				·
				
				-
				- -
	- 			
4 d Other program services (I	Describe in Schedule ()			
(Expenses \$		g grants of \$) (Revenue \$)
4 e Total program service exp		255,911.		
BAA		TEEA0102 05/28/14		Form 990 (2014)

<u>. u</u>	· · ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		х
4	Section 501(c)(3) organizations. 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	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5_		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	88		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	£, .,	74.00g	1
á	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
ı	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
(Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
(Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f		х
12 8	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
ı	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	complete Schedule G, Part III	19		x
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> 'Yes,' complete Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		9 F	. 4
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	of 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Check if Schedule O contains a response or note to any line in this Part V			يلن
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	-	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 0		_	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	_	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a 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)?	4 a		х
b If 'Yes,' enter the name of the foreign country ▶			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		-	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		L
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	-	\bar{x}
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.		X
Form 8282?	7 c		- ^
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	$\stackrel{\cdot\cdot\cdot}{-}$		<u> </u>
as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	- 1		-
organization have excess business holdings at any time during the year?	8	 _	
9 Sponsoring organizations maintaining donor advised funds.	-		
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	 	-
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b		i	
11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them).	}		ł
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			_
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		<u> </u>
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	_		1
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		l

Par	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	ın		
	Check if Schedule O contains a response or note to any line in this Part VI	<u>.</u>		. X
<u>Sec</u>	tion A. Governing Body and Management			
1 a	Enter the number of voting members of the governing body at the end of the tax year	5	Yes	No
		5		
2	officer, director, trustee, or key employee?	2		X
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents			v
_	since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	6		X
/ a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		x
	• • •	/ a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	ļ		
	The governing body?	8 a	Х	
b	Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.	,
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10 a		Х
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b	_	
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	×	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15 a		X
b	Other officers or key employees of the organization	15 b		Х
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		-
Sec	tion C. Disclosure			•
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply	avaılal	– – – ole	
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available public during the tax year	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records	_		_
	M. Rebeca Quinonez-Pinon 5405 Jessica Lane Austin TX 78727 (512)		
BAA	TEEA0106 11/13/14	Form	1990 (2014)

Form 990 (2014) La Cruz Habitat Protect									20-84487	
Part VII Compensation of Officers, Director Independent Contractors	rs, Tru	stee	es,	Ke	y Eı	mple	oye	es, Highest C	ompensated Er	nployees, and —
Check if Schedule O contains a response or no	ote to an	y line	e in t	this l	Part	VII .				
Section A. Officers, Directors, Trustees, Key	y Emp	loye	es,	, an	nd F	ligh	est	Compensate	d Employees	
 1 a Complete this table for all persons required to be listed. organization's tax year List all of the organization's current officers, directors compensation Enter -0- in columns (D), (E), and (F) if no columns (D). 	trustee	s (wi	heth	er in	ndivid			,		
 List all of the organization's current key employees, i 	fany Se	e ins	struc	tion	s for	defir	nitio	n of 'key employee	• *	
 List the organization's five current highest compensation (Box 5 of Form W-2 organization and any related organizations 										
 List all of the organization's former officers, key empl of reportable compensation from the organization and any r 	oyees, a elated o	ınd h rganı	ighe izatio	st co	omp	ensa	ted	employees who re	ceived more than \$1	00,000
 List all of the organization's former directors or trus organization, more than \$10,000 of reportable compensation 										
List persons in the following order individual trustees or directly employees, and former such persons	ectors, ir	stitu	tiona	al tru	ustee	es, of	ficer	rs, key employees,	highest compensate	ed
Check this box if neither the organization nor any relate	d organi	zatıo	n co	mpe	ensa	ted a	ny c	current officer, dire	ctor, or trustee	
				(C))					
(A) Name and Title	(B) Average hours	than	one s both dir	on (do not check more ne box, unless person oth an officer and a Re director/trustee) compe		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	week	or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Deborah Gangloff President of Board	4.00	Х		X			•	0.	0.1	0.
(2) Edward Rashin Treasurer, Board	2.50	х		Х				0.	0.	0.
(3) Cecelia S Sıll Vıce-President	2.00	х		х				0.	0.	0.
	2.00	Х		Х				0.	0.	0.
(F)	0.56	+	\vdash	\vdash	+-	 	1	 -		

BAA

Part VII Section A. Officers, Directors, Trus		Key	En			es,	and	d Highest Con	pensated Emp	loyees	(conti	nued)
· (A)	(B) Average (do not box, unl		Position (D) (E)			(F) Estimated						
Name and title	per week	or director	cer a	Officer	Key employee	Highest compensated employee	ee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amoui comp fro orga and	imated int of othe ensation m the nization related nizations	1
<u>(15)</u>												
(16)												
(17)	 -											
(18)											-	
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total							>	25,000.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							>	25,000.	0.		100	0
2 Total number of individuals (including but not limited from the organization ►	to tnose	listed	abo	ove	wno	rece	eive	a more than \$100,	000 of reportable cor	препзас		
3 Did the organization list any former officer, director,						a. b.	-ba	at componented or	nnlovoo		Yes	No
on line 1a? If 'Yes,' complete Schedule J for such ind	lıvıdual		٠.	•	• •					3		Х
4 For any individual listed on line 1a, is the sum of reporting organization and related organizations greater the such individual	an \$150.	.0007) If '\	res'	con	plete	Sc	hedule J for		. 4		<u></u>
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpensat mplete S	tion fr	rom dule	any <i>J fo</i>	unre r <i>su</i> e	elated ch pe	d org	ganization or indivi	dual 	. 5		X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	d indepe	ender	nt co	ntra	ctor	s that	rec	ceived more than \$	100,000 of			
compensation from the organization Report compen	sation fo	r the	cale	enda	r ye	ar en	dıng	g with or within the	organization's tax ye		C)	
(A) Name and business addres	ss		_					Description (Compe		n
Total number of independent contractors (including by	ut not le	mut o d	to 1	hoss) liet	od at	2011	a) who received mo	ore than			
\$100,000 of compensation from the organization	>	TECA								Form	990 /	2014

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . (A) Total revenue (C) (D) (B) Related or Unrelated Revenue business excluded from tax exempt under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1 b **b** Membership dues 1 c c Fundraising events d Related organizations 1 d e Government grants (contributions) . . 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 312,674 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Program Service Revenue **Business Code** f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest and 0 198 198 Income from investment of tax-exempt bond proceeds . . . Royalties..... (ı) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) . . (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses . . . c Gain or (loss) d Net gain or (loss). 8 a Gross income from fundraising events Other Revenue (not including: \$ of contributions reported on line 1c) See Part IV, line 18. b Less. direct expenses c Net income or (loss) from fundraising events ▶ 9 a Gross income from gaming activities. **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 198

Total revenue. See instructions

312,872

0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organizations must complete column (A)	
Check if Schedule O contains a response or note to a	any line in this Part IX	

Do r 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·	<u> </u>	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors,				
6	trustees, and key employees				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)		-		
	Management	25,000.	2,500.	2,500.	20,000.
b	Legal				
С	Accounting	5,750.	0.	5,750.	0.
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
-	Investment management fees				
	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion	253,839.	252,189.	1,375.	275.
13	Office expenses	1 700	0.	1,788.	0.
14	Information technology	1,788.		1,700.	<u></u>
15	Royalties				
16	Occupancy				
17	Travel	6,429.	1,222.	3,600.	1,607.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0,429.	1,222	3,000.	1,001.
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		_ 		
23 24	Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Public Outreach	2,751.	_0.	0.	2,751.
b					
d	,				
	All other expenses				
	Total functional expenses. Add lines 1 through 24e.	295,557.	255,911.	15,013.	24,633.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here	233,331.	233,311.	13,013.	23,033.
	SOP 98-2 (ASC 958-720)				F 000 (0044)

		Check if Schedule O contains a response or note to any line in this Part X	<u></u> . <u></u>		<u></u>
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	93,547.	1	89,962.
	2	Savings and temporary cash investments	76,305.	2	97,205.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ţ2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	.	Less accumulated depreciation 10b		10 c	
	11	Investments – publicly traded securities		11	
		Investments – other securities. See Part IV, line 11		12	
	12	Investments – program-related See Part IV, line 11		13	
	13	Intangible assets			
	14	Other assets. See Part IV, line 11		14	
	15	-		15	
\dashv	16	Total assets. Add lines 1 through 15 (must equal line 34)	169,852.	16	187,167.
	17 18	Grants payable		17 18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
0	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
.		- · · · · · · · · · · · · · · · · · · ·		41	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
7	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
_	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
8 8		lines 27 through 29, and lines 33 and 34.	_		
Ě	27	Unrestricted net assets	169,852.	27	187,167.
<u>ğ</u>	28	Temporarily restricted net assets		28	
7	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds		30	,
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
A S	32	Retained earnings, endowment, accumulated income, or other funds		32	
t l	33	Total net assets or fund balances	169,852.	33	187,167.
Ž	34	Total liabilities and net assets/fund balances	169,852.	34	187,167.

Form	1990 (2014) La Cruz Habitat Protection Project, Inc. 20-8	8448752		Pa	ige 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		<u>.]</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	31	.2,8	372.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29	5,5	5 <u>7.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		7,3	315.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16	59,8	352 <u>.</u>
5	Net unrealized gains (losses) on investments	5			_
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18	37,1	67.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. \square
	Check is contound a companie of note to any line in the Cart Air Air			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both				}
	Separate basis Consolidated basis Both consolidated and separate basis				
ı	were the organization's financial statements audited by an independent accountant?		2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				1
	basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis		1		
			-		
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audireview, or compilation of its financial statements and selection of an independent accountant?	ι,	2 c		X_
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
Į	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required at	ıdıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		<u> </u>
BAA			Form	990 ((2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Schedule A (Form 990 or 990-EZ) 2014

a.	Cri	ız Habitat Protectı	on Project. I	nc.			20-844875	2
Pari		Reason for Public Cha			mplete	this p		
		nization is not a private foundati					<u>,,</u>	
1								
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
3	H	A hospital or a cooperative hos			170(b)(1)(A)(iii)		
4	H	A medical research organization	-					ne hospital's
	ш	name, city, and state	,				· · · · · · · · · · · · · · · · · · ·	•
5		An organization operated for the 170(b)(1)(A)(iv). (Complete P		or university owned or op	perated b	y a gov	ernmental unit described	in section
6	П	A federal, state, or local govern	•	l unit described in section	n 170(b)(1)(A)(v	<i>(</i>).	
7	X	An organization that normally rin section 170(b)(1)(A)(vi). (0		part of its support from a	governn	nental ur	nit or from the general pu	iblic described
8		A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II)				
9		An organization that normally r from activities related to its exe investment income and unrelated June 30, 1975 See section 56	empt functions – subje ted business taxable in	ct to certain exceptions, icome (less section 511	and (2) i	no more	than 33-1/3% of its supp	ort from gross
10		An organization organized and	l operated exclusively t	to test for public safety S	See sect	ion 509	(a)(4).	
11		An organization organized and or more publicly supported org lines 11a through 11d that des	ianizations described ir	n section 509(a)(1) or se	ection 50	09(a)(2).	See section 509(a)(3).	
а		Type I. A supporting organization(s) the power to recomplete Part IV. Sections A	ion operated, supervisequiarly appoint or elec	ed, or controlled by its si	upported	organiz	ation(s), typically by givil	ng the supported tion. You must
b		Type II. A supporting organiza management of the supporting must complete Part IV. Secti	organization vested in	trolled in connection with the same persons that	its supp control o	orted or r manag	ganization(s), by having le the supported organiz	control or ation(s) You
С		Type III functionally integrate organization(s) (see instruction	ed. A supporting organis) You must comple	nization operated in conn te Part IV, Sections A,	ection w D, and E	ith, and	functionally integrated w	ith, its supported
d		Type III non-functionally inte functionally integrated The org instructions) You must comp	ganization generally mi	ust satisfy a distribution r	connecti equirem	on with i ent and	its supported organizatio an attentiveness require	n(s) that is not ment (see
е		Check this box if the organizat integrated, or Type III non-fund	ion received a written o	determination from the IF	RS that is	з а Туре	I, Type II, Type III functi	onally
f	En	ter the number of supported org						
g	Pro	ovide the following information a	- about the supported or	ganızatıon(s)				<u> </u>
	•	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is organization in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				18	Yes	No		
<u>A)</u>				···································				
B)								·
C)								
D)					 		 	
E)								
otal								

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

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.)

Sec	tion A. Public Support						
Cale: begir	ndar year (or fiscal year nning 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')	258,950.	292,119.	119,680.	362,461.	312,674.	1,345,884.
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	258,950.	292,119.	119,680.	362,461.	312,674.	1,345,884.
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						1,345,884.
<u>Sec</u>	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	258,950.	292,119.	119,680.	362,461.	312,674.	1,345,884.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				805.	_198.	1,003.
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						1,346,887.
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	top here					▶ 🔲
Sec	tion C. Computation of Pu	blic Support F	ercentage				
14	Public support percentage for 201	4 (line 6, column (f) divided by line 11	, column (f))		14	99.93%
	Public support percentage from 20						
	33-1/3% support test — 2014. If and stop here. The organization of	jualifies as a public	ly supported orgai	nization			▶ X
b	33-1/3% support test — 2013. If t and stop here. The organization of	he organization did qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a nization	and line 15 is 33-1/	3% or more, chec	k this box
17 a	7 a 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
	or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organiz	ation did not checl	k a box on line 13,	16a, 16b, 17a, or			
BAA					Sc	hedule A (Form 99	90 or 990-EZ) 2014

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)

Sec	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·					
	dar year (or fiscal yr 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 reax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
6	Total. Add lines 1 through 5						
	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						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)				-		
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
c	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)						
	Total support. (Add lines 9, 10c, 11 and 12)						
	First five years. If the Form 990 is organization, check this box and s	top here	· · · · · · · · ·	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ □
	tion C. Computation of Pu						
15	Public support percentage for 201						*
16	Public support percentage from 20				<u></u>	16	\ <u></u>
Sec	tion D. Computation of Inv						
17	Investment income percentage for						- %
18	Investment income percentage fro	m 2013 Schedule	A, Part III, line 17			18	8
	33-1/3% support tests — 2014. If is not more than 33-1/3%, check to	his box and stop h	ere. The organiza	tion qualifies as a i	publicly supported (organization	• 📙
	b 33-1/3% support tests – 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						

La Cruz Habitat Protection Project, Inc. 20-8448752

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.)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		163	
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)	2		
3 :	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
ı	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	3b		
(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	3c		
4 8	a 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	4a		
	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	4b	_	
(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	4c		
5 8	a 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)	- 5a	-	
ı	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?	5b	_	
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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	6		_
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)	7		
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)	8		
9 ;	a 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	9a		
ı	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	9b		
•	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	9c		_
10 :	a 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	10a		_
ı	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine	10Ь	<u> </u>	

Pa	rt IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	 11a		
	b A family member of a person described in (a) above?	11b		_
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
	etion B. Type I Supporting Organizations	110		
<u> </u>	Cition B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	. 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? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		-
Sec	ction C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	- •	_
Sec	ction 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?	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 Part VI 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 Part VI the role the organization's supported organizations played in this regard	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
	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 instruction).	ons)		
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		-
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	-	-
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
	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	3b		-
	Schedule & (Form 990	or go	0-F7)	2014

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	dule A (Form 990 or 990-EZ) 2014 La Cruz Habitat Protection Proj			48752	Page 6
Par					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	Novemi tions A	ber 20, 1970. See instru Athrough E	uctions. All	
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current (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			
	tion B — Minimum Asset Amount	1.	(A) Prior Year	(B) Current (optional	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)				
а	Average monthly value of securities	1 a			
b	Average monthly cash balances	1 b			
С	Fair market value of other non-exempt-use assets	1 c			
d	Total (add lines 1a, 1b, and 1c)	1 d			
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			
Sec	tion C — Distributable Amount			Current Ye	ear
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-integrate (see instructions)	d Type			
BAA	 		Schedule A (Fo	orm 990 or 990-E	Z) 2014

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiz	ations (continued)	
Sec	tion D → Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es		
2	Arhounts paid to perform activity that directly furthers exempt purposes on excess of income from activity	of supported organizati	ons,	
3	Administrative expenses paid to accomplish exempt purposes of suppor	ted organizations		
4	Amounts paid to acquire exempt-use assets	<u>.</u> <u></u>		
5	Qualified set-aside amounts (prior IRS approval required)	<u> </u>		
6_	Other distributions (describe in Part VI) See instructions	<u></u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the organization Part VI) See instructions	on is responsive (provi	de details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u></u>	<u> </u>	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) 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			
a	1			<u> </u>
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)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount	. <u></u>	<u> </u>	
c	Remainder Subtract lines 4a and 4b from 4		ļ. — —	-
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	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				
d	Excess from 2013			
	Excess from 2014			

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Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Pt VI, Line 12c

► 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.

Name of the organization Employer identification number 20-8448752 La Cruz Habitat Protection Project, Inc. Pdf files of Form 990 are emailed to Board Members prior to filing the Pt VI, Line 11b return. Our governing documents, conflict of interest policy, and financial statements are available to the public online at guidestar.org. A link to Guidestar's report LCHPP, Inc. appears as a badge at the foot of each Pt VI, Line 19 page of our website. Potential conflict of interests are discussed and monitored at regular board meetings. In addition, these discussions are documented.