

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2022 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name: Friends of Washington Oaks

Mailing Address: 6400 North Oceanshore Blvd. Palm Coast, FL 32137

Telephone Number: 386-446-6780

Website Address (required if applicable): http://www.washingtonoaks.org

☑ 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)

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. Protect, Preserve, Promote, and Interpret Parks for the Public.

Describe Last Calendar Year's Results Obtained: <u>Brag!</u> (List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.)

Due to the COVID-19 pandemic, Washington Oaks Gardens State Park and The Friends of Washington Oaks were negatively impacted. Fundraising and spending was not as active until the Park became fully operational again. The Friends sponsored the Holiday in the Gardens and Mindfulness Tea events in 2021. The brick fundraising program is ongoing and the Friends continued daily operation expenses to keep the program areas functioning. The Friends provided funding for a Gift Shop storage shed and climate controlled two structures for Friends storage. Fencing was purchased and installed.

Describe the CSO's Plans for the Next Three Calendar Years:

The Friends will continue to provide support and promotion of park programs such as Saltwater Fishing, Coquina beach walks, and Garden tours. They will 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. The CSO will continue to recruit volunteers to support park programming and will strive to increase membership. The Friends will continue to recruit volunteers to staff the gift shop on additional days. Work with park management on any park projects or priorities which contribute to mission.

CSO's LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership: 352

Total Number of Board of Directors: 9

Total Volunteer Hours for the Board of Directors (Hours from VSys - Work with your parks' volunteer manager): 929.78

PARK & CSO RELATIONSHIP:

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

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

Provide your perspective on

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

The Friends of Washington Oaks has contributed to the success and improvements of the park. The Board of Directors provides support to the sub-committees and program managers to provide them with the tools and resources to produce effective program. The annual program plan is completed but reduced due to continued uncertainty during these times.

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?

The relationship between the park and CSO is very professional. The CSO is supportive and engages in the daily Park operations and needs. There is open communication between the Park and the CSO.

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

Program Service Expenses are costs related to providing your organization's programs or services in accordance with your mission. Describe and provide expenses that directly support the park(s). For established nonprofit organizations, program service expenses generally represent most of the overall expense of the organization. Provide description and total \$ for each that apply.

Building improvement, construction, or renovations				
Cultural resources (e.g., historic structure restoration/ renovation)	\$ 0			
Natural resources (e.g., native plants, natural lands restoration)	\$ 0			
Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws)	\$ 0			
Other facilities and landscape maintenance				
Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.)	\$ 0			
Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.)	\$ 0			
Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition)	\$ 0			
Big ticket visitor center exhibits or interpretation updates	\$ 0			

Park exhibits, displays, signage \$0

Park publications, brochures, maps, etc. \$0

Programing/interpretation support material purchases \$0

Other program services \$ 9847

Total Program Service Expenses \$ 11408

Visitor Services Revenue

Describe revenues and the sources generated from fundraising on park property.

Park gift shops, craft stores, and concession sales \$ 3727

Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$ 10388

Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$ 2300

Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$ ()

Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$ ()

In-park donation boxes \$ 372

Other visitor services revenue \$ 10435

Total Visitor Services Revenue \$ 27222

NET ASSETS: \$ 168674

Organizations end of last year's <u>Total Liabilities minus Total Assets</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) \$ 11408

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.

*Vice-President is signing on behalf of President Lucy Crowley due to accident resulting in injury.

This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes					
CSO President Vice-President	Karen Dieser				
Park Manager	Rence Paolini				

CSO's Code of Ethics is attached

C5O has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. All IRS Form 990's must be complete with Part III Program Service and all 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.

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

2021

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.

A F	or the	2021 calenda	ar year, or tax year beginning , 2021, and ending		, 20		
B	Check if ap	applicable: C Name of organization D Emp			dentification number		
	Address c	change	59-3546523				
	Name cha		Telephone r	number			
	Initial retur		386446	6784			
	emai returi Amandad	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	Group Exe	emption		
-		n pending	Palm Coast, FL 32137	Number	▶		
G /	Account	ing Method:	X Cash	eck > 🗵	if the organization is not		
1 1	Vebsite	www.			tach Schedule B		
JT	ах-ехеп	npt status (che	eck only one) — 🗵 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (For	rm 990).			
KF	orm of	organization:	▼ Corporation				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets			
(Par	t II, coli	umn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ	. • 5	\$ 42,145.		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	struction	s for Part I)		
		Check if	the organization used Schedule O to respond to any question in this Part I		, X		
	1	Contributio	ons, gifts, grants, and similar amounts received	e 1	372.		
	2	Program se	ervice revenue including government fees and contracts	. 2	2,300.		
	3	Membersh	ip dues and assessments	. 3	6,140.		
	4	Investment	income	. 4	4,158.		
	5a	Gross amo	unt from sale of assets other than inventory 5a 5a	540			
	b	Less: cost	or other basis and sales expenses				
	С		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	. 5c			
	6	_	d fundraising events:	1			
	а	Gross income from gaming (attach Schedule G if greater than					
Jue		\$15,000) .	6a	1180			
Revenue	b	<u> </u>					
Re			aising events reported on line 1) (attach Schedule G if the				
			h gross income and contributions exceeds \$15,000) 6b	13.0			
	С		t expenses from gaming and fundraising events 6c				
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act			
		line 6c) .		· 6d			
	7a		s of inventory, less returns and allowances	37.			
	b		of goods sold				
	С		t or (loss) from sales of inventory (subtract line 7b from line 7a)		14,114.		
	8		nue (describe in Schedule O)		138.		
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		27,222.		
	10		similar amounts paid (list in Schedule O)	. 10	and the second s		
	11		id to or for members	. 11	The or producting a		
ses	12		ther compensation, and employee benefits	. 12			
ens	13		al fees and other payments to independent contractors		1,068.		
Expenses	14		r, rent, utilities, and maintenance		8,122.		
Ш	15		ublications, postage, and shipping		378.		
	16		nses (describe in Schedule O)		1,840.		
	17		nses. Add lines 10 through 16		11,408.		
sts	18		deficit) for the year (subtract line 17 from line 9)		15,814.		
sse	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with the property of an arrival and arrival arrival)				
Ä		_	r figure reported on prior year's return)		129,948.		
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)		22,912.		
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	168,674.		

Par	t II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule		ny question in this	Part II		🖂
		•		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[110,680.	22	138,277.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			19,268.	24	30,990.
25	Total assets			129,948.	25	169,267.
26	,				26	593.
27 Pari	Net assets or fund balances (line 27 of column				27	168,674.
Par	Statement of Program Service Accome Check if the organization used Schedule					Expenses
What	is the organization's primary exempt purpose?		• •	raitin U	(Requ	uired for section
						(3) and 501(c)(4) hizations; optional for
as m	ribe the organization's program service accomplise easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			other	
28	Programs include Earth Day, Garden	ns, Music, Ar	t,			
	Fishing, Kayak Tours, Memberships	. They provid	е			
	educational events to promote the		s.			
	(Grants \$ 0.) If this amount		ants, check here .	▶ 🗆	28a	279.
29	Park Management and Improvements	relate to the				
	upkeep and well being of the park	3.				
	(Grants \$ 0 .) If this amount	includes foreign are	ants, check here .		29a	1 561
30	(Grants \$ 0.) If this amount				298	1,561.
00						
	(Grants \$) If this amount	includes foreign gra	ints, check here .		30a	
31	Other program services (describe in Schedule O)			9 (9) (6) 1 (6)		
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)			32	1,840.
	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key	hrough 31a) Employees (list each	one even if not comp	pensated—see the in	32 struct	tions for Part IV)
32	Total program service expenses (add lines 28a t	hrough 31a) Employees (list each	n one even if not comp ny question in this	pensated—see the in	32 struct	
32	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key	hrough 31a) Employees (list each	n one even if not comp ny question in this (c) Reportable	pensated—see the in	32 struct	ions for Part IV)
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Lucy Present Vice France Physics Dav Mem Vice Direct Direc	Total program service expenses (add lines 28a to 1V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title y Crowley sident en Diedo e President n Alongi assurer llis Minich retary id Burns bership Chair toria Moreno ector ce Dull ector ne Nelms ector yne Byrd	hrough 31a) Employees (list each O to respond to al (b) Average hours per week devoted to position 0.80 0.05 1.50 1.20 0.50 0.00 1.60	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0.	censated—see the in Part IV	32 sstruct	stimated amount of her compensation 0. 0. 0. 0. 0. 0.
Lucy Present Vice France Physics Dav Mem Vice Direct Direc	Total program service expenses (add lines 28a to 1V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title y Crowley sident en Diedo e President n Alongi asurer 11 is Minich retary id Burns bership Chair toria Moreno ector ce Dull ector ne Nelms ector	hrough 31a) Employees (list each O to respond to al (b) Average hours per week devoted to position 0 . 80 0 . 05 1 . 50 1 . 20 0 . 50 0 . 00	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0. 0. 0.	censated—see the in Part IV	32 sstruct	stimated amount of her compensation 0. 0. 0. 0. 0.
Lucy Present Vice France Physics Dav Mem Vice Direct Direc	Total program service expenses (add lines 28a to 1V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title y Crowley sident en Diedo e President n Alongi assurer llis Minich retary id Burns bership Chair toria Moreno ector ce Dull ector ne Nelms ector yne Byrd	hrough 31a) Employees (list each O to respond to al (b) Average hours per week devoted to position 0.80 0.05 1.50 1.20 0.50 0.00 1.60	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0.	censated—see the in Part IV	32 sstruct	stimated amount of her compensation 0. 0. 0. 0. 0. 0.
Lucy Present Vice France Physics Dav Mem Vice Direct Direc	Total program service expenses (add lines 28a to 1V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title y Crowley sident en Diedo e President n Alongi assurer llis Minich retary id Burns bership Chair toria Moreno ector ce Dull ector ne Nelms ector yne Byrd	hrough 31a) Employees (list each O to respond to al (b) Average hours per week devoted to position 0.80 0.05 1.50 1.20 0.50 0.00 1.60	n one even if not comply question in this (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-) 0. 0. 0. 0.	censated—see the in Part IV	32 sstruct	stimated amount of her compensation 0. 0. 0. 0. 0. 0.

Part				
_	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	1	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	Yes	No ×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. 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		
С	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		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		200	
ь 38а	Did the organization file Form 1120-POL for this year?	37b		×
b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38a		^
a	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: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
С	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	The organization's books are in care of ▶ Fran Alongi Telephone no. ▶ (38)		5-67	83
	Located at ▶ 6400 N Oceanshore Blvd, Palm Coast FL ZIP + 4 ▶ 321. At any time during the calendar year, did the organization have an interest in or a signature or other authority over			
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
	If "Yes," enter the name of the foreign country	42b		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	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 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 completed instead of Form 990-EZ	441-		Ų,
_	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		×
d d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c		^
450	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a	-	X
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		×

46	Did t	he organization engage, directly or in ndidates for public office? If "Yes," of	ndirectly, in political c	ampaign activities on	behalf of or in oppos	sition	Yes	
Part	_	Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51.	s Only					es
		Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI			. 🗆
							Yes	No
47		he organization engage in lobbying? If "Yes," complete Schedule C, Par		section 501(h) electio				×
48								×
49a		he organization make any transfers t	-	-				×
b		es," was the related organization a se					-	
50		plete this table for the organization's oyees) who each received more thar						
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employed benefit plans, and deferre compensation	e (e) Estimat	ted amo	unt of
None								
							7.000	
f	Total	number of other employees paid ov	er \$100 000					_
51		plete this table for the organization			contractors who ead	ch receiver	d more	than
		,000 of compensation from the organ			Tomastoro mile out	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· triotri
	(a)	Name and business address of each independ	dent contractor	(b) Type of serv	rice ((c) Compensa	tion	
None								
		•••••						
d		number of other independent contra			-			
52		the organization complete Schedu pleted Schedule A	lle A? Note: All se	(/ (/		ch a ▶ 🛭 Ye:	s 🗌 I	No
		of perjury, I declare that I have examined this d complete. Declaration of preparer (other than				knowledge an	d belief,	it is
					05/23/202	2		
Sign Here		Signature of officer Fran Alongi, Treasure	r		Date			
		Type or print name and title						
Paid Prep	2101	Print/Type preparer's name Gwen Larrett	Preparer's signature	n Lanett 05	te Check [5/23/2022 self-emp] if PTIN loyed P015	2666	8
Use		Firm's name ► LADY BLUE CONS			Firm's EIN ▶2			
	_	Firm's address ▶ 15 Hargrove Li			37 Phone no. (386) 225		
May th	ne IRS	discuss this return with the preparer	r shown above? See i	nstructions		► X Yes	s 🔲 l	No

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 8: Other Revenue

Continuation Statement

Description	Amount
Reimbursed Income	138.
Tota	138.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 16: Other Expenses

Continuation Statement

Description	Amount
Program Service Expenses	279
Park Management	1,081
Park Improvements	480.
Total	1,840,

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part III: Purpose

Continuation Statement

Organization's Primary Exempt Purpose				
Protect, Preserve, Promote, and				
Interpret Parks for Public				

SCHEDULE A (Form 990)

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.

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

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

Friends of Washington Oaks Gardens State Parks, Inc. 59-3546523 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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: 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 331/2% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 b 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, 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. Provide the following information about the supported organization(s). (i) Name of supported organization (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

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

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

Section A Public Support

_	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and	(4) 2017	(6) 2010	(6) 2013	(4) 2020	(6) 2021	(i) Total
	membership fees received. (Do not						
	include any "unusual grants.")	20,036.	11,437.	16,250.	8,021.	6,512.	62,256.
2	Tax revenues levied for the	20,030.	11/15/1	10,230.	0,021.	0,312.	02,230.
_	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	54,580.	39,377.	38,953.	36,871.	21,149.	190,930.
4	Total. Add lines 1 through 3	74,616.	50,814.	55,203.	44,892.	27,661.	253,186.
5	The portion of total contributions by						
0	each person (other than a						
	governmental unit or publicly						
	supported organization) included on			4 1 9		- 174	
	line 1 that exceeds 2% of the amount					La de la constitución de la cons	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						253,186.
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	74,616.	50,814.	55,203.	44,892.	27,661.	253,186.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	2,280.	2,152.	1,475.	1,318.	4,158.	11,383.
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
44							064 560
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ine)			12	264,569.
13	First 5 years. If the Form 990 is for the						n 501(c)(3)
10	organization, check this box and stop her	-			_		
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6			1. column (fl)	120 021 121 II	14	95.7%
15	Public support percentage from 2020 Sch					15	97.59%
	331/3% support test—2021. If the organiz						
	box and stop here. The organization qual						
b	331/3% support test-2020. If the organize	zation did not o	check a box or	n line 13 or 16	a, and line 15 i	s 331/3% or m	ore, check
	this box and stop here. The organization	qualifies as a p	publicly suppor	ted organization	on		🕨 🗌
17a	10%-facts-and-circumstances test-20	21. If the orga	nization did ne	ot check a box	on line 13, 16	6a, or 16b, and	line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the t	facts-and-circu	ımstances tes	t. The organiza	ation qualifies	as a publicly	supported
	organization						▶ 🗆
b	10%-facts-and-circumstances test-20	20. If the orga	nization did n	ot check a box	on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organization	n meets the fa	cts-and-circun	nstances test,	check this box	and stop he	re. Explain
	in Part VI how the organization meets the	facts-and-circ	cumstances te	st. The organiz	zation qualifies	as a publicly	supported
	organization						▶ 🗆
18	Private foundation. If the organization of						
	instructions				8		🕨

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

2021

Open to Public Inspection

Name of the organization Employer identification number Friends of Washington Oaks Gardens State Parks, Inc 59-3546523 Pt I, Line 8: Description: Reimbursed Income \$138 Pt I, Line 16: Description: Program Service Expenses \$279 Description: Park Management \$1,081 Description: Park Improvements \$480 Pt I, Line 20: Description: Unrealized Gain/Loss on Investment Funds \$1,717 Description: Reverse Consignment Inventory Adjustment for Prior Years \$21,195 Pt II, Line 24: Description: Inventory Merchandise Beginning of Year: \$17,768 End of Year: \$28,840 Description: Inventory Plants Beginning of Year: \$1,500 End of Year: \$2,000 Description: Gift Shop Register Beginning of Year: \$0 End of Year: \$150 Pt II, Line 26: Description: Sales Tax Payable Beginning of Year: \$0 End of Year: \$593