

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2015 REPORT

(Pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: <u>Friends of Washington Oaks Gardens State Park, Inc.</u>						
Mailing Address:	6400 N. Oceanshore Blvd. Palm Coast, FL 32137					
Telephone Number:	386-446-6783 Website Address (if applicable):	washingtonoaks.org				

Statutory Authority:

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

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

Brief Description of the CSO's Mission:

The Friends of Washington Oaks Gardens SP provide additional resources and support for and in the best interest of Washington Oaks Gardens State Park by sponsoring events and activities to promote the preservation, protection, and interpretation of the park. The organization provides fundraising to support work projects, on-going educational programs and special events to meet the needs of the park.

Brief Description of the CSO's Results Obtained:

The Friends of Washington Oaks completed and funded the installation of a new gazebo, coquina columns and fencing located along the main park drive, and continue making renovations to the plant propagation bench area and potting shed. The Friend's successfully continued with several events including Earth Day, Holiday in the Gardens, Music in the Gardens concert series, monthly plant sales, and gift shop operation.

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

Continue to sponsor several major events at the park to include Earth Day, Holiday in the Gardens, Music in the Gardens concert series as well as monthly plant sales and gift shop operation. Continue to provide support and promotion of park programs and volunteerism in all of the program areas at the park. Continue to work with Park Management to increase manpower to operate the Ranger Station to increase attendance and revenue. Complete potting shed and plant area renovations.

- ☑ Copy of the CSO's Code of Ethics attached (Model provided; see CSO 2014 instructions)
- ☑ Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement

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.

Friends of Washington Oaks Gardens State Parks Inc.

Federal Tax Return IRS Form 990EZ

Fiscal Year: July 1, 2013, to June 30, 2014



Prepared by:

Gwen Larrett EA

Lady Blue Consulting Inc 15 Hargrove Lane Unit 51 Palm Coast, FL 32137 386.597.0150 office 888.777.0253 fax LadyBlue.Consulting@usa.net



Lady Blue Consulting Inc.

Accounting & Tax Services

Gwen Larrett Owner 15 Hargrove Lane Unit 5I Palm Caost, Florida 32137 LadyBlue.Consulting@usa.net 386.597.0150 Office 888.777.0253 Fax

November 20, 2014

Renee Paolini Washington Oaks Gardens State Park 6400 N Oceanshore Blvd Palm Coast, FL 32137

RE: Friends of Washington Oaks Gardens State Parks Inc. Accountant's Review Report for the Fiscal Year: July 1, 2013, to June 30, 2014.

Dear Renee,

I have reviewed the accounting records for Friends of Washington Oaks Gardens State Parks Inc., the related statements of income and retained earnings, and cash flows for the above listed fiscal year, in accordance with Statement on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants and the Financial Accounting Standards issued by the Financial Accounting Standards Board.

The QuickBooks data file has incorporated all the adjustments needed for the fiscal year. The following pages are the Financial Reports (Profit and Loss Summary and Balance Sheet, etc.) and the tax return, IRS Form 990EZ. Please be sure to keep this binder in a safe place for your physical records.

Based on the material available to us, I certify these financial statements to be true and accurate. Because of the limited scope of the review, these financial statements should be used for management purposes only. I appreciate your confidence in our accounting services, and I will continue to provide the best services according to your business needs.

Sincerely,

Gwen Larrett EA
President

Friends of Washington Oaks Gardens State Park, Inc. Profit & Loss

	Jul '13 - Jun 14
Ordinary Income/Expense	
Administrative Operations Incom	
Annual Dinner-Income	726.00
Donations	7,498.79
Endowment Gifts Interest Earned	581.32
	54.38
Total Administrative Operations Incom	8,860.49
Program Service Revenue	
A Day in Old Florida Income Bake Sale Day in Old Florida	151.00
Vendor Fees	125.00
Total A Day in Old Florida Income	276.00
Art in the Park -1	
Citrus Sales Income	1,688.00
Bake Sale - Citrus Harvest	187.00
Sales of Citrus	588.46
Total Citrus Sales Income	775.46
Earth Day Program Income	
Chance Drawing	529.00
Concessions	376.00
Earth Day Sponsor	3,700.00
Gate Vendor Fees	1,297.00
	497.31
Total Earth Day Program Income	6,399.31
Events - Cash Box	646.00
Faver-Dykes Outpost Income F-D Donation	60.73
Faver Dykes Fish Workshop	40.00
Favor Dykes Plant Workshop	104.00
Firewood	1,900.00
ice Sales Merchandise	725.00
	1,288.30
Total Faver-Dykes Outpost Income	4,118.03
FUND Fund Bricks Income	550.00
Total FUND	
W Manager and the second secon	550.00
Gift Shop Income Cash Gift Shop	20,674.36
Credit Gift Shop	29,675.58
Total Gift Shop Income	50,349.94
Herbs in the Gardens Income	00,043.34
Conncessions	314.00
Total Herbs in the Gardens Income	314.00
Holiday in the Gardens Income	
Chance Drawing	592.00
Concessions	322.00
Santa Photos	476.00
Silent Auction Tea Party Income	30.00 260.00
Vendors Fees	315.00
Total Holiday in the Gardens Income	1,995.00
Kayak Tours Income	
Membership Income	196.00 5,765.00
Misc Events	100.00
Music in the Park Income	
Bake Sale	546.88

3:53 PM 11/20/14 Accrual Basis

Friends of Washington Oaks Gardens State Park, Inc. Profit & Loss

	Jul '13 - Jun 14
Beverages	157.00
Silent Auction	885.00
Ticket Sales = "Donations"	593,25
Total Music in the Park Income	2,182.13
Plant Sales Income	SAME PRODUCTION OF THE TO
Sales Plants Cash Sales Plants Credit	10,572.44 2,443.07
Total Plant Sales Income	13,015.51
Salt Water Fishing	1,320.00
Total Program Service Revenue	89,690.38
Sales Tax F-D Sales Tax W-O	(227.89) (4,338.91)
Total Income	93,984.07
Expense Administration/Operations Annual Dinner-Expense Bank Charges All & Merchant	964.61 2,437.25
Contract Services Expense Bug & Alarm	444.55
Legal Fees	835.00
Total Contract Services Expense	1,279.55
Donation-Designated	5,315.42
Faver Dykes Property Insurance Marketing	18.44 125.00
E-Mail Marketing	462.00
Web-Marketing Service	378.14
Total Marketing	840.14
Supplies	1,337.76
Telephone, Telecommunications	1,298.21
Travel and Meetings	
BOD Meeting Expense	56.45
Conference, Convention, Meeting	79.00
Total Travel and Meetings	135.45
Total Administration/Operations	13,751.83
Art in the Park - expense	1,408.25
Bake Sale	94.41
Event Park Entrance Fees Park Improvement- F-D	84.00
Birdbath	155.00
Reroof Ranger Station	1,854.13
Signage	291.14
Total Park Improvement- F-D	2,300.27
Park Improvements W-O	
Frans (Friends) Kitchen	1,734.63
Greenhouse	138.60
Park Improvements W-O Rose Gard	120.00
Stage	29,453.30
VisCen/RangerFurnit/Window Total Park Improvements W-O	348.00
	31,794.53
Park Management F-D Contract Services F-D	1,000,04
Porta Potty F-D	1,093.34 1,225.00
Rental of Equipment F-D	1,225.00
Supplies F-D	453.81
	100.01

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Friends of Washington Oaks Gardens State Park, Inc. Profit & Loss

	Jul '13 - Jun 14
Total Park Management F-D	4,166.15
Park Management W-O Contract Services	1,352.55
Petty Cash Reimbursement	46.14
Porta Potties	1,257.00
Supplies	1,471.71
Total Park Management W-O	4,127.40
Program Service Expense A Day in Old Florida Citrus Sales Expense	201.72
Citrus Sale Supplies	438.92
Total Citrus Sales Expense	438.92
Earth Day Cash Box Earth Day Expense	400.00
Advertising/Publicity Chance Drawing	1,137.02
Flagler Volunteer	245.91 100.00
Food for Dem.	150.00
Photo Contest	201.76
Porta Potties Youth Section	120.00 911:66
Total Earth Day Expense	2,866.35
Faver-Dykes Outpost Inventory for Resale F-D Supplies Gift Shop FD.	445.90 322.33
Total Faver-Dykes Outpost FUND Expense	768.23
Engraving of Bricks	1,125.00
Total FUND Expense	1,125.00
Gift Shop Expense - W-O	
Consignment Payment-W-O	610.69
Inventory for Resale WO Merchandizing Gift Shop-W-O	23,563.90
Supplies W-O Gift Shop	1,623.80 638.56
Total Gift Shop Expense - W-O	and the many areas
	26,436.95
Herbs in the Gardens Expense Concessions	153.85
Workshop	53.04
Total Herbs in the Gardens Expense	206.89
Holiday in the Gardens Expense Advertising/ Publicty	070.04
Bake Sale	272.84 29.98
Chance Drawing	41.14
Decorations	507.27
Santa Photos	294.10
Supplies Tea Party	1,295.03 167.50
Youth Section	274.61
Total Holiday in the Gardens Expense	2,882.47
KAYAK Tours	20.00
Membership Expenses	2,182.87
Misc Events	120.52
Music in the Park Expense	445.00
Advertising/Publicity Beverages	115.00 29.56
Cash box Funds	200.00
Concessions	102.71

3:53 PM 11/20/14 Accrual Basis

Friends of Washington Oaks Gardens State Park, Inc. Profit & Loss

	Jul '13 - Jun 14			
Entertainment Equipment	1,000.00 525.98			
Total Music in the Park Expense	1,973.25			
Photo Workshop Plant Sales Expense Plant Sale Expense	10.00 2,703.99			
Plants Purchases	4,342.88			
Total Plant Sales Expense	7,046.87			
Saltwater Fishing Expense	392.36			
Total Program Service Expense	47,072.40			
Total Expense	104,799.24			
Net Ordinary Income	(10,815.17)			
Net Income	(10,815.17)			

3:53 PM 11/20/14 Accrual Basis

Friends of Washington Oaks Gardens State Park, Inc. Balance Sheet

As of June 30, 2014

	Jun 30, 14
ASSETS	
Current Assets	
Checking/Savings	
WO SunTrust Checking	18,770.96
WO SunTrust Money Market	32,447.36
FD SunTrust Money Market	28,001.06
Total Checking/Savings	79,219.38
Other Current Assets	
Plants Inventory	1,950.00
Merchandise Inventory	7,381.00
Total Other Current Assets	9,331.00
Total Current Assets	88,550.38
Fixed Assets	
Business Property	
Furniture and Equipment	2,706.10
Accumulated Depreciation	(2,706.10)
Total Business Property	0.00
Total Fixed Assets	0.00
TOTAL ASSETS	88,550.38
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Sales Tax Payable	297.07
Total Other Current Liabilities	297.07
Total Current Liabilities	297.07
Total Liabilities	297.07
Equity	
Retained Earnings	99,068.48
Net Income	(10,815.17)
Total Equity	88,253.31
TOTAL LIABILITIES & EQUITY	88,550.38

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2013

Form 990-EZ (2013)

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

A			llendar year, or tax year beginning $_{ m Jul}$ $_{ m 1}$, 2013, and endin	g Jur	1 30)	, 2014
7		heck if applicable: ddress change	C Name of organization			D Employe	r identification number
-	-	ame change	Friends of Washington Oaks Gardens State Parks,	inc.		59-3	546523
t		itial return	Number and street (or P.O. box, if mail is not delivered to street address) Room/su			E Telephone	e number
	Te	erminated	6400 North Oceanshore Blvd		- 1	(386) 446-6783
	Ar	mended return	City or town, state or province, country, and ZIP or foreign postal code			F Group E	Everntion
]4	oplication pending	Palm Coast FL 3213	7			_xempuon
G	A	ccounting Meth	od: X Cash Accrual Other (specify) ►	H C	Check	► X if the	e organization is not
ı			ww.WashingtonOaks.org				Schedule B
J	Ta	ax-exempt status	(check only one) — X 501(c)(3)	27 (Form	990, 990-E	Z, or 990-PF).
K	F	orm of organiza	ation: X Corporation Trust Association Other				
L	A	dd lines 5b, 6c,	and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or mo	e, or if t	total		
	d	(ATTENDED IN	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.		-		
1).	J,	Revenu Chark if the	e, Expenses, and Changes in Net Assets or Fund Balances (some organization used Schedule O to respond to any question in this Part I	e the	insti	ructions for	or Part I)
-	T		ns, gifts, grants, and similar amounts received				
			ervice revenue including government fees and contracts				8,867.
			ip dues and assessments				19,211.
			income			4	5,765.
			unt from sale of assets other than inventory				54.
			or other basis and sales expenses				
			The state of the s			5 c	10
	1		from sale of assets other than inventory (Subtract line 5b from line 5a)	* * * *			
R		27.64. BERRY S. SKEDNY SER S. C.	me from gaming (attach Schedule G if greater than \$15,000) 6a				
V			me from fundraising events (not including \$ of contrib	utions			
REVEZU		from fundra	ising events reported on line 1) (attach Schedule G if the sum				
Ē		of such gro	ss income and contributions exceeds \$15,000) 6 b			100	
		c Less: direc	t expenses from gaming and fundraising events			5 m	
		d Net income	or (loss) from gaming and fundraising events (add lines 6a and				
		6b and sub	tract line 6c)	• • • •		6d	
	1		s of inventory, less returns and allowances		0,08		
			of goods sold		4,25		
	١.		t or (loss) from sales of inventory (Subtract line 7b from line 7a)				25,835.
	8		nue (describe in Schedule O)				
_	3		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				59,732.
	10		similar amounts paid (list in Schedule O)				
E	11		d to or for members				
X	13		I fees and other payments to independent contractors			-	
E	14		rent, utilities, and maintenance		* * *	. 13	835.
S	15		blications, postage, and shipping			. 15	3,341.
S	16		nses (describe in Schedule O)				CC 271
	17		nses. Add lines 10 through 16				66,371. 70,547.
	18		deficit) for the year (Subtract line 17 from line 9)			18	-10,815.
A	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with er		X.	1000	10,010.
5	13	figure report	ed on prior year's return)	u-ur-ye		The same of the sa	99,068.
5	20	Other chang	es in net assets or fund balances (explain in Schedule O)			20	327000.
- 1	21	Not accete	or fund halances at end of year. Combine lines 18 through 20			Þ 24	22 252

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Fo	m 990-EZ (2013) Friends of Was	shington Oaks Garde	ens State Parks	Inc. 59-	354	6523 Page
1.2	Balance Sheets (see the in: Check if the organization used Sch	STRUCTIONS FOR PART II) edule O to respond to any ques	stion in this Part II			
-	Oneok ii tile organization used odil	edule O to respond to any ques		(A) Beginning of year		(B) End of year
2				90,198.		79,219
2	Land and buildings			0.	23	0
2			tmt	9,025.	24	9,331
2				99,223.	25	88,550
20				155.	26	297
27				99,068.	27	88,253
	Statement of Program Service	Accomplishments (see the in	nstructions for Part III)		D	Expenses
Wh	Check if the organization used Sc	hedule O to respond to any que	estion in this Part III	· · · · · · · · · · · · · · · · · · ·		ired for section 501 and 501(c)(4)
De	at is the organization's primary exempt purpose?	ee Organization's Primary Exer	mpt Purpose three largest program se		organi	zations and section
me	scribe the organization's program service a asured by expenses. In a clear and concise refited, and other relevant information for ea	manner, describe the services	provided, the number of	persons 4	1947(a or oth	a)(1) trusts; optional
28					7	
20	TTOOTOWS THOTAGE DOTAIN N	ay, <u>Gardens, Music</u>	_ <u>Art,</u>			
	Fishing, Kayak Tours, Me	mberships. They pr	<u>ovide</u>			
	educational events to pr (Grants \$ 0.) If the	bis amount includes foreign gra	parks.		28 a	22.064
29					LUA	23,964
	upkeep and well being of	the parks	-rise			
					- 1	
	(Grants S 0) If t	nis amount includes foreign gra	ints, check here		29 a	42,407
30					+	42,407
	(Grants \$) If the	nis amount includes foreign gra	nts, check here	▶	0a	
31	Other program services (describe in Sche					
	(Grants \$) If the	nis amount includes foreign gra	nts, check here	▶ 🗍 3	1a	
32	Total program service expenses (add li	nes 28a through 31a)			2	66,371.
	List of Officers, Directors,	Trustees, and Key Em	ployees (list each one eve	n if not compensated — se	ee the i	instructions for Part IV)
	Check if the organization used Sch	edule O to respond to any que	stion in this Part IV.	2 12 2 12 12 12 12 12 12 12 12 12 12 12		
		1	T T T T T T T T T T T T T T T T T T T		-	
The second second	(a) Name and Title	(b) Average hours per week devoted to position	(e) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	, [(e) Estimated amount of other compensation
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	-	(e) Estimated amount of other compensation
Pre	(a) Name and Title CY Crowley esident	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	D.	(e) Estimated amount of
Pre Fra	(a) Name and Title CY Crowley esident an Alongi	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	0.	(e) Estimated amount of other compensation
Pro Fra Vic	(a) Name and Title CY Crowley esident an Alongi ce President	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	-	(e) Estimated amount of other compensation
Fra Vio	(a) Name and Title CY Crowley esident an Alongi ce President ristine Apetz	(b) Average hours per week devoted to position 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation).	(e) Estimated amount of other compensation 0.
Pro Fra Via Chi Sec	(a) Name and Title CY Crowley esident an Alongi ce President ristine Apetz cretary	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation).	(e) Estimated amount of other compensation
Pro Fra Vio Chi Sec	(a) Name and Title CY Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger	(b) Average hours per week devoted to position 6.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation).	(e) Estimated amount of other compensation 0.
Pro Fra Vio Chi Sec Chi	(a) Name and Title CY Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger	(b) Average hours per week devoted to position 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation).	(e) Estimated amount of other compensation 0.
Pro Fra Vio Chi Sec Chi Tre Lin	(a) Name and Title Cy Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger easurer anda Quinn	(b) Average hours per week devoted to position 6.00 6.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation).	(e) Estimated amount of other compensation 0. 0.
Profession	(a) Name and Title Cy Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger easurer ada Quinn Dlicity Chair	(b) Average hours per week devoted to position 6.00 6.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation).	(e) Estimated amount of other compensation 0.
Pre- Fre- Vio Chi Sec Chi Tre Lin Puk	(a) Name and Title Cy Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger easurer ada Quinn blicity Chair	(b) Average hours per week devoted to position 6.00 6.00 2.00 12.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation).	(e) Estimated amount of other compensation O. O.
Pre- Fre- Vic Chi Sec Chi Tre Lin Puk Day	(a) Name and Title Cy Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger easurer ada Quinn Dlicity Chair	(b) Average hours per week devoted to position 6.00 6.00 2.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation).	(e) Estimated amount of other compensation 0. 0.
Pro Fra Vio Chi Sec Chi Tre Lin Puk	(a) Name and Title Cy Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger easurer ada Quinn olicity Chair rid Burns abership Chair	(b) Average hours per week devoted to position 6.00 6.00 2.00 12.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated amount of other compensation O. O. O.
Pro Fra Vio Chi Sec Chi Tre Lin Puk Mem Shi Dir	(a) Name and Title Cy Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger easurer ada Quinn clicity Chair rid Burns abership Chair rley Hawrey	(b) Average hours per week devoted to position 6.00 6.00 2.00 12.00 15.00 7.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated amount of other compensation O. O.
Professional Profe	(a) Name and Title Cy Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger easurer ada Quinn plicity Chair rid Burns abership Chair rley Hawrey ector	(b) Average hours per week devoted to position 6.00 6.00 2.00 12.00 15.00 7.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated amount of other compensation O. O. O.
Profession	(a) Name and Title Cy Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger easurer ada Quinn clicity Chair rid Burns abership Chair rley Hawrey ector ada Knight istant Manager en Turowski	(b) Average hours per week devoted to position 6.00 6.00 2.00 12.00 15.00 7.00 3.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated amount of other compensation O. O. O. O.
Profession	(a) Name and Title Cy Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger easurer ada Quinn clicity Chair rid Burns abership Chair rley Hawrey ector ada Knight istant Manager	(b) Average hours per week devoted to position 6.00 6.00 2.00 12.00 15.00 7.00 3.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated amount of other compensation O. O. O. O.
Profession	(a) Name and Title Cy Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger easurer ada Quinn clicity Chair rid Burns abership Chair rley Hawrey ector ada Knight istant Manager en Turowski	(b) Average hours per week devoted to position 6.00 6.00 2.00 12.00 15.00 7.00 3.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated amount of other compensation O. O. O. O. O.
Profession	(a) Name and Title Cy Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger easurer ada Quinn clicity Chair rid Burns abership Chair rley Hawrey ector ada Knight istant Manager en Turowski	(b) Average hours per week devoted to position 6.00 6.00 2.00 12.00 15.00 7.00 3.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated amount of other compensation O. O. O. O. O.
Profession	(a) Name and Title Cy Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger easurer ada Quinn clicity Chair rid Burns abership Chair rley Hawrey ector ada Knight istant Manager en Turowski	(b) Average hours per week devoted to position 6.00 6.00 2.00 12.00 15.00 7.00 3.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated amount of other compensation O. O. O. O. O.
Profession	(a) Name and Title Cy Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger easurer ada Quinn clicity Chair rid Burns abership Chair rley Hawrey ector ada Knight istant Manager en Turowski	(b) Average hours per week devoted to position 6.00 6.00 2.00 12.00 15.00 7.00 3.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated amount of other compensation O. O. O. O. O.
Profession	(a) Name and Title Cy Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger easurer ada Quinn clicity Chair rid Burns abership Chair rley Hawrey ector ada Knight istant Manager en Turowski	(b) Average hours per week devoted to position 6.00 6.00 2.00 12.00 15.00 7.00 3.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated amount of other compensation O. O. O. O. O.
Profession	(a) Name and Title Cy Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger easurer ada Quinn clicity Chair rid Burns abership Chair rley Hawrey ector ada Knight istant Manager en Turowski	(b) Average hours per week devoted to position 6.00 6.00 2.00 12.00 15.00 7.00 3.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated amount of other compensation O. O. O. O. O.
Profession	(a) Name and Title Cy Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger easurer ada Quinn clicity Chair rid Burns abership Chair rley Hawrey ector ada Knight istant Manager en Turowski	(b) Average hours per week devoted to position 6.00 6.00 2.00 12.00 15.00 7.00 3.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated amount of other compensation O. O. O. O. O.
Profession	(a) Name and Title Cy Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger easurer ada Quinn clicity Chair rid Burns abership Chair rley Hawrey ector ada Knight istant Manager en Turowski	(b) Average hours per week devoted to position 6.00 6.00 2.00 12.00 15.00 7.00 3.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated amount of other compensation O. O. O. O. O.
Profession	(a) Name and Title Cy Crowley esident an Alongi ce President ristine Apetz cretary ris Altmansberger easurer ada Quinn clicity Chair rid Burns abership Chair rley Hawrey ector ada Knight istant Manager en Turowski	(b) Average hours per week devoted to position 6.00 6.00 2.00 12.00 15.00 7.00 3.00 4.00	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated amount of other compensation O. O. O. O. O.

For	m 990-EZ (2013) Friends of Washington Oaks Gardens State Parks, Inc. 59-354652	23	P	age
	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		* * *	.
33			Yes	N
34		33	-	2
35	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		>
	(such as those reported on lines 2, 6a, and 7a, among others)?	35a		>
	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	35 c		>
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		Τ,
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	30		\
	b Did the organization file Form 1120-POL for this year?	37 b		Х
	a 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?	38 a		X
39	amount involved			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities		\$	
40	a 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) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
•	s Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	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	40 e		Х
41	List the states with which a copy of this return is filed			
42 8	The organization's books are in care of Chris Altmansberger Telephone no. (386)	446-	6787	}
	Located at 6400 N Oceanshore Blvd Palm Coast FL ZIP+4 32137			_
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
		2		
	See the Instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			X
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		^
	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	- 15	/es N	lo
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 ь	_	X
	AND THE PROPERTY OF THE PROPER	44 c		X
		44 d	6	
45 a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a		X

45b

Form 9	90-EZ (2013) Friends of Washing	gton Oaks Garde	ns State Parks,	Inc. 59-35	546523	Pa
46 D	id the organization engage, directly or indirec	tly, in political campaign	activities on behalf of or	n opposition to		Yes
CE	andidates for public office? If 'Yes,' complete	Schedule C, Part I			46	TT
	Section 501(c)(3) organization All section 501(c)(3) organization for lines 50 and 51.	n s only ons must answer qu	estions 47-49b and	52, and complete th	e tables	
	Check if the organization used Schedule	e O to respond to any qu	estion in this Part VI	*************		
47 Di	d the organization engage in lobbying activitie	es or have a section 501	(h) election in effect durin	g the tax year? If 'Yes.'		Yes I
co	mplete Schedule C, Part II					
48 Is	the organization a school as described in sec	ction 170(b)(1)(A)(ii)? If "	Yes,' complete Schedule	E	48	
	d the organization make any transfers to an e				<u></u>	
	Yes,' was the related organization a section 5					
50 Co	emplete this table for the organization's five hit oployees) who each received more than \$100	gnest compensated emp 0,000 of compensation fro	on the organization. If the	rs, directors, trustees and ere is none, enter 'None.	d key ·	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp	amount of ensation
ONE					 	
					<u> </u>	
		•				
						HARAC (A
6 Total	al number of eth and a second					
	al number of other employees paid over \$100			Y Y N 10	11111111	
con	nplete this table for the organization's five hig opensation from the organization. If there is n	inest compensated indep one, enter 'None.'	pendent contractors who	each received more than	1 \$100,000 of	
	(a) Name and business address of each independent con-	tractor	(b) Type o	f service	(c) Comper	nsation
ONE						
d Tota	I number of other independent contractors ea	ah masi ing ayan 6400	200			
2 Did t	the organization complete Schedule A? Note, itable trusts must attach a completed Schedu	. All section 501(c)(3) org	ganizations and 4947(a)(I) nonexempt	. ► XYes	Пи
ler penaltie	es of perjury, I declare that I have examined this return, inclu and complete. Declaration of preparer (other than officer) is t	iding accompanying schedules a	nd statements, and to the best of			
		DUGGO ON AN ANOTHER OF WHICH	propares has any knowledge.	11/06/14		
gn	Signature of officer	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date		
ere	Chris Altmansberger Type or print name and title	· · · · · · · · · · · · · · · · · · ·		reasurer		
	Print/Type preparer's name	Preparer's signature	Date	PTI	IN	
9.0 1	Gwen Larrett	Luen 1	anet 11/06/14	Check L if self-employed DO	11526660	
d parer	Firm's name > LADY BLUE CONSUL	- Carrier V	~-, ~ 111/00/14	1PC	01526668	
e Only	Firm's address > 15 Hargrove In U			Firm's EIN	26-124534	ın
	Palm Coast		FL 32137	Phone no. (386	521 CON 15 CON	
v the IR	S discuss this return with the preparer shown	above? See instructions		0 20 000 00 00 00 00 00 00 00 00 00 00 0	► X Yes	ΠNo
	The state of the s					
					Form 990-E	£ (2013

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Fri	ends of Washin	gton Oaks Gard	dens State Park	s, In	ic.			59-	35465	23		
	Reason for Pu	blic Charity State	us (All organizations	s must	comple	ete this	part.)	See in	structio	ons.		
The	organization is not a priva	ate foundation because	it is: (For lines 1 throug	h 11, che	eck only	one box	.)					
1	A church, convention	n of churches or associ	ciation of churches descr	ribed in s	section '	170(b)(1))(A)(i).					
2	A school described	in section 170(b)(1)(A	a)(ii). (Attach Schedule E	.)								
3	A hospital or a coop	erative hospital service	e organization described	in secti	on 170(l	b)(1)(A)(iii).					
4			in conjunction with a hos)(1)(A)(ii	i). Enter	the hospital	S	
	name, city, and stat											
5	An organization ope 170(b)(1)(A)(iv). (0	erated for the benefit of complete Part II.)	a college or university o	wned or	operate	d by a go	overnme	ental unit	describe	ed in section	i	
6	A federal, state, or I	state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X An organization that in section 170(b)(1)	normally receives a si (A)(vI). (Complete Pa	ubstantial part of its supp irt II.)	ort from	a gover	nmental	unit or f	rom the o	general p	oublic descri	bed	
8	A community trust d	escribed in section 17	0(b)(1)(A)(vi). (Complete	e Part II.)							
9	from activities relate investment income a	d to its exempt function	more than 33-1/3% of its ns — subject to certain es taxable income (less se emplete Part III.)	xception	s, and (2	e) no moi	re than 3	33-1/3%	of its sur	port from gr	oss	
10	An organization orga	anized and operated ex	clusively to test for publi	ic safety	. See se	ction 50	9(a)(4).					
11	more publicly suppo	rted organizations des	cclusively for the benefit cribed in section 509(a)(on and complete lines 11	1) or sec le throug	tion 509 gh 11h.	function (a)(2). So	ns of, or ee secti	carry out on 509(a	the pur	poses of one eck the box	or that	
	- 1.76	1 21	c Type III - Functio				d			unctionally in	ntegra	ited
е	By checking this box other than foundation section 509(a)(2).	, I certify that the organ n managers and other	nization is not controlled than one or more public	directly of support	or indired ted orga	ctly by or inization:	ne or mo	ore disqu bed in se	alified pe ction 50	ersons 9(a)(1) or		
f	If the organization re check this box	ceived a written deterr	nination from the IRS tha	t is a Ty	pe I, Typ	ell or T	ype III s	upporting	g organiz	zation,		. [
g	Since August 17, 20	06, has the organization	n accepted any gift or o	ontributio	on from a	any of the	e followi	na perso	ns?			
											Yes	No
	(i) A person who below, the gov	directly or indirectly co- erning body of the sup	ntrols, either alone or tog ported organization?	ether wi	th perso	ns descr	ibed in (ii) and (ii	i) 	. 11 g (i)		1
	(ii) A family memb	er of a person describe	ed in (i) above?							. 11 g (ii)		
	Server 14 GARTINITA SERVITA CONTROL OF SERVING		escribed in (i) or (ii) abov									-
h			supported organization(s							11 g (iii)		
	(I) Name of supported	(II) EIN	(III) Type of organization	-	la tha	(A) Did		64)4		(vii) Amount	of man	oton
	organization	(4) 2.11	(described on lines 1-9 above or IRC section (see Instructions))	column (Is the zation in i) listed in overning iment?	(v) Did yo the organ column (l supp	ization in of your port?	organiz colun organize	s the ation in nn (I) d in the S.?		port	etai y
12				Yes	No	Yes	No	Yes	No			
(A)					1							
						1						
(B)												
(C)				1								
(D)												
(E)												
				4	6 %	17 -4						
Total		A Company of the second		1-4	9. 46	1. 1. 1.	14 18 1					

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.)

S	ection A. Public Support						
Ca be	llendar year (or fiscal year ginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	14,618.	11,595.	30,625.	30,669.	14,632.	102,139.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					11,032.	1027133.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	21,746.	49,274.	42,995.	0.	38,005.	152 020
4	na namena n	36,364.	60,869.	73,620.	30,669.	52,637.	152,020.
5	r radi			737020.	30,003.	32,037.	254,159.
	Public support. Subtract line 5 from line 4				212		254,159.
Sec	ction B. Total Support						
Cale beg	endar year (or fiscal year inning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	36,364.	60,869.	73,620.	30,669.	52,637.	254,159.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	497.	558.	213.	0.	E 4	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	137.	330.	213.	0.	54.	1,322.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	832.	4,727.	5,244.	0.	0.	10,803.
11	Total support. Add lines 7 through 10						266,284.
12	Gross receipts from related activitie	s, etc (see instructi	ons)			12	45,046.
13	First five years. If the Form 990 is organization, check this box and sto	for the organization p here	's first, second, thi	rd, fourth, or fifth te	ax year as a sectio	n 501(c)(3)	▶ □
ec	tion C. Computation of Pub	lic Support Pe	rcentage		*		
	Public support percentage for 2013						95.45%
15	Public support percentage from 201	2 Schedule A, Part	II, line 14			15	94.98%
16a	33-1/3% support test - 2013. If the and stop here. The organization quality	e organization did i alifies as a publicly	not check the box of supported organization	on line 13, and the ation	line 14 is 33-1/3%	or more, check thi	s box
b	33-1/3% support test — 2012. If the and stop here. The organization qu	organization did n	ot check a hox on I	line 13 or 16a and	l line 15 is 32.1/29	or more abook th	is hav
	10%-facts-and-circumstances test or more, and if the organization meet the vacts-and	is the tacts-and-cir	climetances' test	chack this hav and	eton hore Evale	in in Dart IV/ hour	
	10%-facts-and-circumstances test or more, and if the organization meet organization meets the facts-and-circ	ts the facts-and-cir cumstances' test. T	cumstances' test, c 'he organization qu	check this box and alifies as a public!	stop here. Explai y supported organ	n in Part IV how th	^e
8	Private foundation. If the organizati	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	▶ □
AA					Cabad	ula A /Farra 000 a	000 57) 0040

59-3546523

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.)

Section A. Public Support				- 100 m		
Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an 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 				523		
6 Total. Add lines 1 through 5						
7 a 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	1					
c Add lines 7a and 7b					010-454-35	A
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
c Add lines 10a and 10b			-			
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support. (Add Ins 9,10c, 11 and 12.)						T
14 First five years. If the Form 990 organization, check this box and	is for the organization	n's first, second, thi	ird, fourth, or fifth t	ax year as a section	n 501(c)(3)	
Section C. Computation of Pu						
15 Public support percentage for 201			column (f))	* (*) * (*) * (*) * (*) * (*)	15	5 %
16 Public support percentage from 2						
Section D. Computation of Inv	The second secon					
17 Investment income percentage for			ne 13, column (f))		17	8
18 Investment income percentage from	200 mar 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10 10 10 10 10 10 10 10 10 10 10 10 10 1			-	
19 a 33-1/3% support tests — 2013. It is not more than 33-1/3%, check t	the organization did his box and stop her	not check the box e. The organization	on line 14, and line n qualifies as a pu	e 15 is more than 3 blicly supported or	33-1/3%, and I	ine 17
b 33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%,	the organization did	not check a box or	n line 14 or line 19	a. and line 16 is mo	ore than 33-1/	3% and
20 Private foundation. If the organiz		127	1.5		1075	

Schedule A (Form 990 or 990-EZ) 2013 Friends of Washington Oaks Gardens State Parks, Inc. 59-3546523 Page
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Pt_II_Line_10: Description: Misc_sales_prior_years
Pt_II_Line_10: 2009: 832.
Pt_II_Line_10: 2010: 4727.
Pt_II_Line_10: 2011: 5244.
Pt_II_Line_10: 2012: 0.
Pt II Line 10: 2013: 0.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

> Attach to Form 990 or 990-EZ.

2013

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or 990-EZ.
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Fri	ends	of I	Washi	ngto	n Oa	aks	Gard	dens	Sta	ate	Par	ks,	Inc			59-3	546	523		
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66,371.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

Total

Program Service Expenses	23,964.
Park Management	8,312.
Park Improvements	34,095.

Form 990-EZ, Part III, Statement of Program Service Accomplishments Organization's Primary Exempt Purpose

Protect, Preserve, Promote, and Interpret Parks for Public

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
Inventory	9,025.	9,331.
Total	9,025.	9,331.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year		
Sales Tax Payable	155.	297.		
Total	155.	297.		

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning Jul 1 , 2013, and ending Jun 30 , 2014

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. me of exempt organization Friends of Washington Oaks Gardens State Parks, Inc. 59-3546523 Name and title of officer Chris Altmansberger Treasurer Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1 a Form 990 check here . . . b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 59,732. 4 a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . 5 a Form 8868 check here . . ▶ D Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X I authorize Lady Blue Consulting Inc. to enter my PIN 46523 as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return, If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter thy PIN on the return's disclosure consent screen. 11/06/2014 Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 50930426124 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. ERO's signature 11/11/2014 ERO Must Retain This Form - See instructions

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2013)

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