

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2022 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name:
Mailing Address:
Telephone Number:
Website Address (required if applicable):
Check to confirm your Code of Ethics is posted conspicuously on your website.
Statutory Authority: Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.
Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.
YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS: CSO's Mission: (Consistent with your Articles and Bylaws)
Describe Last Calendar Year's Results Obtained: Brag! (List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.)
Describe the CSO's Plans for the Next Three Calendar Years:

CSO's LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership:

Total Number of Board of Directors:

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

PARK & CSO RELATIONSHIP:

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

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

Provide your perspective on

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

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

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

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

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

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

Park exhibits, displays, signage \$ 0

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

Programing/interpretation support material purchases \$ 210

Other program services \$ 37850

Total Program Service Expenses \$ 78213

Visitor Services Revenue

Describe revenues and the sources generated from <u>fundraising on park</u> property.

Park gift shops, craft stores, and concession sales \$6344

Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$ 0

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

Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) §7922

Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$ 99009

In-park donation boxes \$ 2026 Other

visitor services revenue \$ 1860 Total

Visitor Services Revenue \$ 116573

NET ASSETS: \$ 97844

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

CSO AUDIT THRESHOLD:

Last calendar Year's Total Expenses (induding grants)\$

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

complete to the best of my knowledge pursu	ant to Section 20.058 Florida Statutes
600	5/27/02
(Am Chris	5/27/02
	Somplete to the best of my knowledge pursue

CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. All IRS Form 990's must be complete with Part III Program Service and all appropriate Schedules (A, O and O1hers as appropriate). If filing an IRS extension, attach the IRS 8868 receipt and the most recent complete 990 and schedules.

Friends of Eden State Gardens, Inc. CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of Friends of Eden State Gardens, Inc. (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 Friends of Eden State Gardens, Inc. board members, officers, and employees in the performance of their official duties.

STANDARDS

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

1. Prohibition of Solicitation or Acceptance of Gifts

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

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or 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.



Department of the Treasury Internal Revenue Service Ogden, UT 84201

 Tax period
 December 31, 2021

 Notice date
 April 4, 2022

 Employer ID number
 59-3275776

 To contact us
 Phone 877-829-5500

 FAX 877-792-2864

CP211A

Page 1 of 1

Notice

FRIENDS OF EDEN STATE GARDENS INC % JOAN L THOMAS 181 EDEN ROAD SANTA ROSA BEACH FL 32459

18272

Important information about your December 31, 2021 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2021 Form 990. Your new due date is November 15, 2022.

What you need to do

File your December 31, 2021 Form 990 by November 15, 2022. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

Visit www.irs.gov/cp211a.

- For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

990

Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

61.514

Date

Open to Public

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2020 calendar year, or tax year beginning 2020, and ending 20 Check if applicable: C Name of organizationFriends of Eden State Gardens Inc D Employer identification number Address change Doing business as 59-3275776 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Initial return 181 Eden Road (850) 267 - 8320 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Gross receipts Amended return Santa Rosa Beach, FL 32459 103,442 X No Application pending F Name and address of principal officer: Marianne Burbach H(a) Is this a group return for subordinates? Same as C above H(b) Are all subordinates included? X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions H(c) Group exemption number Website: ► N/A Form of organization: X Corporation Trust Association L Year of formation: 1994 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: Programs Benefit State Gardens Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than. Number of voting members of the governing body (Part VI, line 1a) 3 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C 7a 14,168 Net unrelated business taxable income from Form 990-T, P. 7b I, line 11 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 3,388 8 10,375 Revenue Program service revenue (Part VIII, line 2g) . . . 0 Investment income (Part VIII, column (A), lines 3, 4 10 48 64 Other revenue (Part VIII, column (A), lines 5, 6d, 8 11 c, 1_L nd 11e) 102,224 99,530 Total revenue - add lines 8 through 11 (must equal F 'VIII, c 12 112,647 102,982 Ά), Grants and similar amounts paic art IX, s 1-3 0 Benefits paid to or for men. 's (Pt 'X, c mn' ine 0 Salaries, other comper ion, employement artے column (A), lines 5-10) 0 Expenses 16a Professional fundra ees (Pa Y, co n). 0 Total fundraising expresses (Part IX, Jumn V line 20) Other expenses (Part . col. (A), lin. 11a- 1, 11f-24e) 99,017 112,279 7 (must eq. Part IX, column (A), line 25) 18 Total expenses. Add line. 99,017 112,279 19 Revenue less expenses. Su ct line 18 from line 12 13,630 (9,297)**Beginning of Current Year** End of Year Total assets (Part X, line 16) 20 52,217 61.514 21 Total liabilities (Part X, line 26) . . . 0

Part II Signature Block

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 Marianne Burbach Signature of officer

Net assets or fund balances. Subtract line 21 from line 20

Marianne Burbach, President Type or print name and title

Print/Type preparer's name Preparer's signature Date PTIN Check Paid Brad Congleton 10-30-2021 self-employed P01325375 **Preparer** Firm's name Brad Congleton CPA Inc Firm's EIN ▶ **Use Only** 2050 W Highway 30A Ste 214 Firm's address Phone no. Santa Rosa Beach FL 32459 850-622-2280 May the IRS discuss this return with the preparer shown above? (see instructions) X No Yes

52,217

59-3275776

Form 990 (2020) Friends of Eden State Gardens Inc Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		**
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
	complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_ X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		**
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		X
•	the organization's separate of consolidated invarious statements of the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete			Λ
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
13	If "Yes," complete Schedule G, Part III	19		v
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X X
zu a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Part IV	Checklist of Required Schedules ((continued

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part.I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part.II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part.I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			$\bot \bot$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

20) Friends of Eden State Gardens Inc Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		x
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	[
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	[3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	[5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	[5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	[7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year,				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	[7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	[7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	[7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	[8		Х
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	L	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	L	9b		х
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	💄	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	٠ ٠ لـ	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	_			
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	$\cdot \cdot \mid$	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	• •	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	• •	16		Х
	If "Yes," complete Form 4720, Schedule O.				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or ch

nanges in	Schedule	O. See	instructio	ns.	

	Check if Schedule O contains a response or note to any line in this Part VI			. <u>X</u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		,,	
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
	Did the organization have local chapters, branches, or affiliates?	IUa		Х
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	v	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	I Ia	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	v	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120	Α	
·	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	Α	х
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by	17		Α
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Florida			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

Pauline Sotiri (850)267-8320, 181 Eden Road, Santa Rosa Beach, FL 32459

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Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

12. Complete this table for all persons required to be listed. Report compensation for the calendar year ending

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C)					
(A)	(B)			sition			(D)	(E)	(F)
Name and title	Average				han one s both an		Reportable	Reportable	Estimated amount
Name and the	hours				/trustee)		compensation	compensation	of other
	per week						from the	from related	compensation
	(list any	의 코	5 C	2	₽ ±	건	organization	organizations (W-2/1099-MISC)	from the organization and
	hours for	divid	Institut	ey ei	ghe	Former	(W-2/1099-MISC)	(VV-2/1033-WIGO)	related organizations
	related organizations	Individual trustee or director	Institutional trustee	key employee	Highest compensated employee				_
	below	trust	T T	yee	mpe				
	dotted line)	8	stee		nsa				
					ted	1			
(1) Gail Pizar									
Director		х					0	0	0
(2) Jonathan Douglas									
Director		х					0	0	0
(3) Jenny King									
Director		Х					0	0	0
(4) Gina DeFalco									
Director		Х					0	0	0
(5) Maragrat Morrison	F								
Director	*	х					0	0	0
(6) Pauline Sotiri									
Treasurer			X				0	0	0
(7) Marianne Burbach									
President			X				0	0	0
(8) Peter Horn									
Vice President			X				0	0	0
<u>(9)</u>									
			-						
(10)									
			-						
(11)									
(12)									
<u>(13)</u>									
(14)									
			Ш						
									=(0000)

						(C)							
	(A)	(B)	ļ ,.			sition	han one		(D)	(E)		(F)	
	Name and title	Reportable	Reportable	Estim	nated an	nount							
	Name and title Name and title Subtotal Total from continuation she to F VII, Total (add lines 1b and	Average hours					s both ar r/trustee)		compensation	compensation		of other	r
	Subtotal Total from continuation she to F VII, Total (add lines 1b and Total number of individuals (including but not reportable compensation from the organization Did the organization list any former officer, cemployee on line 1a? If "Yes," complete Scher For any individual listed on line 1a, is the sum organization and related organizations great individual Did any person listed on line 1a receive or act for services rendered to the organization? If ion B. Independent Contractors Complete this table for your five highest comprecompensation from the organization. Report of (A)	per week							from the organization	from related organizations		mpensati from the	
		(list any	or o	Ins	Officer	Se Se	em Hig	Fo	(W-2/1099-MISC)	(W-2/1099-MISC)	1	nization	
		hours for related	direc	nstitutional trus	Icer	Key employee	hesi	-ormer			relate	d organi	zations
		organizations	tor tr	onal		ploy	ee Cor						
		below	Individual trustee or director	trus		ee	nper						
		dotted line)	Ф	tee			Highest compensated employee						
15)													
(16)													
(17)													
(18)													
19)													
20)													
(21)													-
22)													
(23)						1							
(24)													
(25)													
1b	Subtotal												
c		ic	<u> </u>										
d				• •	• •				0	0			0
2		ed to those li	isted a	 bove	 e) w	no re	eceive	· ▶					
	reportable compensation from the organization												1
•	Diddle and in the line of the						Sada a a 4					Yes	No
3			-				-						
											3		Х
4													
					con	пріеї	te Sch	eaui	e J for sucn				
_					• •	• •		• •			4		X
5				-			_				_		
200ti		, complete	Scried	uie c	<i>J</i> 101	Suc	n pers	OH		· · · · · · · · ·	5		Х
1		tod indonona	lont oo	ntro	otor	tho	t roooi	vod	mara than \$100 00	In of			
•													
		CHSallOHTOL	uie cai	ciiua	ai ye	ai c	nung	VVILII		Zalions lax year.			
		_							(B)		(C)		
	Name and business addres	S							Description of service	es	Compens	sation	
										l l			

Form 990 (2020) Friends of Eden State Gardens Inc

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any line in	this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a				Sections 312–314
	b	Membership dues	1b 2,32	0.5			
nts nts		Fundraising events	1c 2,32				
3ra our	C	_	1d 1,06	0.3			
ts, (Am	d	Related organizations					
ar ar	е	Government grants (contributions)	1e				
ns,	f	All other contributions, gifts, grants,					
utio er S		and similar amounts not included above	1f	_			
휼듈	g	Noncash contributions included in					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f	1g \$				
	h	Total. Add lines 1a-1f	<u> </u>	3,388			
			Business Code	е			
a	2a						
Š	b						
Ser	С						
e se	d						
Program Service Revenue	е						
Ā	f	All other program service revenue		· ·			
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)		64		64	
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b			Y		
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	72	Gross amount from (i) Securities					
	'a	sales of assets					
		other than inventory 7a					
	b	Less: cost or other basis					
Φ		and sales expenses 7b					
venue		Gain or (loss) 7c					
	l	Net gain or (loss)		•			
E.		Gross income from fundraising					
Other Re	54	events (not including \$ 1,063					
O		of contributions reported on line					
		1c). See Part IV, line 18	8a				
	h	Less: direct expenses	8b				
		Net income or (loss) from fundraising events					
		Gross income from gaming	•				
	Эа	activities, See Part IV, line 19	00				
			9a	_			
		Less: direct expenses	9b				
		Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less	102	- 4			
		returns and allowances	10a 14,56				
		Less: cost of goods sold	10b 4 6				
	С	Net income or (loss) from sales of inventory				14,104	
	44		Business Cod				
e e		Pavillion	900099	85,250	85,250		
anc		Pepsi Machine	900099	176	176		
Miscellanous Revenue	C .	All (1					
Mis R		All other revenue					
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		102,982	85,426	14,168	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 9 10 11 Fees for services (nonemployees): b Professional fundraising services. See Part IV, line 17 . f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, colun-(A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 555 555 13 Office expenses 878 878 14 Information technology . . . 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or e. tainment exp for any federal, state, or local null 19 Conferences, conventions, and -tings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 596 596 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Event deposits returned 58,923 58,923 b Grounds and Gardens 11,108 11,108 c Pavillion 18,143 18,143 d Plant Nursery 1,233 1,233 е All other expenses 20,843 20,843 Total functional expenses. Add lines 1 through 24e. . 25 112,279 n 112,279 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	57,521	1	48,224
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	3,993	8	3,993
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	_	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	61,514	16	52,217
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here ▶			
Ś		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions		27	
ala	28	Net assets with donor restrictions		28	
<u> </u>		Organizations that do not follow FASB ASC 958, check here ▶ 🗓			
Fun		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	61,514	31	52,217
let,	32	Total net assets or fund balances	61,514	32	52,217
	33	Total liabilities and net assets/fund balances	61,514	33	52,217
EEA					Form 990 (2020)

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Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1			102,	982
2	Total expenses (must equal Part IX, column (A), line 25)	2			112,	279
3	Revenue less expenses. Subtract line 2 from line 1	3			(9,	297
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			61,	514
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			52,	217
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			,		Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 📗 Accrual 🔲 Other	_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

EEA Form 990 (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Fri	end	s of Eden State Gardens	Inc				59-3275776	6
Pa	rt I	Reason for Public Charity	/ Status. (All o	rganizations must o	complete	this part.	.) See instructions	S.
The	orgai	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check on	ly one box.)		
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).		
2		A school described in section 170(b))(1)(A)(ii). (Attach	Schedule E (Form 990 o	or 990-EZ)	.)		
3	П	A hospital or a cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A	A)(iii).		
4	Ш	A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5	Ш	An organization operated for the bene	_	university owned or opera	ated by a g	jovernmenta	al unit described in	
		section 170(b)(1)(A)(iv). (Complete						
6		A federal, state, or local government	•					
7	X	An organization that normally receives	•		vernmental	unit or from	the general public	
		described in section 170(b)(1)(A)(vi						
8		A community trust described in secti					delegation of an end of the end of	
9	Ш	An agricultural research organization						je
		or university or a non-land-grant colle	ge or agriculture (s	ee instructions). Enter th	e name, cii	ly, and state	or the college or	
10	П	university: An organization that normally receives	s: (1) more than 33	1/3% of its support from	o contributi	one mombe	rehin foos and gross	
10	Ш	receipts from activities related to its e	` '	• •				
		support from gross investment income	•	•				
		acquired by the organization after Jul		•		· ·	om businesses	
11	П	An organization organized and opera		, ,, ,				
12	Н	An organization organized and operat	•			` ' ' '	carry out the purposes	.
		of one or more publicly supported org	•	7 .				
		Check the box in lines 12a through 12						•
	а	Type I. A supporting organization						
		the supported organization(s) the				•	. ,	Ü
		supporting organization. You mu						
	b	Type II. A supporting organization				orted organ	nization(s), by having	
		control or management of the sup						
		organization(s). You must comp						
	С	☐ Type III functionally integrated	. A supporting orga	anization operated in co	nnection w	ith, and fun	ctionally integrated wi	th,
		its supported organization(s) (see	e instructions). You	u must complete Part I	V, Section	ıs A, D, and	d E.	
	d	☐ Type III non-functionally integr	ated. A supporting	organization operated	in connecti	on with its	supported organization	n(s)
		that is not functionally integrated.	The organization g	enerally must satisfy a d	listribution i	equirement	and an attentiveness	
		requirement (see instructions). Y	ou must complete	e Part IV, Sections A a	nd D, and	Part V.		
	е	Check this box if the organization	received a written	determination from the II	RS that it is	a Type I, T	ype II, Type III	
		functionally integrated, or Type III	non-functionally in	ntegrated supporting org	anization.			
	f	Enter the number of supported organi						
	g	Provide the following information about	ut the supported or	ganization(s).	1			
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of other support (see
				above (see instructions))	listed in you docum		support (see instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
<u></u>								
(E)								
Tota								

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.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,863	3,285	1,810	2,420	2,325	16,703
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						
4	Total. Add lines 1 through 3	6,863	3,285	1,810	2,420	2,325	16,703
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						16,703
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	6,863	3,285	1,810	2,420	2,325	16,703
8	Gross income from interest, dividends,						<u> </u>
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	52	48	33	42	64	239
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.						16,942
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or	ganization's fir	st, second, thir	d, fourth, or fift	th tax year as a	a section 501(c))(3)
_	organization, check this box and stop here						
	ction C. Computation of Public Support						
14	Public support percentage for 2020 (line 6, c	olumn (f), divid	ed by line 11,	column (f)) .		14	98.59 %
15	Public support percentage from 2019 Sched	ule A, Part II, li	ne 14			15	98.33 %
16a	33 1/3% support test - 2020. If the organiza	ation did not che	eck the box on	line 13, and lin	ne 14 is 33 1/3	% or more, che	ck this
	box and stop here. The organization qualified	es as a publicly	supported org	anization			▶ <u>x</u>
b	33 1/3% support test - 2019. If the organiza	ation did not che	eck a box on lii	ne 13 or 16a, a	and line 15 is 3	3 1/3% or more	e, check
	this box and stop here. The organization qu	alifies as a pub	licly supported	l organization .			▶ □
17a	10%-facts-and-circumstances test - 2020.	If the organiza	tion did not ch	eck a box on li	ne 13, 16a, or	16b, and line 14	4 is
	10% or more, and if the organization meets	the facts-and-c	ircumstances t	est, check this	box and stop	here. Explain ir	า
	Part VI how the organization meets the facts	-and-circumsta	nces test. The	organization o	ualifies as a p	ublicly supporte	ed
	organization						▶ □
b	10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization m	-					
	in Part VI how the organization meets the fac						
	organization			-			
18	Private foundation. If the organization did r						_
	instructions						▶ □

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. Open 1

2020

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

tion. Inspection
Employer identification number

Fri	ends of Eden State Gardens Inc		59-3275776
Pa	rt I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or Acco	unts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organization	on's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	onservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	cture included in (a)	. 2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	anization during the
	tax year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservati	on easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation e	easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	
	and section 170(h)(4)(B)(ii)?		Yes L No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statements th	nat describes the
Da	organization's accounting for conservation easements.	of Art Historical Transcripto or C	Ather Cimiler Accets
Pa	rt III Organizations Maintaining Collections		Amer Similar Assets.
	Complete if the organization answered "Yes" o		alanaa ahaatuusuka
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publi		ance of public
L	service, provide, in Part XIII the text of the footnote to its finan-		and about works of
b	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in futneran	ce of public service,
	provide the following amounts relating to these items:		▶ ¢
			•
2	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		ii, provide tile
•	following amounts required to be reported under FASB ASC 9 Revenue included on Form 990, Part VIII, line 1	•	L \$
a h	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
b	Assets included in Fulli 330, Fall A		φ

Pa	rt III Organizations Maintaining Col	lections of Art, His	storical Treasures	s, or Other Similar As	ssets (continued)
3	Using the organization's acquisition, accession, and	other records, check ar	ny of the following that m	ake significant use of its	
	collection items (check all that apply):				
а	X Public exhibition	d	Loan or exchange	programs	
b	Scholarly research	е	Other		
С	Preservation for future generations				
4	Provide a description of the organization's collection XIII.	ns and explain how they	further the organization'	s exempt purpose in Part	
5	During the year, did the organization solicit or receiv	ve donations of art histor	rical treasures or other s	similar	
	assets to be sold to raise funds rather than to be m				
	Escrow and Custodial Arranger		g		
	Complete if the organization answ 990, Part X, line 21.		m 990, Part IV, line	9, or reported an amo	ount on Form
1a	Is the organization an agent, trustee, custodian or of	ther intermediary for con	tributions or other assets	s not	
	included on Form 990, Part X?				🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII and co	omplete the following tab	le:		
				Am	nount
С	Beginning balance			. 1c	
d	Additions during the year			. 1d	
е	Distributions during the year			. 1e	
f	Ending balance			. 1f	
2a	Did the organization include an amount on Form 99	0, Part X, line 21, for esc	crow or custodial accoun	t liability?	. 🗌 Yes 🗌 No
b_	If "Yes," explain the arrangement in Part XIII. Check	k here if the explanation	has been provided on P	art XIII	
Pa	rt V Endowment Funds.				
	Complete if the organization answ	<u>/ered "Yes" on Forr</u>	m 990, Part IV, line	10.	
	(a)	Current year (b) F	Prior year (c) Two year	rs back (d) Three years back	(e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and				
	losses				
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the current year		column (a)) neid as:		
a	Board designated or quasi-endowment Permanent endowment %	%			
b					
C		IO 1000/			
20	The percentages on lines 2a, 2b, and 2c should equal Are there endowment funds not in the possession of		ro hold and administered	d for the	
3a	organization by:	or the organization that a	ile ilelu allu auriliilisteret	a loi tile	Yes No
					. 3a(i)
	,,				. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations				. 3b
4	Describe in Part XIII the intended uses of the organ				. 00
_	rt VI Land, Buildings, and Equipmen		140.		
. u	Complete if the organization answ		m 990 Part IV line	11a See Form 990 I	Part X line 10
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	bescription of property	(investment)	(other)	depreciation	(u) Book value
1a	Land	, ,			
b	Buildings				
C	Leasehold improvements				
d	Equipment				
e	Other				
_	I. Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X, colui	mn (B), line 10c)		
	(a) made oqual		(=),		

Schedule D (Form		ens Inc	59	-3275776	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	e 11b. See Forn	n 990, Part X,	, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		c) Method of valuation	
(1) Financial	derivatives				
(2) Closely-he	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	(1)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.	urm 000 Dort IV line	. 110 Coo Form	- 000 Dort V	line 12
	Complete if the organization answered "Yes" on Fo	THE SECTION OF THE PROPERTY OF	e 110. See Form	1990, Part A,	illie 13.
	(a) Description of investment	(b) Book value		c) Method of valuatio	
(4)			Cost o	or end-of-year market	value
(1) (2)					
(3)			_		
(4)					
(5)					
(6)					
(7)			, ,		
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	e 11d. See Forn	n 990, Part X,	, line 15.
	(a) Description			(b) Bo	ook value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
<u>(9)</u>	(1) (5 (2) (2) (4 (5) (5 (5)				
	on (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		<u> ▶</u>		
Part X	Complete if the organization answered "Yes" on Fo	orm 000 Dort IV line	0 110 or 11f Co	o Form 000	Dort V
	line 25.	om 990, Part IV, inte	e rie or rii. Se	e Form 990,	rait A,
1.	(a) Description of liability (b) Book	value			
	income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					

(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

<u>59-327577</u>6 Friends of Eden State Gardens Inc 01. Form 990 governing body review (Part VI, line 11) The Board of Directors examined the return. 02. Conflict of interest policy compliance (Part VI, line 12c) The company followe the conflict of interest policy stipulated by the State of Florida 03. Governing documents, etc, available to public (Part VI, line 19) Form 990. Articles of Incorporation. Conflict of Interest Policy. 04. List of other fees for services expenses (Part IX, line 11g) See attached list of other for services expenses. 05. List of other expenses (Part IX, line 24e) See attached list of other expenses.

990 Overflow Statement	2020 Page 1
Name(s) as shown on return	FEIN
Friends of Eden State Gardens Inc	59-3275776

Other Expenses

Description	Amount
Utilities	\$ 2,430
Camelia Festival	1,222
Xmas Open House and Decorations	60
Mansion	1,940
Gates	483
Miscellaneous	325
Bank Charges	78
Park Budgetary Needs	14,274
Sales Tax	31
Total:	\$ 20,843