



Florida Department of Environmental Protection

**CITIZEN SUPPORT ORGANIZATION
2018 REPORT**

(Pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: Friends of Washington Oaks Gardens State Park, Inc.

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 making renovations to the plant propagation bench area and potting shed, and continued with ranger station upgrades. The Friend's successfully continued with several events including Holiday in the Gardens, Earth Day, Music in the Gardens concert series, numerous interpretive programs, monthly plant sales, and gift shop operation. The Friend's successfully introduced a new event, Music and Wine in the Gardens. The Friends also provided emergency funding and volunteer support in the aftermath of Hurricane Irma, including the purchase of plants required to rehabilitate devastated areas.

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 such as Saltwater Fishing, Yoga, and Garden tours. Contribute to 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 ranger station upgrades. Introduce one new event to Washington Oaks within 3 years. Increase "open" gift shop days by increasing volunteer support in that area.

- 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.

Short Form

Return of Organization Exempt From Income Tax

2017

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

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Friends of Washington Oaks Gardens State Parks, Inc.		D Employer identification number 59-3546523
	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone number (386) 446-6783
	City or town, state or province, country, and ZIP or foreign postal code Palm Coast, FL 32137		F Group Exemption Number ▶
	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		

I Website: ▶ www.WashingtonOaks.org

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 94,664.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	11,371.
	2	Program service revenue including government fees and contracts	2	14,774.
	3	Membership dues and assessments	3	8,665.
	4	Investment income	4	2,280.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
Revenue	7a	Gross sales of inventory, less returns and allowances	7a	57,574.
	b	Less: cost of goods sold	7b	28,311.
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	29,263.
	8	Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	66,353.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,758.
	14	Occupancy, rent, utilities, and maintenance	14	10,328.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O) See Line 16. Stmt	16	36,826.
17 Total expenses. Add lines 10 through 16 ▶	17	48,912.		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,441.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	117,393.
	20	Other changes in net assets or fund balances (explain in Schedule O) See L-20 Stmt	20	2,769.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	137,603.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	100,393.	22 112,130.
23 Land and buildings		23
24 Other assets (describe in Schedule O) . . . See L-24 Stmt	17,000.	24 25,700.
25 Total assets	117,393.	25 137,830.
26 Total liabilities (describe in Schedule O) . . . See L-26 Stmt	0.	26 227.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	117,393.	27 137,603.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Part III Stmt

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Programs include Earth Day, Gardens, Music, Art, Fishing, Kayak Tours, Memberships. They provide educational events to promote the Florida parks. (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	12,161.
29 Park Management and Improvements relate to the upkeep and well being of the parks. (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	24,665.
30 _____ (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	36,826.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(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
Lucy Crowley President	8.00	0.	0.	0.
Karen Diedo Vice President	4.00	0.	0.	0.
Fran Alongi Treasurer	10.00	0.	0.	0.
Phyllis Minich Secretary	4.00	0.	0.	0.
David Burns Membership Chair	10.00	0.	0.	0.
Shirley Hawrey Director	1.00	0.	0.	0.
Bob DeVito Director	1.00	0.	0.	0.
Joan Harris Director	1.00	0.	0.	0.
Bruce Dull Director	1.00	0.	0.	0.

Part V 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 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
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.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice...
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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:
40b 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...
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons...
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
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. (386) 446-6783 Located at 6400 N Oceanshore Blvd, Palm Coast FL ZIP + 4 32137
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country...
42c At any time during the calendar year, did the organization maintain an office outside the United States?
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
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If "Yes," was the related organization a section 527 organization?	49b		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."			

(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 amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ **Yes** **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer	05/08/2018
	▶ Fran Alongi, Treasurer	Date
	▶ Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Gwen Larrett	Preparer's signature	Date 05/08/2018	Check <input type="checkbox"/> if self-employed	PTIN P01526668
	Firm's name ▶ LADY BLUE CONSULTING INC.			Firm's EIN ▶ 26-1245340	
	Firm's address ▶ 15 Hargrove Ln Unit 5I, Palm Coast, FL 32137			Phone no. (386) 225-4675	

May the IRS discuss this return with the preparer shown above? See instructions ▶ **Yes** **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 16: Other Expenses

Continuation Statement

Description	Amount
Program Service Expenses	12,161.
Park Management	5,242.
Park Improvements	19,423.
Total	36,826.

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

**Form 990-EZ
Part I, Line 10**

Grants And Similar Amounts Paid

2017

Name as Shown on Return <u>Friends of Washington Oaks Gardens State Parks, Inc.</u>	Employer Identification No. <u>59-3546523</u>
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Purpose of Payment _____

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
	Business . . . <input type="checkbox"/> Person <input type="checkbox"/>		

If property other than cash was given, the following additional information needs to be provided:
 Description of Property . _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Totals to Form 990-EZ, Part I, line 10 _____

**Form 990-EZ
Part I, Line 20**

**Other Changes in Net Assets or
Fund Balances Statement**

Description	Amount
Unrealized Gain/Loss on Investment Funds	2,769.
Totals to Form 990-EZ, Part I, line 20	2,769.

**Form 990-EZ
Part II**

Other Assets and Liabilities

2017

Name as Shown on Return Friends of Washington Oaks Gardens State Parks, Inc.	Employer Identification No. 59-3546523
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	Beginning of Year	End of Year
Line 24 - Other Assets:		
Inventory Merchandise	15,000.	23,700.
Inventory Plants	2,000.	2,000.
Totals to Form 990-EZ, Part II, line 24.	17,000.	25,700.

	Beginning of Year	End of Year
Line 26 - Total Liabilities:		
Sales Tax Payable	0.	227.
Totals to Form 990-EZ, Part II, line 26.	0.	227.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization Friends of Washington Oaks Gardens State Parks, Inc.	Employer identification number 59-3546523
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 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:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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.)
- 11 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - 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.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) 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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see 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

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,632.	36,166.	13,212.	10,621.	20,036.	94,667.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	38,005.	42,102.	21,000.	81,750.	54,580.	237,437.
4 Total. Add lines 1 through 3	52,637.	78,268.	34,212.	92,371.	74,616.	332,104.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						332,104.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	52,637.	78,268.	34,212.	92,371.	74,616.	332,104.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	54.	18.	4.	613.	2,280.	2,969.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						335,073.
12 Gross receipts from related activities, etc. (see instructions)					12	44,037.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.11 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.76 %
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 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

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's 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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20_____

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

2017

Name of exempt organization <u>Friends of Washington Oaks Gardens State Parks, Inc.</u>	Employer identification number <u>59-3546523</u>
--	---

Name and title of officer
Fran Alongi, Treasurer

Part I 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 one line in Part I.

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b <u>66,353.</u>
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II 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 2017 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

I authorize LADY BLUE CONSULTING INC. to enter my PIN

4	6	5	2	3
---	---	---	---	---

 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 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 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 2017 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 my PIN on the return's disclosure consent screen.

Officer's signature Date **05/08/2018**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5	0	9	3	0	4	2	6	1	2	4
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 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 Date

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

**990-EZ, 990, 990-T and 990-PF
Information Worksheet**

2017

Part I – Identifying Information

Employer Identification Number . 59-3546523

Name Friends of Washington Oaks Gardens State Parks, Inc.

Doing Business As _____

Address 6400 North Oceanshore Blvd Room/Suite . _____

City Palm Coast State . . . FL ZIP Code . . . 32137

Province/State _____ Foreign Postal Code . . _____

Foreign Code _____ Foreign Country _____

Telephone Number (386) 446-6783 Extension _____

Fax _____ E-Mail Address . . dc.altmans@gmail.com

Eligible for hurricane tax relief legislation benefits, check here

Part II – Type of Return

- | | |
|---|---|
| <input checked="" type="checkbox"/> Form 990-EZ only | <input type="checkbox"/> Form 990-EZ with Form 990-T |
| <input type="checkbox"/> Form 990 only | <input type="checkbox"/> Form 990 with Form 990-T |
| <input type="checkbox"/> Form 990-PF only | <input type="checkbox"/> Form 990-PF with Form 990-T |
| <input type="checkbox"/> Form 990-T only | <input type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) for Electronic Filing only |

QuickBooks Import Users & 990 to 990-EZ Data Transfer Option: Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ , refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

- | | | |
|--|------------------------------|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association | <u>3</u> (subsection number) | <input type="checkbox"/> 220(e) Trust |
| <input type="checkbox"/> 501(c) Trust | _____ (subsection number) | <input type="checkbox"/> 408A Trust |
| <input type="checkbox"/> 4947(a)(1) Trust | | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust | | <input type="checkbox"/> 529(a) Trust |
| <input type="checkbox"/> 401(a) Trust | | <input type="checkbox"/> 530(a) Trust |
| <input type="checkbox"/> Other _____ (describe) | Corporation/Association | <input type="checkbox"/> 527 Organization |
| | Or Trust | <input type="checkbox"/> 501(c) Association |

Part IV – Tax Year and Filing Information

- Calendar year
- Fiscal year — Ending month . . . _____
- Short year — Beginning date . . _____ Ending date . . . _____

Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2017 Estimated Taxes Paid

Check this box if the organization is a private foundation

Form 990-T Form 990-PF

Amount of 2016 overpayment credited to 2017 estimated tax _____

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	<u>04/18/17</u>	_____	_____	_____	_____
2nd Quarter Payment	<u>06/15/17</u>	_____	_____	_____	_____
3rd Quarter Payment	<u>09/15/17</u>	_____	_____	_____	_____
4th Quarter Payment	<u>12/15/17</u>	_____	_____	_____	_____
Additional Payment 1		_____	_____	_____	_____
Additional Payment 2		_____	_____	_____	_____
Additional Payment 3		_____	_____	_____	_____
Additional Payment 4		_____	_____	_____	_____

Part VI - Taxpayer Signature Information

Officer's Name Fran _____ Alongi
 Officer's Title Treasurer _____

Part VII – Electronic Filing Information

IMPORTANT: Do **not** use the Miscellaneous Statement or Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

QuickZoom to the Electronic Filing Information Worksheet ► _____

Electronic Filing:

- File the federal return electronically
- File the state(s) electronically

* Select the state or states to file electronically. (Multiple states can be entered)

State(s) *

File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

Practitioner PIN program:

- Sign this return electronically using the Practitioner PIN
- ERO entered PIN

Officer's PIN (enter any 5 numbers) . . 46523
 Date PIN entered 04/24/2018

Electronic Filing of Extensions:

Check this box to file **Form 8868** (application for extension of time to file return) electronically

Electronic Filing of Amended Return:

- Check this box to file **amended return** electronically
 - Check this box to file the state and/or city amended return(s) electronically
- * Select the state and/or city amended return(s) to file electronically.

State(s) *

- File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

Part VIII – Electronic Funds Withdrawal Information (Form 990PF filers only)

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of federal balance due (EF only)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of Form 8868 balance due (EF only)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of amended return balance due (EF only)? |

Bank Information

Check to confirm transferred account information (which appears in green) is correct

Name of Financial Institution (optional) . . . _____

Check the appropriate box Checking Savings

Routing number _____

Account number _____

Payment Information

Enter the payment date to withdraw tax payment _____

Balance due amount from this return _____

Enter an amount to withdraw tax payment _____

If partial payment is made, the remaining balance due _____

Payment date for amended returns _____

Balance due amount for amended returns _____

Part IX – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date	_____	_____	_____

Letter Salutation. . Fran Alongi

Part X – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) . . . 1

QuickZoom to Firm/Preparer Info ► _____

QuickZoom to Form 990-EZ, Pages 1 through 4 ► _____

QuickZoom to Form 990, Page 1 ► _____

QuickZoom to Form 990-PF, Page 1 ► _____

QuickZoom to Form 990-T, Page 1 ► _____

QuickZoom to Form 990-N, e-PostCard ► _____

QuickZoom to Client Status ► _____

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return, Employer ID No. Values: Friends of Washington Oaks Gardens State Parks, Inc., 59-3546523

A - Practitioner PIN Authorization

QuickZoom to the Federal Information Worksheet to enter PIN information

Please indicate how the taxpayer(s) PIN(s) are entered into the program. Officer entered PIN, ERO entered Officer's PIN

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN509304 Self-Select PIN 26124

C - Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2017 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (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 Exempt Organization's federal taxes owed on this return, and the financial institution to debit the entry to this account.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN 46523
Date 04/24/2018

Electronic Filing Information Worksheet

Keep for your records

2017

Name(s) shown on return: Friends of Washington Oaks Gardens State Parks, Inc. Identifying number: 59-3546523

Part I - State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically []

Part II - Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return. 509304

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return.

ERO Name: LADY BLUE CONSULTING INC. ERO Electronic Filers Identification Number (EFIN): 509304
ERO Address: 15 Hargrove Ln Unit 5I ERO Employer Identification Number: 26-1245340
City: Palm Coast State: FL ZIP Code: 32137 ERO Social Security Number or PTIN:
Country:

Part III - Paid Preparer Information

Firm Name: LADY BLUE CONSULTING INC. Preparer Social Security Number or PTIN: P01526668
Preparer Name: Gwen Larrett Employer Identification Number: 26-1245340
Address: 15 Hargrove Ln Unit 5I Phone Number: (386) 225-4675 Fax Number: (888) 777-0253
City: Palm Coast State: FL ZIP Code: 32137
Country: Preparer E-mail Address: ladyblue.consulting@usa.net

Part IV - Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment. Amount you are paying with the amended return.

- Check this box to file another federal amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

* Select the state and/or city amended return(s) to file electronically.

Table with columns for State/City and checkboxes. Row 1: California State Exempt. Other rows are empty.

Part V - Name Control

Name Control, enter here to override default. FRIE

Smart Worksheets from your 2017 Federal Exempt Tax Return

SMART WORKSHEET FOR: Exempt Organization Information Wks

<p style="text-align: center;">2017 Tax Cuts & Jobs Act</p> <p style="text-align: center;">Apply 39-year recovery period to qualified retail improvement, qualified restaurant, and qualified leasehold improvement property (asset types J2, J3 and J4) placed in service after December 31, 2017?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p style="text-align: center;">(Applies only to fiscal year taxpayers with tax year ending after December 31, 2017)</p> <p style="text-align: center;">Refer to Tax Help</p>
--

Additional information from your 2017 Federal Exempt Tax Return

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

Line 3

Itemization Statement

Description	Amount
Annual Dinner Income	760.
Membership Income	6,585.
Reimbursed Income	1,320.
Total	8,665.

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

Line 14

Itemization Statement

Description	Amount
Annual Dinner Expense	1,056.
AT&T Gift Shop	1,581.
AT&T Plant Bench	1,520.
Bank Charges & Merchant Fees	1,914.
Investment Fees	428.
Marketing	275.
Meeting Expense	184.
Membership Expenses	424.
Supplies	2,946.
Total	10,328.

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

Line 22, Column (B)

Itemization Statement

Description	Amount
FD SunTrust Money Market	11,382.
WO SunTrust Checking	34,003.
WO SunTrust Money Market	32,504.
FD CFF Investment Fund	15,735.
WO CFF Investment Fund	18,506.
Total	112,130.

Profit & Loss Summary

January through December 2017

	<u>Jan - Dec 17</u>
Ordinary Income/Expense	
Income	
Operations Income	20,036.57
Investment Income	2,279.75
Merchandise Income	57,574.31
Program Service Income	14,773.60
Total Income	94,664.23
Cost of Goods Sold	
Gift Shop Expense - W-O	17,058.97
Outpost Shop Expense F-D	55.08
Plant Shop Expense	11,196.58
Total COGS	28,310.63
Gross Profit	66,353.60
Expense	
Administration/Operations	12,086.45
Park Improvement- F-D	12,258.00
Park Improvements W-O	7,165.03
Park Management F-D	2,203.71
Park Management W-O	3,037.74
Program Services Expenses	12,161.49
Total Expense	48,912.42
Net Ordinary Income	17,441.18
Net Income	<u><u>17,441.18</u></u>

Profit & Loss Detail

January through December 2017

	<u>Jan - Dec 17</u>
Ordinary Income/Expense	
Income	
Operations Income	
Donations and Grants	
REGULAR DONATIONS	2,020.98
Fference Donation	8,000.00
Events Cash Box In	100.00
Grant TDC Earth Day	1,250.00
Total Donations and Grants	11,370.98
Annual Dinner-Income	760.00
Membership	6,585.00
Reimbursed Income	
Amazon Smiles	65.40
Bank of Amer Cash Rewards	1,255.19
Total Reimbursed Income	1,320.59
Total Operations Income	20,036.57
Investment Income	
Interest Earned	161.32
Dividends Earned	418.38
Realized Gain/Loss	1,700.05
Total Investment Income	2,279.75
Merchandise Income	
Gift Shop Income	
Cash Gift Shop	13,493.67
Credit Gift Shop	24,242.96
Gift Shop Sales Tax	(2,729.90)
Total Gift Shop Income	35,006.73
Outpost Shop Income F-D	
Other	98.00
Firewood	911.00
Ice Sales	8.00
Merchandise	1,404.00
Favor-Dykes Sales Tax	(134.17)
Total Outpost Shop Income F-D	2,286.83
Plant Sales Income	
Sales Plants Cash	14,449.00
Sales Plants Credit	7,003.00
Plant Sales Sales Tax	(1,274.69)
Total Plant Sales Income	20,177.31
Sales Tax Collection Allowance	103.44
Total Merchandise Income	57,574.31
Program Service Income	
Brick Engraving Income	900.00
Earth Day Income	
Earth Day Donations	72.60
Bake Sale	223.00
Chance Drawing	610.00
Earth Day Sponsor	2,325.00
Vendor Fees	555.00
Total Earth Day Income	3,785.60
Herbs in the Gardens Income	
Bake Sale	72.00

Profit & Loss Detail

January through December 2017

	<u>Jan - Dec 17</u>
Total Herbs in the Gardens Income	72.00
Holiday in the Gardens Income	
Bake Sale	353.00
Chance Drawing	420.00
Donations = "Ticket Sales"	50.00
Santa Photos	428.00
Tea Party Income	120.00
Vendors Fees	480.00
Total Holiday in the Gardens Income	1,851.00
Music in the Park Income	
Ticket Sales = "Donations"	
Ticket Sales = "Donations" - Other	685.00
Total Ticket Sales = "Donations"	685.00
Wine & Cheese event	4,255.00
Total Music in the Park Income	4,940.00
Photo Adventures	495.00
Salt Water Fishing	2,140.00
Yoga in the Gardens	590.00
Total Program Service Income	14,773.60
Total Income	94,664.23
Cost of Goods Sold	
Gift Shop Expense - W-O	
Consignment Payment-W-O	2,469.92
Inventory for Resale WO	22,938.34
Supplies W-O Gift Shop	350.71
Inventory Change W-O Gift Shop	(8,700.00)
Total Gift Shop Expense - W-O	17,058.97
Outpost Shop Expense F-D	
Inventory for Resale F-D	55.08
Total Outpost Shop Expense F-D	55.08
Plant Shop Expense	
Plant Purchases	8,195.27
Plant Sale Expense	3,001.31
Total Plant Shop Expense	11,196.58
Total COGS	28,310.63
Gross Profit	66,353.60
Expense	
Administration/Operations	
Annual Dinner-Expense	
Dinner Expenses	1,056.11
Total Annual Dinner-Expense	1,056.11
AT&T - Gift Shop	1,581.22
AT&T - Plant Bench	1,519.85
Bank Charges & Merchant Svcs	1,914.08
Contract Services Expense	
Accounting Fees	1,340.00
Bug & Alarm	240.00
Legal Fees	178.00
Total Contract Services Expense	1,758.00
Investment Fees	428.62

Profit & Loss Detail

January through December 2017

	<u>Jan - Dec 17</u>
Marketing	
Marketing - Other	275.00
Total Marketing	275.00
Meeting Expenses (incl BOD)	183.66
Membership Expenses	424.35
Supplies	2,945.56
Total Administration/Operations	12,086.45
Park Improvement- F-D	
Educational Materials	12,258.00
Total Park Improvement- F-D	12,258.00
Park Improvements W-O	
Gift Shop Computer	1,442.66
Ginger Plants	3,301.33
Greenhouse Upgrades	361.49
Trail Signs	1,990.00
Visitor Center Couch & Brdal Rm	69.55
Total Park Improvements W-O	7,165.03
Park Management F-D	
Equipment Rental F-D	2,203.71
Total Park Management F-D	2,203.71
Park Management W-O	
Misc Purchased Items	323.25
Permit Fees	167.29
Supplies	2,547.20
Total Park Management W-O	3,037.74
Program Services Expenses	
Earth Day Expense	
Advertising/Publicity	250.00
Entertainment	1,300.00
Photo Contest	44.49
Porta Potties	65.00
Supplies	1,200.08
Total Earth Day Expense	2,859.57
Engraving of Bricks	288.45
Event Park Entrance Fees	504.00
Herbs in the Gardens Expense	
Herbs in the Gardens Expense - Other	17.33
Total Herbs in the Gardens Expense	17.33
Holiday in the Gardens Expense	
Advertising/ Publicity	448.00
Bake Sale	90.40
Decorations	1,042.34
Entertainment	150.00
Santa Photos	16.05
Supplies	1,140.10
Tea Party	146.29
Total Holiday in the Gardens Expense	3,033.18
Mindfulness Garden Walk	46.72
Music in the Gardens Expense	
Music in Garden Wine v& Chees	2,050.52
Beverages	44.77
Entertainment	750.00

Profit & Loss Detail

January through December 2017

	<u>Jan - Dec 17</u>
Equipment	24.79
Insurance Fees	25.00
Total Music in the Gardens Expense	2,895.08
Photo Workshop	346.50
Program/Event Supplies - Amy	944.50
Saltwater Fishing Expense	853.16
Yoga in the Park	
Yoga in the Park - Other	373.00
Total Yoga in the Park	373.00
Total Program Services Expenses	12,161.49
Total Expense	48,912.42
Net Ordinary Income	17,441.18
Net Income	17,441.18

Balance Sheet

As of December 31, 2017

	<u>Dec 31, 17</u>
ASSETS	
Current Assets	
Checking/Savings	
FD SunTrust Money Market	11,381.66
WO SunTrust Checking	34,003.10
WO SunTrust Money Market	32,504.26
	<u>77,889.02</u>
Total Checking/Savings	77,889.02
Other Current Assets	
Investments	
FD CFF Investment Fund	15,734.83
WO CFF Investment Fund	18,506.12
	<u>34,240.95</u>
Total Investments	34,240.95
Inventory	
Inventory Merchandise	23,700.00
Inventory Plants	2,000.00
	<u>25,700.00</u>
Total Inventory	25,700.00
Total Other Current Assets	59,940.95
Total Current Assets	137,829.97
Fixed Assets	
Furniture and Equipment	2,706.10
Accumulated Depreciation	(2,706.10)
	<u>0.00</u>
Total Fixed Assets	0.00
TOTAL ASSETS	<u><u>137,829.97</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Sales Tax Payable	226.99
	<u>226.99</u>
Total Other Current Liabilities	226.99
Total Current Liabilities	226.99
Total Liabilities	226.99
Equity	
Unrealized Gains/Losses	4,193.72
Restricted Net Assets	30,047.23
Unrestricted Net Assets	85,920.85
Net Income	17,441.18
	<u>137,602.98</u>
Total Equity	137,602.98
TOTAL LIABILITIES & EQUITY	<u><u>137,829.97</u></u>

**Combined Tax Statement for 2017
Form 1099-INT OMB No. 1545-0112
Interest Income**

**SUNTRUST BANK
PO BOX 305183
NASHVILLE TN 37230-5183**

RECIPIENT'S name and address

**FRIENDS OF WASHINGTON
6400 N OCEANSHORE BLVD
PALM COAST FL 32137-2415**

PAYER'S federal identification number
59-3482833

Customer Service phone number 800-786-8787	RECIPIENT'S identification number XX-XXX6523				
Account number ending (see instructions) 7834	Tracking number 29840289	Account type MONEY MARKET	IRS description INTEREST INCOME	IRS Box # 1	Amount 7.07

Instructions for Recipient
The information provided may be different for covered and noncovered securities. For a description of covered securities, see the Instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.8045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer may report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.
Recipient's taxpayer identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.
FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You also may have a filing requirement. See the Instructions for Form 8938.
Account number. May show an account or other unique number the payer assigned to distinguish your account.
Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during 2017 on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a taxable covered security acquired at a premium.
Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the Instructions for Form 1040 to see where to take the deduction.
Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.
Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.
Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. If you file Form 1040, you may deduct these expenses on the "Other expenses" line of Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1.
Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040. See your Form 1040 instructions.
Box 7. Shows the country or U.S. possession to which the foreign tax was paid.
Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. Report this amount on line 8b of Form 1040 or Form 1040A. This amount may be subject to backup withholding. See box 4. See the instructions above for a tax-exempt covered security acquired at a premium.
Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the Instructions for Form 8251. See the instructions above for a tax-exempt covered security acquired at a premium.
Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.8045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.8045-1(n)(5) that you did not want to make a constant yield election for market discount under section 1278(b). Report the accrued market discount on your income tax return as directed in the instructions for Form 1040 or 1040A. Market discount on a tax-exempt security is includible in taxable income as interest income.
Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.8045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the Instructions for Form 1040 (Schedule B) to determine the net amount of interest includible in income on Form 1040 with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in this box is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).
Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.8045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the Instructions for Form 1040 (Schedule B) to determine the net amount of interest includible in income on Form 1040 with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in this box is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).
Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, which payer is applicable. If the amount in this box is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(iii).
Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).
Boxes 15-17. State tax withheld reporting boxes.
Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the payer and the other owner(s) as the recipient. File Form(s) 1099-INT with Form 1098 with the Internal Revenue Service Center for your area. On Form 1098 list yourself as the filer. A spouse is not required to file a nominee return to show amounts owned by the other spouse.
Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099int.

Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	Federal income tax withheld 0.00	Total interest 7.07
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TIX456 (5/17)

INTUIT PAYMENT SOLUTIONS
 21215 BURBANK BLVD
 STE #300
 WOODLAND HILLS CA 91367

For questions please call
 800-558-9558

069399-10



FRIENDS OF WASHINGTON OAKS GAR
 6400 N OCEANSHORE BLVD
 PALM COAST FL 32137-2415



CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. INTUIT PAYMENT SOLUTIONS 21215 BURBANK BLVD STE #300 WOODLAND HILLS, CA 91367 800-558-9558		FILER'S federal identification no. 95-4761972		OMB No. 1545-2205 2017 Form 1099-K		Payment Card and Third Party Network Transactions
PAYEE'S taxpayer identification no. *****6523		1a Gross amount of payment card/third party network transactions \$25,582.17		2 Merchant category code 5947		
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input checked="" type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		Check to indicate transactions reported are: Payment card <input checked="" type="checkbox"/> Third party network <input type="checkbox"/>		3 Number of payment transactions 1046		Copy B For Payee This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
PAYEE'S name, street address, city or town, state or province, country, and ZIP or foreign postal code FRIENDS OF WASHINGTON OAKS GAR 6400 N OCEANSHORE BLVD PALM COAST, FL 32137		4 Federal income tax withheld \$4,029.29		5a January \$2,013.89		
PSE's name and telephone number		5b February \$2,953.66		5c March \$3,437.44		
Account number (see instructions) 5247719948531569		5d April \$4,029.29		5e May \$2,430.37		
Form 1099-K (keep for your records)		5f June \$1,841.50		5g July \$2,264.64		
www.irs.gov/form1099k		5h August \$1,164.03		5i September \$335.36		
Department of the Treasury - Internal Revenue Service		5k November \$1,877.84		6 State FL		
		7 State identification no.		8 State income tax withheld		

1099-K Instructions for Payee

You have received this form because you have either: (a) accepted payment cards for payments, or (b) received payments through a third party network that exceeded \$20,000 in gross total reportable transactions and the aggregate number of those transactions exceeded 200 for the calendar year. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSE), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

See the separate instructions for your income tax return for using the information reported on this form.

Payee's taxpayer identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account number or other unique number the PSE assigned to distinguish your account.

Box 1a. Shows the aggregate gross amount of payment card/third party network

transactions made to you through the PSE during the calendar year.

Box 1b. Shows the aggregate gross amount of all reportable payment transactions made to you through the PSE during the calendar year where the card was not present at the time of the transaction or the card number was keyed into the terminal. Typically, this relates to online sales, phone sales, or catalogue sales. If the box for third party network is checked, or if these are third party network transactions, card not present transactions will not be reported.

Box 2. Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form.

Box 3. Shows the number of payment transactions (not including refund transactions) processed through the payment card/third party network.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, and Pub. 505. Include this amount on your income tax return as tax withheld.

Boxes 5a-5l. Shows the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

Boxes 6-8. Shows state and local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099k.

BANK OF AMERICA NA REPORTING SERVICES
 PO BOX 18568
 AUSTIN TX 78760-8568

If you have questions contact:
 CUSTOMER SERVICE
 Phone number: 800-430-7161

FRIENDS OF WASHINGTON
 FRIENDS OF WASHINGTON
 FRAN ALONGI TREASURER
 6400 N OCEANSHORE BLVD
 PALM COAST FL 32137-2415

644796
 MSP 793



Instructions for Payee

You have received this form because you have either: (a) accepted payment cards for payments, or (b) received payments through a third party network that exceeded \$20,000 in gross total reportable transactions and the aggregate number of those transactions exceeded 200 for the calendar year. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSE), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you. If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner of the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number. See the separate instructions for your income tax return for using the information reported on this form.

Payee's identification number. For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

Account number. May show an account number or other unique number the PSE assigned to distinguish your account.

Box 1a. Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

Box 1b. May show the aggregate gross amount of all reportable payment transactions made to you through the PSE during the calendar year where the card was not present at the time of the transaction or the card number was keyed into the terminal. Typically, this relates to online sales, phone sales, or catalogue sales. If the box for third party network is checked, or if these are third party network transactions, card not present transactions will not be reported.

Box 2. Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form.

Box 3. Shows the number of payment transactions (not including refund transactions) processed through the payment card/third party network.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, and Publication 505, Tax Withholding and Estimated Tax, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5a-5l. Shows the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

Boxes 6-8. Shows state and local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099k

OIAI5638 - 3 - 03/15/17

CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. BANK OF AMERICA NA REPORTING SERVICES PO BOX 18568 AUSTIN, TX 78760-8568 800-430-7161		FILER'S federal identification no. 37-1653698	OMB No. 1545-2205 2017 Form 1099-K	Payment Card and Third Party Network Transactions Copy B For Payee This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input checked="" type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		PAYEE'S taxpayer identification no. XX-XXX6523	1a Gross amount of payment card/third party network transactions \$ 6,856.00	
Check to indicate transactions reported are: Payment card <input checked="" type="checkbox"/> Third party network <input type="checkbox"/>		1b Card Not Present transactions \$ 481.00	2 Merchant category code 5261	
PAYEE'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code FRIENDS OF WASHINGTON FRIENDS OF WASHINGTON FRAN ALONGI TREASURER 6400 N OCEANSHORE BLVD PALM COAST, FL 32137-2415		3 Number of payment transactions 225	4 Federal income tax withheld \$	
PSE'S name and telephone number BANK OF AMERICA NA REPORTING SERVICES 800-430-7161		5a January \$ 577.00	5b February \$ 684.00	
Account number (see instructions) N0000037237636988300		5c March \$ 185.00	5d April \$ 2,018.00	
		5e May \$ 128.00	5f June \$ 771.00	
		5g July \$ 428.00	5h August \$ 168.00	
		5i September \$ 0.00	5j October \$ 804.00	
		5k November \$ 577.00	5l December \$ 516.00	
		6 State	7 State identification no.	8 State income tax withheld \$

Form 1099-K

(Keep for your records)

www.irs.gov/form1099k

Department of the Treasury - Internal Revenue Service

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BANK OF AMERICA NA REPORTING SERVICES
 PO BOX 18568
 AUSTIN TX 78760-8568

FRIENDS OF WASHINGTON
 FRIENDS OF WASHINGTON
 FRAN ALONGI TREASURER
 6400 N OCEANSHORE BLVD
 PALM COAST FL 32137-2415

644797
 MSP 793

If you have questions contact:
 CUSTOMER SERVICE
 Phone number: 800-430-7161



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Box 1a. Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

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Box 2. Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form.

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Boxes 5a-5l. Shows the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

Boxes 6-8. Shows state and local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099k

OIA15638 - 3 - 03/15/17

CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. BANK OF AMERICA NA REPORTING SERVICES PO BOX 18568 AUSTIN, TX 78760-8568 800-430-7161		FILER'S federal identification no. 37-1653698	OMB No. 1545-2205 2017 Form 1099-K	Payment Card and Third Party Network Transactions
PAYEE'S taxpayer identification no. XX-XXX6523		1a Gross amount of payment card/third party network transactions \$ 164.00	2 Merchant category code 5261	
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input checked="" type="checkbox"/>		1b Card Not Present transactions \$ 0.00	3 Number of payment transactions 7	Copy B For Payee This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
Check to indicate transactions reported are: Payment card <input checked="" type="checkbox"/> Third party network <input type="checkbox"/>		4 Federal income tax withheld \$	5a January \$ 0.00	
PAYEE'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code FRIENDS OF WASHINGTON FRIENDS OF WASHINGTON FRAN ALONGI TREASURER 6400 N OCEANSHORE BLVD PALM COAST, FL 32137-2415		5b February \$ 24.00	5c March \$ 0.00	
PSE'S name and telephone number BANC OF AMERICA MERCHANT SVCS 800-430-7161		5d April \$ 42.00	5e May \$ 0.00	
Account number (see instructions) N0000037237636988300		5f June \$ 52.00	5g July \$ 0.00	
		5h August \$ 0.00	5i September \$ 0.00	
		5j October \$ 16.00	5k November \$ 30.00	
		5l December \$ 0.00	6 State	
		7 State identification no.	8 State income tax withheld \$	

**CENTRAL FLORIDA
FOUNDATION**

Fund Statement

Faver-Dykes State Park Fund

For the period: January 1, 2017 to December 31, 2017

BEGINNING BALANCE

Balance as of January 1, 2017	\$14,167.75
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FUND ACTIVITY

Donor Contributions	0.00
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Investment Activity

Interest	47.33
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Dividends	192.26
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Realized Gains (Losses)	781.23
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Unrealized Gains (Losses)	1,272.13
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Disbursements

Grants	528.91
--------	--------

Investment Management Fees	48.68
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Foundation Fees	148.28
-----------------	--------

ENDING BALANCE

Balance as of December 31, 2017

\$15,734.83

DETAIL

CONTRIBUTIONS RECEIVED

No Contributions This Period

GRANTS APPROVED

Grantee	Date	Amount
Friends of Washington Oaks Gardens State Park, Inc.	03/21/2017	528.91
*** Total Grants:		528.91

**CENTRAL FLORIDA
FOUNDATION**

Fund Statement

Washington Oaks Gardens State Park Fund

For the period: January 1, 2017 to December 31, 2017

BEGINNING BALANCE

Balance as of January 1, 2017	\$16,663.41
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FUND ACTIVITY

Donor Contributions	0.00
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Investment Activity

Interest	55.67
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Dividends	226.12
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Realized Gains (Losses)	918.82
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Unrealized Gains (Losses)	1,496.28
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Disbursements

Grants	622.52
--------	--------

Investment Management Fees	57.26
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Foundation Fees	174.40
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ENDING BALANCE

Balance as of December 31, 2017

\$18,506.12

DETAIL

CONTRIBUTIONS RECEIVED

No Contributions This Period

GRANTS APPROVED

Grantee	Date	Amount
Friends of Washington Oaks Gardens State Park, Inc.	03/21/2017	622.52
*** Total Grants:		622.52

Citizen Support Organization Statement on Value of Contributed Services

This statement reports on services provided to the Citizen Support Organization (CSO) from park staff support and in-kind support for the past fiscal year. The statement is part of the CSO's Annual Financial Report described in Chapter 5: Section 7 of the 2014 CSO Handbook. The primary purpose of the Annual Financial Report is to provide a summary of the most relevant information to the Department and Division, and to meet the common interests of donors, members, creditors, and others who provide resources to the not for profit organization.

This Value of Contributed Services for a park is provided to the CSO by the park or District through the Park Programs Development Specialist. Note, the Division of Recreation and Parks operates on a cash-based method of accounting.

Park Name: Washington Oaks Gardens State Park
Park Address: 6400 North Oceanshore Blvd Palm Coast, FL 32137
Name of the CSO: Friends of Washington Oaks Gardens State Park

A summary of contributed services from the period of (Jan 1, 2017) through (December 31, 2017) is as follows:

Park Staff Support

The total number of hours contributed in staff support services converted to a monetary amount.

The park contributed a total of \$ 52,780 in staff support services to the CSO.

Park Facilities Support

The total amount of water, electric, and utility expenses used to support CSO events, concessions, etc.

The CSO received a total of \$ 1800 in park facilities support.

In-Kind Support

The CSO receives additional services outside of the park staff contributed hours called in-kind services. In-kind services are a type of charitable giving in which, instead of money, a person contributes some kind of service, good, or commodity. Examples are professional services of a lawyer, accountant, or any professional or the estimated value of a good or commodity.

The CSO received a total of \$ 0 in in-kind support services.

List of Program Services

Federal charitable 501(c)(3) organizations are required to report total expenses and revenue for each program service. According to the IRS, a program service is any activity by the organization which accomplishes its charitable purposes.

For *each* program service provide a description, total expense, and total revenue. For *each* program service description, clearly and concisely describe the accomplishments through specific measurements such as visitors served, days of an event, number of sessions or events held, publications issued, etc. (add pages as appropriate).

Program Service Description: Gift Shop operation, open 2-3 days per week, 4 hours per day, year round.

Total Expense \$25,760.00
Total Revenue \$35,010.00

Program Service Description: Plant sales operation, plant sales one time per month, 4 hours per sale.

Total Expense \$11,200.00
Total Revenue \$20,180.00

Program Service Description: Saltwater Fishing Workshops. 11 day 3 hours per days serving 100 visitors.

Total Expense \$850.00
Total Revenue \$2140.00

Program Service Description: Yoga in the Gardens -4 week yoga class offered in gardens

Total Expense \$370.00
Total Revenue \$590.00

Program Service Description: Brick Engraving. Bricks purchased by visitors for rose garden.

Total Expense \$290.00
Total Revenue \$900.00

Program Service Description: Membership in the Friends organization. Continual recruitment of new members, brochures printed and membership cards printed and mailed.

Total Expense \$425.00

Total Revenue \$6585.00

Program Service Description: Earth Day Celebration- Festival with numerous community organizations supporting Earth Friendly items and activities.

Total Expense \$2860.00

Total Revenue \$5035.00

Program Service Description: Holiday in the Gardens -community holiday event with children's activities.

Total Expense \$3920.00

Total Revenue \$1850.00

Program Service Description: Music in the Gardens - concerts.

Total Expense \$2895.00

Total Revenue \$4940.00

Total Program Services

Provide a total amount for all program expenses and a total amount for all program revenue.

CSO total program service expenses \$48,570.00

CSO total program service revenues \$77,230.00