

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2024 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name:
Mailing Address:
Telephone Number:
Website Address (required if applicable):
Check to confirm your Code of Ethics is posted conspicuously on your website.
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.
YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS: CSO's Mission: (Consistent with your Articles and Bylaws)
Describe Last Calendar Year's Results Obtained: Brag! (List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.)
Describe the CSO's Plans for the Next Three Calendar Years:

CSO's LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership:

Total Number of Board of Directors:

Total Volunteer Hours for the Board of Directors (From VSys - Work with your parks' volunteer manager):

PARK & CSO RELATIONSHIP:

Do not duplicate by describing accomplishments and contributions in the summary. <u>Brag</u> in the above Results Obtained. Below, describe the <u>relationship</u>.

Park Manager's Comments on the CSO & Park Relationship and Support:

Provide your perspective on

- Changing developments of the park provided by the CSO.
- Effectiveness of the organization in fulfilling their purpose to support the park(s).
- Effectiveness of the Board of Directors in completing their Annual Program Plan.
- The relationship between the park and CSO. What went well? Are there areas of improvement?

CSO President's Comments on the CSO & Park Relationship and Support:

Provide your perspective on the relationship between the park and CSO. What went well? Are there areas of improvement?

SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, DIRECT PARK(S) SUPPORT & REVENUES:

Program Services are costs related to providing your organizations' programs or services in accordance with your mission. Describe and provide expenses that <u>directly support the park(s)</u>. For established nonprofit organizations, program service expenses generally represent most of the overall expenses of the organization. For the last calendar year provide the total \$ for each that apply. Do not use commas.

- Building improvement, construction, or renovations \$
- Cultural resources (e.g., historic structure restoration/ renovation) \$
 - Natural resources (e.g., native plants, natural lands restoration) \$
- Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws) \$
 - Other facilities and landscape maintenance \$
 - Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.) \$
- Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.) \$
- Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition) \$
 - Big ticket visitor center exhibits or interpretation updates \$
 - Park exhibits, displays, signage \$
 - Park publications, brochures, maps, etc. \$
 - Programing/interpretation support material purchases \$
 - Other program services \$
 - **Total Program Service Expenses \$**

Visitor Services Revenue are revenues and the sources generated from fundraising on park property. Do not use commas.

- Park gift shops, craft stores, and concession sales \$
- Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$
- Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$
 - Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$
 - Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$
 - In-park donation boxes \$
 - Other visitor services revenue \$
 - Total Visitor Services Revenue \$

NET ASSETS: \$

Organizations end of last year's <u>Total Assets minus Total Liabilities</u>. This is <u>not</u> the above's Visitor Service Revenue minus Program Service Expenses.

CSO AUDIT THRESHOLD:

Last Calendar Year's Total Expenses (including grants) \$

Are the CSO's annual total expenses \$300,000 including grants? Then Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards (<u>U.S. GAO Yellow Book</u>). The audit is **due by September 1** (9 months after the CSO's calendar year ends) to the Florida Auditor General and to the Department.

CONFIRM ATTACHMENTS:

Code of Ethics

The most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. All IRS Form 990's must be <u>complete</u> with Part III Program Service and <u>all</u> appropriate Schedules (A, O, and others as appropriate). If filing an IRS extension, attach the IRS 8868 receipt and the most recent complete 990 and schedules.

2024 CSO Legislative Report Acknowledgment

This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes

Signature: Lucy Crowley

Print name: Lucy Crowley

Print name: Lucy Crowley

Print name: Lucy Crowley

Friends of Washington Oaks Gardens State Park

Date: 06/04/2024

Signature: Renee Paolini

Digitally signed by Renee Paolini

Date: 2024.06.04 12:11:21 -04'00'

Print name: Renee Paolini

Date: 06/04/2024

Park Manager

Date: 06/04/2024

Model CSO Code of Ethics – June 2014

Friends of Washington Oaks Gardens State Park CODE OF ETHICS

PREAMBLE

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

STANDARDS

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

1. Prohibition of Solicitation or Acceptance of Gifts

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

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

Model CSO Code of Ethics – June 2014

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain from Voting

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

9. Failure to Observe CSO Code of Ethics

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

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. Go to www.irs.gov/Form990EZ for instructions and the latest information.

AI	For the	2023 calenda	ar year, or tax year beginning , 2023, and ending		, 20					
В	Check if ap	oplicable:	loyer ide	entification number						
	Address cl	hange	-3546	5523						
\equiv	Name cha		E Telephone number							
=	Initial retur			3864466784						
===	Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code F Gro	up Exer	mption					
=	Application		Palm Coast, FL 32137 Num	nber						
G	Account	ting Method:	☐ Cash ☐ Accrual Other (specify):	X if the	organization is not					
	Nebsite		WashingtonOaks.org require	d to atta	ach Schedule B					
JΤ	ax-exem		ck only one) — 🗵 501(c)(3) 🔲 501(c) () (insert no.) 🔲 4947(a)(1) or 🔲 527 (Form 9	90).						
$\overline{}$			☐ Corporation ☐ Trust ☐ Association ☐ Other:							
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets							
			500,000 or more, file Form 990 instead of Form 990-EZ		137,367					
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions						
			the organization used Schedule O to respond to any question in this Part I							
_	1		ons, gifts, grants, and similar amounts received	1	32,702.					
	2		ervice revenue including government fees and contracts	2	7,502.					
	3	_	ip dues and assessments	3	7,892.					
	4	Investment	•	4	1,199.					
	5a		unt from sale of assets other than inventory 5a		1,200.					
	b		or other basis and sales expenses							
	C		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c						
	6		d fundraising events:	N. II						
	a	Out of the same from the control of the body to the control of the								
Φ.		\$15,000) .								
Revenue	Ь	Gross inco								
ě	"									
Œ			aising events reported on line 1) (attach Schedule G if the the gross income and contributions exceeds \$15,000) 6b							
	C		t expenses from gaming and fundraising events 6c							
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract							
	-	line 6c)	6d							
	7a	,	s of inventory, less returns and allowances	-						
	b		of goods sold	1						
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	38,322.					
	8		nue (describe in Schedule O)	8	141.					
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	87,758.					
	10		I similar amounts paid (list in Schedule O)	10						
	11		aid to or for members	11						
Ø	12	•	ther compensation, and employee benefits	12						
Se	13		al fees and other payments to independent contractors	13	5,070.					
ĕ	14		/, rent, utilities, and maintenance	14	17,620.					
Expense	15		ublications, postage, and shipping	15	17,020.					
-	16		enses (describe in Schedule O)	16	61,221.					
	17	Total even	enses. Add lines 10 through 16	17	83,911.					
_	18	Evenes or	(deficit) for the year (subtract line 17 from line 9)	18	3,847.					
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with	10	J,011.					
55	1.3		ir figure reported on prior year's return)	19	181,334.					
ťΑ	20		anger reported on prof year stream,	20	3,314.					
Se	20		or fund balances at end of year. Combine lines 18 through 20	21	188,495.					
_	4	met assets	of fulld balances at end of year. Combine filles to through 20	41	100,495.					

	t II Balance Sheets (see the instructions for	or Part II)		D		S				
	Check if the organization used Schedule	O to respond to an	y question in this	Part II (A) Beginning of year		(B) End of year				
					22					
22	Cash, savings, and investments				23	157,585.				
23	Land and buildings				24	37,812.				
24	Other assets (describe in Schedule O)		*		25	195,397.				
25	Total Selection (describe in Schodule C)				26	6,902.				
26	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column	(P) must agree with	line 21)		27	188,495.				
27 Par		lichments (see the	instructions for							
Fai	Check if the organization used Schedule	O to respond to an	v question in this	Part III		Expenses				
What	is the organization's primary exempt purpose?					quired for section				
	ribe the organization's program service accomplis			rogram services		(c)(3) and 501(c)(4) anizations; optional for				
as m	easured by expenses. In a clear and concise man ons benefited, and other relevant information for ea	anner, describe the ch program title.	services provided	, the number of	oth	ers.)				
28	Programs include Earth Day, Garden	ns, Music, Art	:/	44						
	Fishing, Kayak Tours, Memberships	. They provide) 							
	educational events to promote the					= 101				
	(Grants \$ 0.) If this amount		nts, check here .		288	a 7,101.				
29	Park Management and Improvements	relate to the								
	upkeep and well being of the parks	3.				-				
					00.	- 54 100				
	(Grants \$ 0.) If this amount	includes foreign gra	nts, check here .	Ц	298	a 54,120.				
30										
	\ If this constant	includes foreign gra	nto chook horo		30	a				
-					300	4				
31	Other program services (describe in Schedule O) (Grants \$) If this amount	includes foreign gra			31:	a				
32	Total program service expenses (add lines 28a t	hrough 31a)			32					
History	IV List of Officers Directors Trustees, and Key	Employees (list each	one even if not com	pensated—see the in	ารtrเ					
	Check if the organization used Schedule	O to respond to an	Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV							
			iy question in this	Part IV		<u> </u>				
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISO 1099-NEC) (If not paid, enter -0-)	(d) Health benefits,	ee (e					
Luc		(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC)	(d) Health benefits, contributions to employ benefit plans, and	ee (e	e) Estimated amount of				
	y Crowley	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ree (e	e) Estimated amount of				
Pre	y Crowley sident	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ree (e	e) Estimated amount of other compensation				
Pre Kar	y Crowley	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ree (e	e) Estimated amount of other compensation				
Pre Kar Vic	y Crowley sident en Diedo	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ree (e	e) Estimated amount of other compensation 0.				
Pre Kar Vic	y Crowley sident en Diedo e President	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ree (e	e) Estimated amount of other compensation				
Pre Kar Vic Cla	y Crowley esident en Diedo e President udia Lappin	(b) Average hours per week devoted to position 2.60 0.35	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ree (e	© Estimated amount of other compensation 0. 0.				
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Kar Vic Cla Tre Phy Sec Sha	cy Crowley sident cen Diedo ce President udia Lappin asurer clis Minich cretary	(b) Average hours per week devoted to position 2.60 0.35 10.26	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	n	©) Estimated amount of other compensation 0. 0.				
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Kar Vic Cla Tre Phy Sec Sha Men Ger Dia	cy Crowley csident cen Diedo ce President cudia Lappin casurer cllis Minich cretary aron Hogue cbership Chair ce Spurgeon cector ane Nelms	(b) Average hours per week devoted to position 2.60 0.35 10.26 1.53 4.69	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio		©) Estimated amount of other compensation 0. 0. 0. 0.				
Rar Vic Cla Tre Phy Sec Sha Men Ger Dir	cy Crowley csident cen Diedo ce President cudia Lappin casurer culis Minich cretary cron Hogue chership Chair ce Spurgeon cector cector cector	(b) Average hours per week devoted to position 2.60 0.35 10.26 1.53	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio		©) Estimated amount of other compensation 0. 0. 0.				
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President No. 10 Presid	cy Crowley sident cen Diedo ce President dudia Lappin assurer clis Minich cretary aron Hogue bership Chair ne Spurgeon cector ane Nelms cector aine Byrd cector as Childs	(b) Average hours per week devoted to position 2.60 0.35 10.26 1.53 4.69 3.40 3.44 10.80	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio		©) Estimated amount of other compensation O. O. O. O. O.				
President No. 10 Presid	cy Crowley sident cen Diedo ce President dudia Lappin assurer clis Minich cretary aron Hogue bership Chair ne Spurgeon cector ane Nelms cector aine Byrd cector as Childs	(b) Average hours per week devoted to position 2.60 0.35 10.26 1.53 4.69 3.40 3.44 10.80	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio		©) Estimated amount of other compensation 0. 0. 0. 0. 0. 0.				
President No. 10 Presid	cy Crowley sident cen Diedo ce President dudia Lappin assurer clis Minich cretary aron Hogue bership Chair ne Spurgeon cector ane Nelms cector aine Byrd cector as Childs	(b) Average hours per week devoted to position 2.60 0.35 10.26 1.53 4.69 3.40 3.44 10.80	(c) Reportable compensation (Forms W-2/1099-MISC 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio		©) Estimated amount of other compensation 0. 0. 0. 0. 0. 0.				

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	٧.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
0 4	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
270	Enter amount of political expenditures, direct or indirect, as described in the instructions	-		
37a		37b		
b	Did the organization file Form 1120-POL for this year?	3/0		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
1.	section 4911:; section 4912:; section 4955: Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	4		
b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
-	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed:			
42a	· · · · · · · · · · · · · · · · · · ·	5)440	6-67	83
	Located at: 6400 N Oceanshore Blvd, Palm Coast FL ZIP+4 3213	37		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	401	Yes	
		420		×
	If "Yes," enter the name of the foreign country:	E	- ,11	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	Time		
	completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	Y =		
	completed instead of Form 990-EZ	44b		×
C	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	8 -		E
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			L.
-	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		×
		- TJU		_ ^

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Page	4

46		ne organization engage, directly or in ndidates for public office? If "Yes," o						×
Part	VI	Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51.	s Only s must answer que	stions 47-49b and	52, and complete th			es
		Check if the organization used Sc	hedule O to respond	to any question in t	nis Part VI			
47	District.		and the second	acetian EO1/b) alastia	n in offect during the	tov	Yes	No
47		ne organization engage in lobbying If "Yes," complete Schedule C, Par						
	-	•					+	X
48		organization a school as described in					+	X
49a		ne organization make any transfers t	·	_			_	X
								nd key
50	omple	oyees) who each received more than	\$100 flightest competi	sated employees (our	nization If there is non	e enter"i	None '	"
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimat	ed amo	ount of
			devoted to position	1099-NEC)	compensation			
None	2							
							_	
-	Total	number of other employees paid ov	or \$100,000					
51 '	Com	olete this table for the organization	's five highest compo	ensated independent	contractors who eacl	n received	more	e than
	\$100,	000 of compensation from the orga	nization. If there is no	ne, enter "None."				
	(a)	Name and business address of each independ	dent contractor	(b) Type of serv	rice (c) Compensa	tion	
None	<u>}</u>			-				
			~~~~~~~	-				
-								
				-				
				1				
-								
d	Total	number of other independent contra	actors each receiving	over \$100,000				
52		he organization complete Sched			nizations must attac	h a		
-						E 41 3 #	s 🗌	No
Under p	enalties	of perjury, I declare that I have examined this	return, including accompan	ying schedules and stateme	ents, and to the best of my k	nowledge ar	d belief	, it is
true, co	rrect, an	d complete. Declaration of preparer (other tha	n officer) is based on all info	ormation of which preparer I	nas any knowledge.			
					04/29/202	4		
Sign		Signature of officer			Date			
Here		Claudia Lappin, Treas	surer					
		Type or print name and title						
Paid		Print/Type preparer's name	Preparer's signature	J J Da	Check L	] if PTIN		
Prep		Gwen Larrett	Hu	en Lanet 0	4/29/2024 self-empk	yed P015	52666	58
	Only	Firm's name LADY BLUE CON				-12453		
-50	J. 111 y	Firm's address 15 Hargrove Li	n Unit 5I, Palr	n Coast, FL 321	.37 Phone no. (3	86)225	-467	
		discuss this return with the prepare				. 🛛 Ye		No

#### **SCHEDULE A** (Form 990)

b

Department of the Treasury Internal Revenue Service

## Public Charity Status and Public Support

OMB No. 1545-0047

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

**Employer identification number** Name of the organization 59-3546523 Friends of Washington Oaks Gardens State Parks, Inc. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations . . .

Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Calendar year (or fiscal year beginning in) (a) 2019 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 16,250. 8,021. 6,512. 10,653. 40,594. 82,030 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 38,953. 36,871. 21,149. 25,183. 29,535. 151,691 Total. Add lines 1 through 3 . . . 55,203. 44,892. 27,661. 35,836. 70,129. 233,721. 4 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) . . . . Public support. Subtract line 5 from line 4 233,721. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Amounts from line 4 . . . . . . 27,661. 70,129. 233,721. 55,203. 44,892. 35,836. 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . 4,158. 1,277. 1,199. 9,427. 1,475. 1,318. Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) . . . . . . . Total support. Add lines 7 through 10 11 243,148. Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . 15 Public support percentage from 2022 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 15 95.38% 16a 331/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2023. 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 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

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

(Complete only i	f you checked the box	on line 10 of Part I or if the organization fa	ailed to qualify under Part II
If the organization	on fails to qualify unde	the tests listed below, please complete P	art II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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		1				
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						i i
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
7a	received from disqualified persons .						
l.	Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)				C C Taxable		
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources						
	-						
þ	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						•
11	Net income from unrelated business						
• •	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop he		's first, second				
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line						%
16	Public support percentage from 2022 Sci				* 8 8	16	%
	ion D. Computation of Investment In			h 11 40 1	(0)	47	0/
17	Investment income percentage for 2023 (						%
18	Investment income percentage from 202	z Schedule A,	rart III, line 17		nd line 15 is a	18 nore than 331/2	% and line
19a	33 ¹ / ₃ % support tests—2023. If the organ 17 is not more than 33 ¹ / ₃ %, check this box	and stop bess	The organizati	ion qualifies se	a nuhlick supr	onted organizat	ion $\square$
h	331/3% support tests—2022. If the organiz						
b	line 18 is not more than 331/3%, check this	box and ston I	here. The organ	ization qualifie	s as a publicive	supported organ	nization .
20	Private foundation. If the organization di						

## Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

S	ection	A.	All	Supp	ortina	Organ	nizations

ecu	on A. An Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		1,00
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		. 4
С	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 <b>Part VI</b> 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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		1
С	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI</b> .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, 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		
Secti	on C. Type II Supporting Organizations			
Secu	on o. Type it supporting organizations	-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	100	
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	instru	ctions	s).
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.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see in	struct	ions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		inting	
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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 on line 2a, above, 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 <b>Part VI</b> 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. <i>Answer lines 3a and 3b below.</i>			
а	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? If "Yes" or "No," provide details in <b>Part VI</b> .	За		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Secti	on A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Secti	on B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):					
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 0.015 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 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Secti	on CDistributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 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			19		
-	emergency temporary reduction (see instructions).	6				
7	☐ Check here if the current year is the organization's first as a non-functional	ally i	ntegrated Type III suppo	rting organization		
-	(see instructions).	•				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section D—Distributions					Current Year
2	Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )			5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)			-	
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			-	
4	Distributions for 2023 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.			-	
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				8-1-18-1
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
<b>4</b>	
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p=1:0=80==F=40=F	

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2023 Open to Public Inspection

Employer identification number Name of the organization Friends of Washington Oaks Gardens State Parks, Inc. 59-3546523 Pt I, Line 8: Description: Reimbursed Income \$141 Pt I, Line 16: Description: Program Service Expenses \$7,101 Description: Park Management \$5,403 Description: Park Improvements \$48,717 Pt I, Line 20: Description: Unrealized Gain/Loss on Investment Funds \$3,314 Pt II, Line 24: Description: Inventory Merchandise Beginning of Year: \$28,144 End of Year: \$32,564 Description: Inventory Plants Beginning of Year: \$3,978 End of Year: \$5,098 Description: Gift Shop Register Beginning of Year: \$502 End of Year: \$150 Pt II, Line 26: Description: Business Credit Beginning of Year: \$2,821 End of Year: \$6,405 Description: Sales Tax Payable Beginning of Year: \$468 End of Year: \$497