

Florida Department of Environmental Protection

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

Citizen Support Organization (CSO) Name: Friends of Highlands Hammock State Park, Inc.

Mailing Address: P.O. Box 403, Sebring, FL 33871

Telephone Number: <u>863-386-6099</u> Website Address (if applicable): <u>n/a</u>

Statutory Authority:

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

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

Brief Description of the CSO's Mission:

The mission of FHHSP, Inc. CSO is to raise money to support Highlands Hammock State Park

Brief Description of the CSO's Results Obtained:

During the current fiscal year the FHHSP, Inc CSO money was used to purchase equipment, assist with equipment repairs on existing equipment and purchase fuel for the equipment, all of which provided needed and necessary assistance for the rangers to maintain the park in a timely and efficient manner.

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

FHHSP, Inc.'s plans for the next three fiscal years is to continue to provide financial assistance to support HHSP in areas of need and well as to help with volunteer hours. Enclosed are the plans for the next fiscal year as discussed with the park manager Brian Pinson.

x Copy of the CSO's Code of Ethics attached (Model provided; see CSO 2014 instructions)

x Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement



The Friends of Highlands Hammock State Park 5931 Hammock Road Sebring, Fl. 33872 (863) 386-6094

Highlands Hammock Citizens Support Organization 2014-2015 Board of Directors

Mike Jarvis, President Janet Magee, Vice President Bill Dailey, Secretary Arin Morton, Treasurer Park Manager, Brian Pinson Asst. Park Manager, Charlie Brown

Friends of Highlands Hammock State Park, Inc. Code of Ethics

PREAMBLE

(1) It is essential to the proper conduct and operation of

Friends of Highlands Hammock State Park, Inc. (herein known as CSO) that

Its board members, officers and employees be independent and impartial

And that their position not be used for private gain. Therefore, the Florida

Legislature in Section 112.3251, Florida Statute (Fla. Stat.) requires that the

law protect against any conflict of interest and establish standards for the

conduct of CSO board members, officers and employees in situations

where conflicts may exist.

(2) It is hereby declared to be the policy of the state that no CSO board

member, officer or employee shall have any interest, financial or otherwise,

direct or indirect, or incur any obligation of any nature which is in substantial

conflict with the proper discharge of his or her duties for the CSO. To

implement this policy and strengthen the faith and confidence of the people

in Citizen Support Organizations, there is enacted a code of ethics setting

forth standards of conduct required of Friends of Highlands Hammock State

Park, Inc. board members, officers and employees in the performance of their

official duties.

STANDARDS

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

1. Prohibition of Solicitation or Acceptance of Gifts

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

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Priviledged Information

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

6. Post Office/Employee Restriction

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain From Voting

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

9. Failure to Observe the CSO Code of Ethics

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

			_ Short For	m			OMB No. 1545-1150
orm	99	90-EZ	Return of Organization Exen Under section 501(c), 527, or 4947(a)(1) of the Internal R	npt From			2013
				22			Open to Public
)ena	rtmen	t of the Treasur	Do not enter Social Security numbers on this v	- 2000 MD7 800 D700 0 000 0 000	AVE AND AND A CONTRACTOR		Inspection
ntern	al Re	venue Service	Information about Form 990-EZ and its instru-				mopoonon
			dar year, or tax year beginnin ${f g7/01/13}$, and endir	g 06/30/	14	No.4	
		applicable:	C Name of organization			D Emple	oyer identification number
_		change	FRIENDS OF HIGHLANDS HAMMOCK				2223111
	ame ch		STATE PARK, INC.				-0381257
-	iitial ret ermina		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	even and an other	hone number
		id return	5931 HAMMOCK ROAD City or town, state or province, country, and ZIP or foreign postal code				3-386-6099
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				(mmm)			0-EZ, or 990-PF).
21 A.M.		of organization		Other			
		100 To	7b, to line 9 to determine gross receipts. If gross receipts are \$200,00		tal assets		
			are \$500,000 or more, file Form 990 instead of Form 990-EZ			🕨 \$	99,324
	rt I		ue, Expenses, and Changes in Net Assets or I				s for Part I)
		Check	f the organization used Schedule O to respond to any	question in this	s Part I		
	1		gifts, grants, and similar amounts received		*****		4,950
	2	Program ser	vice revenue including government fees and contracts dues and assessments			2	
	3	Membership	dues and assessments	SEE STA	FEMENT	3	1,190
	4		ncome	CONTRACTOR AND CARE IN CONTRACTOR AND CONTRACTOR		4	35
	5a	Gross amou	nt from sale of assets other than inventory	5a	and the second second		
	b	Less: cost o	r other basis and sales expenses	5b			
	С		from sale of assets other than inventory (Subtract line 5b from line 5a)			<u>5</u> c	
	6		fundraising events				
,	а		ne from gaming (attach Schedule G if greater than				
	h		o from fundraising avents (ast instudie®		Hama	_	
	b		e from fundraising events (not includin <mark>ǥ</mark> s sing events reported on line 1) (attach Schedule G if the	of contribu	uons		
2			gross income and contributions exceeds \$15,000)	6b	91,0	12	
	С	Less direct	expenses from gaming and fundraising events	- 6c	27,3		
	d		or (loss) from gaming and fundraising events (add lines 6a ar	a la			
						6d	63,704
	7a	Gross sales	of inventory, less returns and allowances	7a			
	b	Less: cost o	f goods sold	7b			
	с		or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other reven	ue (describe in Schedule O)				2,137
\perp	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	72,016
	10	Grants and s	similar amounts paid (list in Schedule O)			10	
	11	Benefits paid	d to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits				
	13	Professional	fees and other payments to independent contractors			13	- 115
6	14	Occupancy,	rent, utilities, and maintenance			14	2,100
	15	Printing, pub	lications, postage, and shipping			15	20
	16	Other expen	ses (describe in Schedule O)	*****	* * * * * * * * * * * * * * * * * *	16	77,302
+	17	Freese and	ses. Add lines 10 through 16		·····	► 17	79,422
	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)	(much =		18	-7,406
	19		r fund balances at beginning of year (from line 27, column (A figure reported on prior year's return)	50 A (T) (40	60 510
	20		es in net assets or fund balances (explain in Schedule O)			19	69,519
	20	other chang	es in her assets of fund balances (explain in Schedule O)	*****			<u> </u>
0	21	Net accote o	r fund balances at end of year. Combine lines 18 through 20			21	62,113

Form 990-EZ (2013) FRIENDS OF HIGHLAND	S HAMMOCK		65-03	81257		Page 2
Part II Balance Sheets (see the instructions fo					1.10	
Check if the organization used Schedule C	D to respond to a	any question i	n this Pa	nt II		Х
		ļ	(A) Beg	inning of year		(B) End of year
22 Cash, savings, and investments				69,519	22	62,136
23 Land and buildings				0	23	
24 Other assets (describe in Schedule O)				0	24	
25 I OTAL ASSETS				69,519	25	62,136
26 Total liabilities (describe in Schedule O)			_	0	26	23
27 Net assets or fund balances (line 27 of column (B) must	agree with line 21)		69,519	27	62,113
Part III Statement of Program Service Acco	omplishments	(see the inst	ructions	for Part III)		Expenses
Check if the organization used Schedule C) to respond to a	any question i	n this Pa	rt III 🕱		equired for section
What is the organization's primary exempt purpose?					501	l(c)(3) and 501(c)(4)
SEE SCHEDULE O					org	anizations and section
Describe the organization's program service accomplishments					494	17(a)(1) trusts; optional
as measured by expenses. In a clear and concise manner, des		provided, the r	number of		for	others.)
persons benefited, and other relevant information for each prog	gram title.					
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29						
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30						
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(Grants\$) If this amount includes	s foreign grants, cl	heck here	·····	🕨 🔲	30a	
31 Other program services (describe in Schedule O)					1000	
(Grants\$) If this amount includes	s foreign grants, cl	neck here			31a	
32 Total program service expenses (add lines 28a through 3 Part IV List of Officers, Directors, Trustees, and Key	31a)				32	79,113
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re	Employees (list	each one even	if not con	npensated — se	e the i	nstructions for Part
Check in the organization used Schedule O to re	(b) Average	(c) Report			efits	<u>,</u>
(a) Name and title	hours per week	compensa	ation 99-MISC)	contributions to e	mployee	e (e) Estimated amount of other compensation
	devoted to position	(if not paid, e	nter -0-)	deferred comper	nsation	other compensation
CHET BROJEK						
BOARD MEMBER	2.00		0		C	0
ARIN MORTON						
BOARD MEMBER	1.50		0		C	0
GREIG DRURY						
BOARD MEMBER	1.00		0		C	0
RONALD C SMITH						
BOARD MEMBER	1.00		0		C	0
BILL DAILEY						
BOARD MEMBER	1.00		0		C	0
DARREL SMITH						
TREASURER	8.50		0		C	0
JANET MAGEE						
VICE-PRESIDENT	3.00		0		C	0
JULIE CREED						
BOARD MEMBER	0.50		0		C	0
MIKE JARVIS						
PRESIDENT	5.50		0		0	0
LOIS BROWN						
HONORARY/LIFETIME	1.00		0		0	0
WILLIAM BOYD			Ŭ			
BOARD MEMBER	1.00		0		0	0
BARBARA WADE						0
BOARD MEMBER	0.00		0		0	0
DAA						Form 990-F7 (2013)

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22	Cash, savings, and investments			0	23	
23	Land and buildings		****	0	24	
24	Other assets (describe in Schedule O)			0		0
	Total assets				25	0
26	Total liabilities (describe in Schedule O)			0	26	0
	Net assets or fund balances (line 27 of column (B) must a				27	0
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Pa	prm 990-EZ (2013) FRIENDS OF HIGHLANDS HAMMOC	<u>K 65-0381257</u>		۲	Page
	Part V Other Information (Note the Schedule A and persona instructions for Part V) Check if the organization used Sc	I benefit contract statement requirements in hedule O to respond to any question in this	the Part V		
				Yes	No
33	3 Did the organization engage in any significant activity not previously repo	rted to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O		33		X
34	4 Were any significant changes made to the organizing or governing docum	nents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization	on's name. Otherwise, explain the	1 - 1 - T		
	change on Schedule O (see instructions)	5 51 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	34		X
35a		nore during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?		35a		X
b	b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?	If "No." provide an explanation in Schedule O	35b		
С	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization	tion subject to section 6033(e) notice			
	reporting, and proxy tax requirements during the year? If "Yes," complete	Schedule C. Part III	35c	100	x
36		afficant disposition of net assets			47
	during the year? If "Yes," complete applicable parts of Schedule N		36	1.1	v
7a	a Enter amount of political expenditures, direct or indirect, as described in the		30		X
b	h Did the ergenization file Form 1120 DOL for this word?				
88a			<u>37b</u>		X
od	generation and any round to, any one of, and	or, trustee, or key employee or were		10	-
81255	any such loans made in a prior year and still outstanding at the end of the	tax year covered by this return?	38a		X
Ø	b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
9					
а		<u>39a</u>			
		39b			
0a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the orga	nization during the year under:			
	section 4911 ▶; section 4912 ▶	; section 4955 ►			
b		e in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transacti				
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Sche	dule L. Part I	40b		x
С	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax impos	ed on			
	organization managers or disqualified persons during the year under section				
	1055				
d	 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 	40-			
ч	reimbursed by the organization	400			
е	e All organizations. At any time during the tax year, was the organization a	party to a prohibited tax shelter			-
	 All organizations. At any time during the tax year, was the organization a p transaction? If "Yes," complete Form 8886-T 	party to a prohibited tax shelter			x
1	e All organizations. At any time during the tax year, was the organization a p transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ NONE	party to a prohibited tax shelter			
1	 All organizations. At any time during the tax year, was the organization a partransaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ NONE The organization's books are in care of ▶ ARIN MORTON 	party to a prohibited tax shelter		2-1	
1	 All organizations. At any time during the tax year, was the organization a particular transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ NONE The organization's books are in care of ▶ ARIN MORTON 140 S COMMERCE AVE 	party to a prohibited tax shelter Telephone no. ► €	863-38	2-1	
1 2a	 All organizations. At any time during the tax year, was the organization a p transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ NONE The organization's books are in care of ▶ ARIN MORTON 140 S COMMERCE AVE Located at ▶ SEBRING 	Telephone no. ► FL ZIP + 4 ►	863-38	2-1	
1 2a b	 All organizations. At any time during the tax year, was the organization a p transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ NONE The organization's books are in care of ▶ ARIN MORTON 140 S COMMERCE AVE Located at ▶ SEBRING At any time during the calendar year, did the organization have an interes 	EL ZIP + 4 ►	363-38 33870	2-1 Yes	15
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1 2a b c 3 4a b c d	 All organizations. At any time during the tax year, was the organization a paraset transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ NONE The organization's books are in care of ▶ ARIN MORTON 140 S COMMERCE AVE Located at ▶ SEBRING At any time during the calendar year, did the organization have an interest a financial account in a foreign country (such as a bank account, securities If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F and Financial Accounts. At any time during the calendar year, did the organization maintain an office If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F and Financial Accounts. At any time during the calendar year, did the organization maintain an office If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu and enter the amount of tax-exempt interest received or accrued during the completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services dur If "Yes" to line 44c, has the organization filed a Form 720 to report these p explanation in Schedule O 	Telephone no. ► FL ZIP + 4 ► tin or a signature or other authority over s account, or other financial account)? 90-22.1, Report of Foreign Bank ce outside the U.S.? of Form 1041 — Check here e tax year ► 43 "Yes," Form 990 must be ? If "Yes," Form 990 must be ing the year? ayments? If "No," provide an	363–38 33870 42b 42c 44a 44a 44b	Yes	15 <u>No</u> X ► <u>No</u> X
1 2a b c 3 4a b c d	 All organizations. At any time during the tax year, was the organization a parasection? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ NONE The organization's books are in care of ▶ ARIN MORTON 140 S COMMERCE AVE Located at ▶ SEBRING At any time during the calendar year, did the organization have an interess a financial account in a foreign country (such as a bank account, securities if "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F and Financial Accounts. At any time during the calendar year, did the organization maintain an official f"Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F and Financial Accounts. At any time during the calendar year, did the organization maintain an official f"Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu and enter the amount of tax-exempt interest received or accrued during the completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services dur for Yes" to line 44c, has the organization filed a Form 720 to report these payanation in Schedule O 	Telephone no. FL ZIP + 4 ▶ tin or a signature or other authority over s account, or other financial account)? 90-22.1, Report of Foreign Bank ce outside the U.S.? of Form 1041 — Check here e tax year *Yes," Form 990 must be ? If "Yes," Form 990 must be ing the year? ayments? If "No," provide an	363-38 33870 42b 42c 42c 44a 44b 44c 44c 44d	Yes	No X X No X X X X
1 2a b c 3 4a b c d 5a	 All organizations. At any time during the tax year, was the organization a parasection? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ NONE The organization's books are in care of ▶ ARIN MORTON 140 S COMMERCE AVE Located at ▶ SEBRING At any time during the calendar year, did the organization have an interest a financial account in a foreign country (such as a bank account, securitie: If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F and Financial Accounts. At any time during the calendar year, did the organization maintain an office If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F and Financial Accounts. At any time during the calendar year, did the organization maintain an office If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu and enter the amount of tax-exempt interest received or accrued during the completed instead of Form 990-EZ Did the organization maintain any donor advised funds during the year? If completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the 'Yes" to line 44c, has the organization filed a Form 720 to report these p explanation in Schedule O a Did the organization have a controlled entity within the meaning of section 	Telephone no. ► FL ZIP + 4 ► tin or a signature or other authority over s account, or other financial account)? 90-22.1, Report of Foreign Bank ce outside the U.S.? of Form 1041 — Check here e tax year ► 43 "Yes," Form 990 must be ? If "Yes," Form 990 must be ing the year? ayments? If "No," provide an 512(b)(13)?	363-38 33870 42b 42c 42c 44a 44b 44c 44c 44d	Yes	15' X X No X X X
1 2a b c 3 4a b c d 5a 5b	 All organizations. At any time during the tax year, was the organization a parasection? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ NONE The organization's books are in care of ▶ ARIN MORTON 140 S COMMERCE AVE Located at ▶ SEBRING At any time during the calendar year, did the organization have an interess a financial account in a foreign country (such as a bank account, securities if "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F and Financial Accounts. At any time during the calendar year, did the organization maintain an official f"Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F and Financial Accounts. At any time during the calendar year, did the organization maintain an official f"Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu and enter the amount of tax-exempt interest received or accrued during the completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services dur if "Yes" to line 44c, has the organization filed a Form 720 to report these p explanation in Schedule O a Did the organization have a controlled entity within the meaning of section 	Telephone no. ► FL ZIP + 4 ► t in or a signature or other authority over s account, or other financial account)? 90-22.1, Report of Foreign Bank ce outside the U.S.? of Form 1041 — Check here e tax year ► 43 "Yes," Form 990 must be ? If "Yes," Form 990 must be ing the year? ayments? If "No," provide an 512(b)(13)? on with a controlled entity within the	363-38 33870 42b 42c 42c 44a 44b 44c 44c 44d	Yes	115' X X No X X X X

Form	990-EZ (201	³⁾ FR	ENDS	OF	HIGHLAN	DS HZ	AMMOCK	W. N	65-03	81257		4		P	age 4
46					indirectly, in po complete Sche								46	Yes	No X
Pa	rt VI	Section 50 All section 5 50 and 51.)1(c)(3) 501(c)(3)	orga organ	nizations or izations must used Schedule	n ly answer	questions	47–49b	and 52, and	complete	the tables	for line			
47	Did the org	anization en	igage in lo	bbying	activities or ha	ve a sect	tion 501(h)	election ir	n effect during	the tax				Yes	No
40	year? If "Y	es," complet	e Schedul	e C, P	art II ed in section 170								47		X
48 49a	Did the orga	nization a sc anization m	ake anv tr	ansfer	s to an exempt r	0(D)(T)(A) pop-chari)(II) / IT Yes itable relate	, comple	ation?				48 49a		X
b	If "Yes," w	as the related	d organiza	ition a	section 527 org	anization	-						49b		45
50					's five highest c							d key			
	employees	s) who each i	received m	nore th	an \$100,000 of	compens	sation from	the organ	nization. If ther	e is none, e	enter "None	."			
h	(a) Name and	title of each	emplo	уее	hour) Average rs per week ed to positior	con	Reportable opensation V-2/1099-MISC)	contribution	th benefits, s to employe plans, and ompensatior	e		d amo pensat	
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					******	••••	111111	0.07 54 (20)	N	1 a 1		i one			
f 51	Complete	his table for	the organi	ization	over \$100,000 's five highest co anization. If the	ompensa re is non	ited indepe e, enter "No	ndent cor one."	▶ ntractors who e	each receiv	_ ed more tha	an		10	R I
	(a) 1	Name and bus	iness addre	ess of e	ach independent	contractor	r		(b) Typ	e of service		(c) (Compe	nsatior	e.
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				******					a land a same		10. La				
d	Total numb	per of other in	ndepende	nt cont	ractors each ree	ceiving o	ver \$100,00	00 🕨							
	1.55		S		A? Note. All se			anizations	and 4947(a)(1)				_	
			and the second		n a completed S					11		► X			No
					mined this return r (other than office							iy knowle	edge a	nd beli	ef, it is
Sign Here		Signature of off	icer MORT(NC					D TREASUR	^{ate} ER			-		11
		Type or print na	www.cenddo.centra.cepado							1					
Paid		Type preparer's i	name		an a	Preparer's s	signature	1.1	و و ملا او ر	Date 12/	Che 31/14 self-	ck if employed	PTIN P00	1 16631	.0
		s name 🕨	WICK			ILLI.	and in the local division in the local divis	CO.			Firm's EIN	59		638	
Use	Only Firm's	s address 🕨	140 SEBR		COMMERCE , FL 33	AVE: 870-		- 24-0			Phone no. 8	363-	382	-11	57
May	the IRS dis	cuss this retu	urn with th	e prep	arer shown abo	ve? See	instructions	s				🕨	XY	es	No

Form 990-EZ (2013)

SCHEDULE A (Form 990 or 990-EZ)		ic Charity Statu							OMB No. 1545-0047
(1 0111 990 01 990-LZ)	Complete	if the organization is a sec 4947(a)(1) nonexe	and the second			oras	ection		2013
Dependence of the Treese	나님 호난물의 나는 것	Attach to Form							Open to Public
Department of the Treasury Internal Revenue Service	Information about	t Schedule A (Form 990 or 990	D-EZ) and i			t www.i	irs.gov/	form990.	
	FRIENDS OF STATE PARK,	HIGHLANDS HAMM	OCK				Emple		fication number
Part I Reason	for Public Charit	y Status (All organizati	ons mu	st compl	lete this	s part			
The organization is not a p 1 A church, conver 2 A school describ 3 A hospital or a co 4 A medical resear city, and state: 5 5 An organization of section 170(b)(1 6 A federal, state, of described in section 170(b)(1 6 A federal, state, of described in section 170(b)(1 7 An organization of described in section 170(b)(1 8 A community true 9 X An organization of described in section 170(b)(1 10 An organization of described in section 170(b)(1 11 An organization of described in section 170(b)(1 12 An organization of described in section 170(b)(1 13 An organization of described in section 170(b)(1 14 An organization of describes from action of	rivate foundation beca intion of churches, or as ed in section 170(b)(1 poperative hospital ser- rch organization operation operated for the benefit)(A)(iv). (Complete Pa or local government or hat normally receives tion 170(b)(1)(A)(vi). (st described in section hat normally receives: ivities related to its exe- ss investment income a organization after June organized and operated or more publicly support the box that describes bType II pox, I certify that the o- tion managers and other the output of the section the output of the section bType II	use it is: (For lines 1 through ssociation of churches descri l)(A)(ii). (Attach Schedule E. vice organization described i ted in conjunction with a hosp t of a college or university ov art II.) governmental unit described a substantial part of its suppo	a 11, chec bed in se bed in se on section of section vned or op d in section ort from a Part II.) support fi ertain exce ble income a)(2). (Co c safety. S of, to perfo l in section hization an onally inte directly or	conly one ction 170 170(b)(1) ibed in se operated by on 170(b)(governme com contri ptions, ar e (less sec mplete Pa see sectio rm the fur n 509(a)(1 nd comple grated indirectly	box.) (b)(1)(A) (b)(1)(A) (c)(1)(A) (c)(1)(A)(0) (c)(1)(A)(1)(A)(1)(A)(1)(A)(1)(A)(1)(A)(1)(A)(1)(A)(1)(A)(1)(A)(1)(A)(1)(A)(1)(A)(1)(A)(1)(A)(1)(A)(1)	(i). 70(b)(1 nmenta or fror more f tax) fr)(4). f, or to ion 509 11e thr Typor more)(A)(iii) al unit of n the g ership 1 than 33 om bus carry o (a)(2). ough 1 be III–N e disqua	eneral p fees, and a 1/3% of sinesses but the See set 1h. on-funct alified pe	he hospital's name, d in ublic d gross f its c tion ionally integrated rsons
		termination from the IRS tha	t it is a Ty	ре I, Туре	e II, or Ty	pe III s	upport	ing	
following persons (i) A person who (iii) below, th (ii) A family men (iii) A 35% contro	2006, has the organiz s? o directly or indirectly o e governing body of th ober of a person descr olled entity of a person	described in (i) or (ii) above	ther with p			in (ii) a	ind		Yes No
h Provide the follow	ving information about	the supported organization	s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section	in col. (i)	organization isted in your document?	(v) Did yo the organi col. (i) o suppo	zation in of your	organizat (i) organi	Is the tion in col. ized in the S.?	(vii) Amount of monetary support
-		(see instructions))	Yes	No	Yes	No	Yes	No	
(A)	1.1.1.1010-2	in the second second					1		
(B)	or all the second s		-						
(C)									
(D)									
(E)			-						
Total	Mine Set								

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

Sch	edule A (Form 990 or 990-EZ) 2013 FR.	IENDS OF	HIGHLANDS	HAMMOCK	65	-0381257	Page 2
	art II Support Schedule for (Organizations	Described in	Sections 17	0(b)(1)(A)(iv)	and 170(b)(1)(A	4)(vi)
	(Complete only if you ch						ualify under
-	Part III. If the organization	on fails to quali	fy under the te	ests listed belo	ow, please cor	nplete Part III.)	
	ction A. Public Support	1					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1.4.544	L Tiyay	2 - <u>2</u>		n anta. Caracteria	8 jed
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				1.3.1 R. 172 eq		
3	The value of services or facilities furnished by a governmental unit to the organization without charge	na na santa n	-				
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	mada bahirin Kabu dangan	alar Maria Bada ar parti da Maria ar parti da Maria		nga hanasatu A Tana Kang Matu A Artig Tahu Matang		
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4 101 11 10 450 114 - 5 10 10 10 10 10			10-11-11		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	a baye Davis a diam'n	ا دینی کی دی۔ الد ال دارید		ا پرد از افغان به میرکد	n di Sang Sang Sang Sang Sang Sang Sang Sang Sang	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		1212451		-7.12-11		
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, et	c. (see instructions	5)			12	
13	First five years. If the Form 990 is for the	ne organization's f	irst, second, third	, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop h						
	ction C. Computation of Public						
	Public support percentage for 2013 (line			lumn (f))			%
15	Public support percentage from 2012 So				4 1- 00 4/00/		%
16a	33 1/3% support test—2013. If the org						
b	box and stop here. The organization qu 33 1/3% support test—2012. If the org						
U	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test-2						····· •
114	10% or more, and if the organization me						
	Part IV how the organization meets the				-		
	organization						
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organization Explain in Part IV how the organization	meets the "facts-a	nd-circumstances	" test. The organ	ization qualifies a	s a publicly	
40							P L
18	Private foundation. If the organization instructions			NUMBER OF STREET, STREE			> [

Schedule A (Form 990 or 990-EZ) 2013 FRIENDS OF HIGHLANDS HAMMOCK 65-0381257 Page 3

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			a selent, prede	e complete i a		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,436	8,813	9,753	13,820	6,140	43,962
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	54,524	69,304	70,736	72,544	94,374	361,482
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge					11,661	11,661
6	Total. Add lines 1 through 5	59,960	78,117	80,489	86,364	112,175	417,105
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
Soc	line 6.) tion B. Total Support						417,105
	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(0) 2012	(6) Total
9	Amounts from line 6	59,960	78,117	80,489	86,364	(e) 2013 112,175	(f) Total
10a		55,900	78,117	80,489	80,304	112,175	417,105
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	121	97	64	100	35	417
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	121	97	64	100	35	417
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 IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	60,081	78,214	80,553	86,464	112,210	417,522
14	First five years. If the Form 990 is for the	e organization's fir	st, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
Sac	organization, check this box and stop he tion C. Computation of Public S	re upport Porco				*****	🕨 🗋
15	Public support percentage for 2013 (line 8	apport Fercer	ntage	(f))		15	00.00%
16	Public support percentage from 2012 Sch	edule A Part III I	ine 15				99.90 % 99.85 %
	tion D. Computation of Investme	ent Income Pe	ercentage				99.85 /0
17	Investment income percentage for 2013 (13, column (f))		17	%
18	Investment income percentage from 2012	2 Schedule A, Par	t III, line 17			18	%
19a	33 1/3% support tests-2013. If the orga	anization did not c	heck the box on I	ine 14, and line 1	5 is more than 33	1/3%, and line	
	17 is not more than 33 1/3%, check this b						▶ 🛛
b	33 1/3% support tests-2012. If the orga	anization did not c	heck a box on lin	e 14 or line 19a, a	and line 16 is more	e than 33 1/3%, an	
	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization di	id not check a box	on line 14, 19a, 0	or 19b, check this	box and see instr	ructions	▶ □

Schedule A (Form 990 or 990-EZ) 2013 FRIENDS	OF HIGH	LANDS	HAMMOCK	65-0381257	Page 4
Part IV	Supplemental	I Information. Pr	ovide the exp	lanations r	required by Pa	art II, line 10; Part II, line 17a . (See instructions).	a or 17b; and
		. Also complete t	nis part for ar	ly addition	armornation		
						10	

						Read and a second	
							inte letter 4
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			and the second s	and the second se	the second s		

SCHEDULE G Supplemental Inform				Iraising or Gami		OMB No. 1545-0047
organi	ization entered more t	han \$15,	000 on		, or if the	2013
Department of the Treasury Internal Revenue Service Information about Scl	Attach to Fo nedule G (Form 990 or			990-EZ. instructions is at www.irs.	gov/form990.	Open to Public Inspection
ame of the organization FRIENDS OF HIGHLA STATE PARK, INC.	ANDS HAMM	OCK			Employer identific 65-03812	ation number
Part I Fundraising Activities. Complete Form 990-EZ filers are not require	e if the organiz	ation	ansv	vered "Yes" to Fo	orm 990, Part IV,	line 17.
 Indicate whether the organization raised funds through the organization raised funds the organization r				es. Check all that ann	lv	
a Mail solicitations				vernment grants		
b Internet and email solicitations			1.000 C	nent grants		
c Phone solicitations	g Special fu	(T)				
d In-person solicitations	g 🖂 opeoidi ie	maraio	ing ov	0110		
2a Did the organization have a written or oral agreemen	et i delle socia de de da					
 bit the organization have a written of oral agreement or key employees listed in Form 990, Part VII) or end b If "Yes," list the ten highest paid individuals or entitie compensated at least \$5,000 by the organization. 	tity in connection v	with pro	ofessi	onal fundraising servi	ces?	be Yes N
	1	(iii) Di	d fund- have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custo contr	dy or	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization
		Yes	No			
1						· · · · · ·
2				8 <u>5</u> .0.14		
3	10.0397					
4						
-						
3						and the second second
					4	
					⁴	
)						
otal						
3 List all states in which the organization is registered or registration or licensing.		cit cont	ributio	ns or has been notifi	ed it is exempt from	I
		 			·····	
	*******	· · · · · · · · · · ·		*****	*******	************************

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-	events with gr	(a) Event #1	(b) Event #2	(c) Other events	
	 A state of the sta				(d) Total events
		TURKEY TROT/HIG (event type)	FIREWOOD (event type)	(total number)	(add col. (a) through col. (c))
Revenue	and the state of the second		(01011(1)00)	(total homeory	
Reve	1 Gross receipts	21,018	18,553	44,206	83,777
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	21,018	18,553	44,206	83,777
		21,010	10,000		05,111
	4 Cash prizes				- 15 N 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	5 Noncash prizes		n pa fer un nu en per esperangés Terres de la companya		
ses	6 Rent/facility costs				
Expen	7 Food and beverages				
Direct Expenses	8 Entertainment				
		8,032		15,513	23,545
	9 Other direct expenses	0,002			
	9 Other direct expenses				
	10 Direct expense summary	. Add lines 4 through 9 in column	(d)		23,545
Pa	10 Direct expense summary 11 Net income summary. Su art III Gaming. Com	. Add lines 4 through 9 in column <u>ibtract line 10 from line 3, column</u> plete if the organization an	(d) (d) swered "Yes" to Form 990), Part IV, line 19, or r	23,545
Pa	10 Direct expense summary 11 Net income summary. Su art III Gaming. Com		(d) swered "Yes" to Form 990), Part IV, line 19, or r	23,545 60,232 eported more
Pa	10 Direct expense summary 11 Net income summary. Su art III Gaming. Com	. Add lines 4 through 9 in column <u>ibtract line 10 from line 3, column</u> plete if the organization an	(d) (d) swered "Yes" to Form 990 (b) Pull tabs/instant bingo/progressive bingo), Part IV, line 19, or r (c) Other gaming	23,545
Pa	10 Direct expense summary 11 Net income summary. Su art III Gaming. Com than \$15,000 c	. Add lines 4 through 9 in column Ibtract line 10 from line 3, column plete if the organization an on Form 990-EZ, line 6a.	(d) swered "Yes" to Form 990 (b) Pull tabs/instant), Part IV, line 19, or n	23,545 60,232 eported more (d) Total gaming (add
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Direct Expenses Revenue	 10 Direct expense summary. Sum	Add lines 4 through 9 in column ibtract line 10 from line 3, column plete if the organization an on Form 990-EZ, line 6a. (a) Bingo (a) Bingo Yes% No Add lines 2 through 5 in column nary. Subtract line 7 from line 1, o	(d)), Part IV, line 19, or r (c) Other gaming (c) Other gaming Yes% No	23,545 60,232 eported more (d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	 10 Direct expense summary. Sum	Add lines 4 through 9 in column ibtract line 10 from line 3, column plete if the organization an on Form 990-EZ, line 6a. (a) Bingo (a) Bingo Yes% No Add lines 2 through 5 in column	(d)), Part IV, line 19, or r (c) Other gaming (c) Other gaming Yes%	23,545 60,232 eported more (d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	 10 Direct expense summary. Start III Gaming. Com than \$15,000 c 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary 8 Net gaming income summary 8 Net gaming income summary 8 Inter the state(s) in which the state organization licensed to ff "No," explain: 	Add lines 4 through 9 in column ibtract line 10 from line 3, column plete if the organization an on Form 990-EZ, line 6a. (a) Bingo (a) Bingo Yes	(d)), Part IV, line 19, or r (c) Other gaming	23,545 60,232 eported more (d) Total gaming (add col. (a) through col. (c))

formed to administer charitable gaming? Yes Na 3 Indicate the percentage of gaming activity operated in: 13a 4, a The organization's facility 13a 4, 4 Enter the name and address of the person who prepares the organization's gaming/special events books and records: 13b 9, 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶	44	dule G (Form 990 or 990-EZ) 2013 FRIENDS OF HIGHLANDS HAMMOCK 65-0381257 Page
12 Is the organization a grantor, beneficiary or truste of a trust or a member of a partnership or other entity Yes No 13 Indicate the percentage of gaming activity operated in: 13a 3b 3c 13 Indicate the percentage of gaming activity operated in: 13a 3c 3c 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶	11	Does the organization operate gaming activities with nonmembers?
3 Indicate the percentage of gaming activity operated in: 13a 96. a The organization's facility 13a 96. 4 Enter the name and address of the person who prepares the organization's gaming/special events books and records: 13b 96. Name ▶	12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
a The organization's facility		
a The organization's facility		
 b An outside facility. [13b] %. (4) Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶	а	The organization's facility 13a %
4 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 5a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No 5a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No 5a If "Yes," enter the amount of gaming revenue received by the organization ▶€ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶	b	An outside facility 13b %
Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes 16 Yes, "enter the amount of gaming revenue received by the organization ▶ and the amount of gaming revenue retained by the third party ▶ c If "Yes," enter name and address of the third party: Name ▶ Address ▶	14	Enter the name and address of the person who prepares the organization's gaming/special events books and
Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes 16 Yes, "enter the amount of gaming revenue received by the organization ▶ and the amount of gaming revenue retained by the third party ▶ c If "Yes," enter name and address of the third party: Name ▶ Address ▶		Name ►
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes Ne b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party ▶\$ and the amount of gaming revenue retained by the third party: Name ▶ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 6 Gaming manager information: Name ▶ Gaming manager information: Name ▶		217 - X
revenue? Yes Yes Nu b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ If "Yes," enter name and address of the third party: Name ▶ Address ▶		
 b If "Yes," enter the amount of gaming revenue received by the organization ▶\$	15a	
amount of gaming revenue retained by the third party ▶\$ If "Yes," enter name and address of the third party: Name ▶ Address ▶ 6 Gaming manager information: Name ▶ Gaming manager compensation ▶\$ Description of services provided ▶ □ Director/officer □ Employee Independent contractor 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or separt in the organization's own exempt activities during the tax year ▶\$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any		
c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 6 Gaming manager information: Name ▶ Gaming manager compensation ▶\$ Gaming manager compensation ▶\$ Description of services provided ▶ □ Director/officer Employee □ Director/officer Employee □ Director/officer Finployee □ Independent contractor 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶€ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any	b	If "Yes," enter the amount of gaming revenue received by the organization 崎 and the
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Address ▶ 16 Gaming manager information: Name ▶	С	If "Yes," enter name and address of the third party:
Address ▶ 16 Gaming manager information: Name ▶		
 6 Gaming manager information: Name ► Gaming manager compensation ►\$ Description of services provided ► Director/officer Employee Independent contractor 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any 		Name ►
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 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶6 Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any 		
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retain the state gaming license? Yes v No Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶6 Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any		
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Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any	_	spent in the organization's own exempt activities during the tax year 🍂
	Par	IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and
		additional information (see instructions).

DAA

Form 990 or 990-EZ) Complete to provide information f Form 990 or 990-EZ or to pro epartment of the Treasury	2013 Open to Public			
ternal Revenue Service Information about Schedule O (Form 990 or 99	0-EZ) a		and the second sec	Inspection
arme of the organization FRIENDS OF HIGHLANDS HAMM STATE PARK, INC.	IOCK		Employer identificati 65-03812	
	נזידנו	ENITE:		
FORM 990-EZ, PART I, LINE 8 - OTHER	KEV			
DESCRIPTION		AMOUNT		
MISC INCOME	\$	2,137		
TOTAL	\$	2,137	0. 1 m - 4	
FORM 990-EZ, PART I, LINE 16 - OTHE	R EX	PENSES		
DESCRIPTION		AMOUNT		
		AMOUNI		
EXPENSES				
ADVERTISING	\$	2,407		
OFFICE	\$	1,542		
BANK SERVICE CHARGES	\$	2	24 - 1 1 0	
FOOD, ENTERTAINMENT, MEALS	\$	3,157	1.1.1.	t – de f
MATERIALS, SUPPLIES,	\$	60		
EQUIPMENT & RENTALS	\$	42,052		
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REPAIRS & EQUIP MAINT		19,430		••••••
FUEL EXP FOR PARK	\$	8,402		
LICENSE AND TAXES	\$	100		
EDUCATION	\$	150		
	\$	77,302		

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization	Emp	Page 2 Employer identification number				
FRIENDS OF HIGHLANDS HAMMOCK	65-0381257					
THE PRIMARY PURPOSE OF THE FRIENDS OF HIGHLANDS HAMMO	ск	STATE	PARK	IS	то	
RAISE FUNDS TO BE USED FOR PARK PROJECTS AND TO OFFER						
HIGHLANDS HAMMOCK STATE PARK AND LAKE JUNE IN WINTER	SCR	UB ST	ATE E	ARK	•	
• • • • • • • • • • • • • • • • • • • •				******	******	
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Schedule O (Form 990 or 990-EZ) (2013)