June 24, 2020

TO:	Warren Poplin, Bureau Chief Florida Park Service
THROUGH:	Melissa Shoemaker, PPDS Florida Park Service
FROM:	Wesley Myers, Park Manager Camp Helen & Eden Gardens State Park
SUBJECT:	Annual Financial Report for Friends of Eden Gardens State Park. Inc.

As required by the Florida Department of Environmental Protection Citizen Support Organization (CSO) Manual, Annual Financial Statement guidelines and the CSO Agreement, please accept this memo as the Park Manager's Cover Letter for the Friends of Eden Gardens State Park, Inc. Citizen Support Organization activities during January 1, 2019 through December 31, 2019.

The past year was very successful. The Friends of Eden Gardens State Park have accomplished and assisted with many projects and events in the park. I have listed below are a few of their accomplishments:

- Hosted Christmas Candlelight Tour, over 900 visitors attended
- Hosted vintage film series which was attended by over 200 visitors
- Hosted Camellia Flower Festival, over 1300 visitors attended
- Provided funding for brochures, landscaping equipment and cart repairs
- Provided funding for entrance gate repairs and yearly landscape dumpster service
- Purchased fertilizer, seed for grounds, pine straw for bedded areas

It is a pleasure to provide you with this partial year in review letter and share the wonderful accomplishments achieved by the Friends of Eden Gardens State Park, Inc. I feel very privileged to work with such a wonderful Citizen Support Organization. I look forward to our continued partnership and upcoming successes.

If you have any questions, please feel free to contact me at 850-233-5058.

Wesley Myers Park Manager

Cc: Melissa Shoemaker, Park Programs Development Specialist- District 1 File-CSO Annual Financial Statement

Summary of Accomplishments Friends of Eden Gardens State Park 2019

Total number members of Friends of Eden 160 – and our percent of growth is about even. All events went really well – total cooperation with Park personnel. CSO board members had total volunteer hours of 420 hours.

- Provided Internet connection in Wesley House/Security System
- Provided Landscape dumpster for the Park
- Purchased Hedge Trimmer
- Purchased Park Brochures
- Seeded and fertilized the park, pine straw mulch application to bed areas
- Hosted our two (2) annual member's meetings
- Hosted Christmas Candlelight Tour
- Hosted Vintage Film Series showing films in the park for the community
- Hosted Camellia Festival which provides an educational program for members and the public.

We look forward to working together on these projects with the mutual goal in mind of preserving the park for the future enjoyment of all area residents and visitors of our community.

Sincerely,

Marianne Burbach President The Friends of Eden Gardens State Park 181 Eden Garden Road Santa Rosa Beach, FL 32459 Florida Department of Environmental Protection



CITIZEN SUPPORT ORGANIZATION 2020 LEGISLATIVE REPORT (pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name: <u>Friends of Eden Gardens State Park</u> Mailing Address: <u>181 Eden Garden Road, Santa Rosa Beach, FL 32459</u> Telephone Number: <u>850-231-2724</u> Website Address: <u>www.friendsofedengardens.com</u>

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.

CSO's Mission: Consistent with Articles and Bylaws

The mission of the Friends of Eden Gardens State Park is to maintain and preserve the grounds and Wesley House for the enjoyment of all area residents and visitors. Eden Gardens State Park and all its physical assets are historically significant, having played an important role in the commercial and residential development of the Florida panhandle, thus it is imperative that they be protected and maintained in a manner which is conducive to perpetual benefit for all. It is imperative that they be protected and maintained in a manner which provides an educational program for members and the public.

Description of the CSO's Results Obtained: Brag! Expand section as necessary to be complete

In the past year 2019-2020 FOE has continued with paying for Park Brochures, Wesley House Security & Wi-Fi, maintaining a gift shop in the Wesley House, assist with maintaining grounds with overseeding of lawn in the Fall, care of 260 Camellia bushes, providing pinestraw mulch to bed areas of the Park. Hosted annual meetings in the Spring(2019) and Christmas, hosted annual Candlelight Open House, very successful Camellia festival and Vintage Film series. Purchased a new hedge trimmer, repairs to mowers, golf carts, etc.

Description of the CSO's Plans for the Next Three Fiscal Years: Expand section as necessary to be complete

In addition to the daily maintenance responsibilities of the Friends', we plan to continue to strive for significant growth in attendance and membership, to provide for the resources required to maintain the park and to see that all visitors are aware of the parks' presence. Also, to provide continued attention to long term planning and organizational structure for the future of the park. We plan to continue with air-layering of Camellias and care of the nursery, provide a long-term agronomic plan for the grounds, and to continue upgrading the beauty and sustainability of the park for years to come.

We also plan to continue to provide general maintenance to the historic Wesley House as well as any item that arises needing the support of the Friends.

- ⊠ CSO's Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously.
- ⊠ CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. If filing the 990-N, the Department requires the 990 or 990-EZ as a worksheet. All IRS Form 990's must be *complete* with Part III Program Service and *all* appropriate Schedules (See attached instructions). If filing an IRS extension, attach the IRS 8868 receipt and most recent 990 and schedules.

Friends of Eden Gardens State Park, Inc.

CODE OF ETHICS

PREAMBLE

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

STANDARDS

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

- 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 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 valve 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 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 after the vote.

9. Failure to Observe CSO Code of Ethics

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

Form Store (Rev. January 2020) Department of the Treasury ▶ File a separate application for each return. No mean Revenue Service Exervice if filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extenders Cortracts, for which an extension request must be sent to the IRS in paper format (see instructions). Filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed) All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), pmust use Form 7004 to request an extension of time to file income tax returns. Type or print Name of exempt organization or other filer, see instructions. Friends of Eden State Gardens Inc Number, street, and room or suite no. If a P.O. box, see instructions. Is Eden Road City, town or post office, state, and ZIP code. For a foreign address, see instructions. structure. Spanta Rosa Beach, FL 32459 Enter the Return Code for the return that this application is for (file a separate application for each return form 990-FE Form 990 or Form 990-EZ 01 Form 4720 (individual) Bis For Code for the return that this application is for (file a separate application for each return form 990-T (sec. 401(a) or 408(a) trust) 05 Form				ization Return	or	MB No. 154	45-0047
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Form	990
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A Fo	r the 2	018 calend	dar year, or tax year begin	ining	, 2018, ar	nd ending		, 20	
B Ch	eck if app	olicable:	C Name of organization Frie	nds of Eden State Ga	ardens Inc			D Employer identification no.	
Ad	dress cha	inge	Doing business as					59-3275776	
Na	me chang							E Telephone number	
-	ial return						(850)267-8320		
- 200		return/terminated City or town, state or province, country, and ZIP or foreign postal code						G Gross receipts	
			네					\$ 98,236	
5		ded return Santa Rosa Beach, FL 32459 ation pending F Name and address of principal officer: Gina DeFalco						for subordinates? Yes X No	
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	1 6	Briefly desc	cribe the organization's miss	sion or most significant activities	Programs Ben	erit st	ate Garden	15	
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viti	5	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)					And and a second s		
Acti	6	Total numb	er of volunteers (estimate if	necessary)			6		
~	7a '	Total unrela	ated business revenue from	Part VIII, column (C), line 12			7	a 75,974	
	bl	Net unrelat	ed business taxable incom	e from Form 990-T, line 38			7	b C	
						w.	Prior Year	Current Year	
	8	Contribution	ns and grants (Part VIII, line	•1h)			8,1	33 16,147	
8	9	Program se	ervice revenue (Part VIII, lin	e 2g)				0	
Revenue				A), lines 3, 4, and 7d)	and the second se			48 933	
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May 1	the IRS	discuss th	is return with the preparer s	hown above? (see instructions)				X Yes 🗌 No	
For P	aperw	ork Reduc	tion Act Notice, see the s	eparate instructions.				Form 990 (2018	

ar	990 (2018) Friends of Eden State Gardens Inc	59-3275776	Page :
	t III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part III		🗋
	Briefly describe the organization's mission:		
	Programs Benefit State Gardens		_
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes] No
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	No
	Describe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	red by others,	
	(Code:) (Expenses \$ including grants of \$) (Revenue To conduct programs and activities and raise funds for the maintenance and	<pre>\$</pre>	
	Eden State Gardens		
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	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	<pre> \$ } </pre>)

59-3275776	P

Form 9	990 (2018) Friends of Eden State Gardens Inc 59-3275	76	P	age 3
Part			-	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
	complete Schedule A	1	A	v
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	-	X
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	222		
	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)	- 32		
	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,			0.25
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			L
	"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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1		
	complete Schedule D, Part III	8	X	-
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	100		
	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 temporarily restricted	1		1.4.4
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			1
	complete Schedule D, Part VI	. 11a		X
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIL	11b		X
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			-
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		-	
a	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. 11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	X
e	Did the organization report an amount for other inaunues in Part A, fine 207 in Pes, complete Schedule D, Part A	110	-	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	1	X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		-	-
12a	Did the organization obtain separate, Independent audited financial statements for the tax year? If "Yes," complete	120		x
23	Schedule D, Parts XI and XII	. <u>12a</u>	-	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		l v
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		+	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		-	-
14a	Did the organization maintain an office, employees, or agents outside of the United States?	. <u>14a</u>	+	X
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	1.00		
	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	1000	1	1.4
	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	1000		
	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	1363		322
	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			72.0
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			228
	If "Yes," complete Schedule G, Part III		-	X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	. 20a		X
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 IL	. 21		X

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Par	t IV Checklist of Required Schedules (continued)		- 1	
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ST.
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	X
	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	1000		
	employees? If "Yes," complete Schedule J	23		Х
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	22.2		
	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		
	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		Х
h	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			î ⁻
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a		Х
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
D	Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
C	was an officer, director, trustee, or direct or Indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	V 1 1 1 1		X
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		х
				X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		-	A
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		x
	complete Schedule N, Part II		-	A
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
1010	sections 301.7701-2 and 301.7701-3? If Yes, complete Schedule R, Part I	33	-	~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
121223	or IV, and Part V, line 1		-	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35</u> a	-	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	100		
	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	1.00		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		100	
-	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Par	그는 것 같은 것 같			
-	Check if Schedule O contains a response or note to any line in this Part V		1	4
	Enter the symbol reported in Day 2 of Form 1000. From 0. Washington by	a constant	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				1.1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.	x	
-	reportable gaming (gambling) winnings to prize winners?	10	1	1

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_	990 (2018) Friends of Eden State Gardens Inc 59-32757	76	Page 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)	E.	1 10
		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		100000
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	26	x
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	24	v
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 in 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	X
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		1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
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	
c	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		
e	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	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
8	sponsoring organization have excess business holdings at any time during the year?	8	X
•	Sponsoring organizations maintaining donor advised funds.		
9	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
a		9b	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30	
10	Section 501(c)(7) organizations. Enter:		
a	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:	5.5	
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	30102	2 22.13
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?	13a	_
	Note. See the instructions for additional information the organization must report on Schedule O.		E CON
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		14 (A. 19)
C	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	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	X
	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	X
	If "Yes," complete Form 4720, Schedule O.		

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ar	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			_
	Check if Schedule O contains a response or note to any line in this Part VI			. 🛛
c	tion A. Governing Body and Management	_		
		_	Yes	No
а	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	1-24		
	committee, explain in Schedule O.	white		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			100
	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	1	Х
	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	_	X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	X
	Did the organization have members or stockholders?	6	_	X
i.	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1025		
	one or more members of the governing body?	7a		X
0	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1.5		1.00
	stockholders, or persons other than the governing body?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
	the year by the following:			1
a	The governing body?		X	-
3	Each committee with authority to act on behalf of the governing body?	8b	X	-
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
C	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			-
			Yes	No
a	Did the organization have local chapters, branches, or affiliates?	10a	-	X
D		1.1.1.1.1.1.1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
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? If "Yes,"			
	describe in Schedule O how this was done	. 12c	X	
	Did the organization have a written whistleblower policy?		-	X
	Did the organization have a written document retention and destruction policy?	14		X
	Did the process for determining compensation of the following persons include a review and approval by		10	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official		-	X
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).			
a	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		X
b			1	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1.1211.3	1000	100
_	organization's exempt status with respect to such arrangements?	. 16b		
90	ction C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed Florida			
	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 in Schedule O)			
	Describe in 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.			
	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			
		FT		10.00

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp 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		
1a Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or withi s tax year.	n the	
	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of a. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	amount of	
• List all	of the organization's current key employees, if any. See instructions for definition of "key employee."		
 List the who received 	organization's five current highest compensated employees (other than an officer, director, trustee, or key en reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from and any related organizations.	nployee) n the	
	of the organization's former officers, key employees, and highest compensated employees who received mor reportable compensation from the organization and any related organizations.	e than	

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

			and the second s		
(A)	(B)	(C) Position (do not check more than one and		(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	or director and a director/trusted)	thom the	Reportable mpensation from related organizations (2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
1) Gina DeFalco Director		x	0	0	0
(2) Marianne Burbach Preident		x	0	0	0
(3) Jenny King Director		x	0	0	0
(4) Peter Horn Vice President		x	0	0	c
(5) Bob Saucier Secretary		x	0	0	(
(6) Pauline Sotiri Treasurer		x	0	o	(
(7) Gail Pizar Director		x	o	o	(
(8) Carol Saucier Director		x	0	o	(
(9) Lindsey Montgomery Director		x	0	0	
(10)					
(11)					
(12)					
(13)					
(14)					
EEA					Form 000 /201

	0 (2018) Friends of Eden St			_			C		anta d Emminues	59-327577	/6	Pa	ige a
Part '	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and			Com	pen	sated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week (list any	office	nless r and	perso	on le tha n is b	oth an ustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	eensation om the anization I related nizations	i.
15)						1							
16)													
17)													
18)													
19)													
20)													
21)													
22)													
23)						None of							
24)							2						_
25)													
1b	Sub-total	And a second sec		Ψ.	• •	• •		۲				_	_
c d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)	Contraction of the local division of the loc	-					*		0 0			0
2	Total number of individuals (including but not limite	d to those lis							e than \$100,000 c	4			
	reportable compensation from the organization		kava	male		arl	niahar		managed			Yes	No
3	Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedule										3		Х
4	For any individual listed on line 1a, is the sum of re										1		
	organization and related organizations greater that	an \$150,000?	If "Ye	s," c	omp	lete	Sche	dule	J for such				
	individual										4		X
5	Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes,						_				5		X
Secti	on B. Independent Contractors	complete 3	scriedu	10 .	101 3	Jun	00130						n
1	Complete this table for your five highest compensation from the organization. Report compensation												
	year. (A)			_	_		-		(6	3)		(C)	_
	Name and business address	5							Description of	S		pensatio	'n
2	Total number of independent contractors (including	hut not limit		h	Ilata	dab	cure l	uha		5.0			_

 rotal number of independent contracters (including but not initial to those hase above) who	
received more than \$100,000 of compensation from the organization	

orm 990	(201	8) Friends of Eden	State Gardens I	nc		59-32757	76 Page 9
Part V	III	Statement of Revenue					
		Check if Schedule O contains a respons	e or note to any line in th	is Part VIII	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a				
ints	b	Membership dues	1b 1,810				
10 Jo	c	Fundraising events	1c 14,337				
LA A	d	Related organizations	1d			Contract of the second	
0.5	- 52	그 같은 것이 물건 같은 것 것이 없다. 같이 같이 같은 것이 많이 많을 것 같아. 아이지 않는 것	10	terrer differenti		- Kennen in	
Sin	e	Government grants (contributions)	10	-			
Per per	f	All other contributions, gifts, grants,		S. A. S.			
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above	1f	Contraction of	and the second second		
and	-	Noncash contributions included in lines 1a					
	h	Total. Add lines 1a-1f	.	16,147			1000 Arrest
			Business Code	100			
Program Service Revenue	2a						
leve	b						
6	c						
2 ez	d		/				
E S	e						
2Bo	f	All other program service revenue					
ď		Total. Add lines 2a-2f		6	and the second		and the second se
-					-		
		Investment income (including dividends, inl and other similar amounts)		33		33	
		Income from investment of tax-exempt bon					
		이번 남성 성장은 것 같은 이 방법에 지난 것 것 같아요. 가지만 한 것은 것이 가지 않는 것이라고 싶어? 것					
	5	Royalties	60000 C				the second s
	3533	(i) Re:	al (ii) Personal				
	10.00	Gross rents				1.1	
		Less: rental expenses			THE STATE	100	
		Rental income or (loss)				Real Property in	
	d	Net rental income or (loss)	.				
		Gross amount from sales of (i) Securi assets other than inventory	lles (ii) Other 900			10000	L'euron
	b	Less: cost or other basis and sales expenses	6 1 0		-		
	~	Gain or (loss)	900				
		Net gain or (loss)	and the second s	900		900	
		Gross income from fundraising		500	Contraction of the second		Manager and the
Other Revenue	oa	Assessments with with the	20				
eve		and the second s	31	and the second			
2		of contributions reported on line 1c).			Contraction of the	1 4 4 K	
the	1.00	See Part IV, line 18	. a	- Colora Special States			
0	1.	Less: direct expenses					
	1.	Net income or (loss) from fundraising ever	nts				
	9a	Gross income from gaming activities.			Sector 10 State		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	1.24	See Part IV, line 19					
		Less: direct expenses			Star		10000
	c	Net income or (loss) from gaming activitie	s				
	10a	Gross sales of inventory, less					
		returns and allowances		4	1		Charles and
	b	Less: cost of goods sold	. b 6,11	.5		and the second second	
	c	Net income or (loss) from sales of invento	ry ▶	2,30	9	2,309	
		Miscellaneous Revenue	Business Code	A CARLE OF			15 March 1
	11a	Pavillion	900099	72,500	D	72,500	
		Pepsi Machine	900099	233		232	-
	c			20.			
	1.122	All other revenue					
		Total. Add lines 11a-11d		72,73	2	Contraction of the second	
		Total revenue. See instructions		92,12		0 75.974	
	1.00			34,14.	4	0 75,974	9

Form 990 (2018)

) Friends of Eden State Gardens Inc

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0	Check if Schedule O contains a response or note to	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	Program service	Management and	Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
12	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		A		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
1.22	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)			318	
12	Advertising and promotion ,	318		1,308	
13	Office expenses	1,308		1,306	
14	Information technology				
15	Royalties	V			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.007		2,997	
19	Conferences, conventions, and meetings	2,997		2,331	
20	Interest				-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	710		710	
23	Insurance	710		/10	Distance in the second
24					
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	The Press of the State	Carlo and and and		
			States and	Southern Statistics	330/=
	 (A) amount, list line 24e expenses on Schedule O.) Event deposits returned 	18,286		18,286	
a	Grounds and Gardens	12,860		12,860	
c	Pavillion	17,513		17,513	
d	Plant Nursery	833		833	
e	All other expenses	42,132		42,132	
25	Total functional expenses. Add lines 1 through 24e .	96,957	0	96,957	0
26	Joint costs. Complete this line only if the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		20,231	
1914	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here F if				

Part	90 (20	18) Friends of Eden State Gardens Inc Balance Sheet	5	9-32757	76 Page 1
rait	~				Г
_		Check if Schedule O contains a response or note to any line in this Part X	(A)	<u></u>	(B)
			(A) Beginning of year		End of year
	1	Cash - non-interest-bearing	45,487	1	43,891
- 1	2	Savings and temporary cash investments		2	
- 1	3	Pledges and grants receivable, net		3	
- 1	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
- 1		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	2,654	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	
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	48,141	16	47,884
-	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
- 1	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part W of Schedule D		21	
40	22	Loans and other payables to current and former officers, directors,			
Liabilities	1.000	trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		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 SFAS 117 (ASC 958), check here 🕨 🗌 and			
90		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets		27	
Bala	28	Temporarily restricted net assets		28	
a pr	29	Permanently restricted net assets		29	
E		Organizations that do not follow SFAS 117 (ASC 958), check here 🔹 🕅 and			
D		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	32	47,884
1000	33	Total net assets or fund balances	10110000000		47,884
	34	Total liabilities and net assets/fund balances	48,141	34	47,884

Form 990 (2018)

Form	990 (2018) Friends of Eden State Gardens Inc	59-32757	76	Pa	ige 12
Par	t XI Reconciliation of Net Assets				1221
	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		92,1	121
2	Total expenses (must equal Part IX, column (A), line 25)			96,9	957
3	Revenue less expenses. Subtract line 2 from line 1		_	(4,8	836)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			48,1	141
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments		_	4,	579
9	Other changes in net assets or fund balances (explain in Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		47,8	884
Par	t XII Financial Statements and Reporting				10-10 10-10
	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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		-	- 10	1000
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	-	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1
	reviewed on a separate basis, consolidated basis, or both:			1	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	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:	Ø.			
	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 in				1
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1		
	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		1.0		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			L	L
EEA			Forn	n 990 ((2018)

	\sim		-	~			-	А
		н	-				-	•
J	~		_	~	~	_	_	~

Public Charity Status and Public Support

OMB No. 1545-0047

2018

SCHEDULE A	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.	2018
(Form 990 or 990-EZ)	Attach to Form 990 or Form 990-EZ.	Open to Public
영향은 가슴 옷을 걸었다. 그 가슴 가 있는 것이 같아.	Attach to Form 990 of Form 990-E2.	open to r unite

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service	Go to www.irs
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s.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

ri	end	s of Eden State Gardens	Inc				59-327577	6		
	rt I	Reason for Public Chari	ty Status (All or	ganizations must co	omplete t	his part.)	See instructions	3.		
	100 C 10 C 10 C 10 C	ization is not a private foundation be								
1	ň	A church, convention of churches, o								
2	п	A school described in section 170(
3	п	A hospital or a cooperative hospital								
4	п	A medical research organization op					1)(A)(iii). Enter the			
	-	hospital's name, city, and state:	**************************************				and a construction of the second second			
5	П	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								
6	П	A federal, state, or local governmen		nit described in section	170(b)(1)(4	A)(v).				
7	X	An organization that normally receiv					the general public			
	100	described in section 170(b)(1)(A)(
8		A community trust described in sec	2.6 - 2.1. 전에 전 유민이었던 것이 많이 많이 했다.							
9	$\overline{\Box}$				rated in col	njunction w	ith a land-grant colle	ge		
		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 receiv	es: (1) more than 33	3 1/3% of its support from	n contributio	ons, membe	rship fees, and gross	5		
	-	receipts from activities related to its								
		support from gross investment inco								
		acquired by the organization after								
11	П	An organization organized and ope								
12	Π	An organization organized and oper					carry out the purpose	s		
		of one or more publicly supported of	organizations descril	bed 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 th	ne type of supporting org	anization a	nd complete	e lines 12e, 12f, and	12g.		
	а	Type I. A supporting organizat						ing		
		the supported organization(s) the			rity of the d	irectors or t	trustees of the			
		supporting organization. You r			Sec.	15 (a) =0.5				
	b	Type II. A supporting organiza								
		control or management of the s		And and a second	arsons that o	control or m	anage the supported	1		
		organization(s). You must con				the send from	ationally integrated			
	c	Type III functionally integrate						WILLI,		
	1.5	its supported organization(s) (s						on(e)		
	d	Type III non-functionally inte that is not functionally integrate								
		requirement (see instructions)					and an attentivenes.			
	0	Check this box if the organizati					voe II. Type III			
	6	functionally integrated, or Type				a ilboit i				
	f	Enter the number of supported org		inglaice orbbound ers						
	a	Provide the following information al		rganization(s).						
_		(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the o	rganization	(v) Amount of monetary	(vi) Amount of		
		12 12 DBA		(described on lines 1-10	listed in you docum	or governing	support (see instructions)	other support (see instructions)		
				above (see instructions))	GOCON	Ren t	insuddons)	madecionaj		
_					Yes	No				
(A)	e									
	×									
(B)	į									
(C)										
(D))									
(E)	Ŕ.									
To	tal		11.0000							

chedu	le A (Form 990 or 990-EZ) 2018 Frier	nds of Eden S	tate Garden	s Inc		59-3275776	Page 2
Par	t II Support Schedule for Org (Complete only if you check	anizations Des	scribed in Sec	tions 170(b)(1	1)(A)(iv) and 1 organization f	70(b)(1)(A)(vi)	inder
	Part III. If the organization fa	alle te qualify ur	dor the tests l	isted below pl	ease complete	Part III)	inder
		alls to quality ut	ider the tests i	isted below, pi	ease complete	r art m.)	
	tion A. Public Support	(-) 0014	(h) 0045	1-1 2016	(d) 2017	(e) 2018	(f) Total
alen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(a) 2017	(e) 2010	(i) iotai
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			C 0.02	2 205	1,810	14,231
	include any "unusual grants.")	1,428	845	6,863	3,285	1,010	14,231
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	1,428	845	6,863	3,285	1,810	14,231
4 5	Total. Add lines 1 through 3	1,420	043	0,003	3,203	1,010	21/202
5	The portion of total contributions by each person (other than a		Color Com	and the second second			
	governmental unit or publicly	a statement		A THE REAL			
	supported organization) included on	Section Section		19 11 M	4		
	line 1 that exceeds 2% of the amount		1000 C				
	shown on line 11, column (f)	S STATE STATE				Same and the second	
6	Public support. Subtract line 5 from line 4		Stationer Station	0			14,231
_	tion B. Total Support						
	dar year (or fiscal year beginning in) >	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,428	845	And and a state of the state of	Contraction of Contra		14,231
8	Gross income from interest, dividends,		College and			/	
	payments received on securities loans,						
	rents, royalties and income from similar sources	54	84	52	48	33	271
	1997-1997 (1						
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on			Contraction of the local division of the loc			
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 .		No	Salahis Int		Second and	14,502
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the		second, third, fou	rth, or fifth tax yea	r as a section 501(c)(3)	_
	organization, check this box and stop here				<mark></mark>	<u></u>	
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2018 (line 6,						98.13 %
15	Public support percentage from 2017 School						98.08 %
16a		zation did not check	k the box on line 1	3, and line 14 is 3	3 1/3% or more, ch	eck this	
	box and stop here. The organization quali						▶ 🛛
b	33 1/3% support test - 2017. If the organi						
	this box and stop here. The organization of						▶⊔
17a	10%-facts-and-circumstances test - 201						
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fac						
	organization						▶□
b	10%-facts-and-circumstances test - 201	in this part of the Tarment of the				line	
	15 is 10% or more, and if the organization					-6.4	
	Explain in Part VI how the organization me						
4.0	supported organization						
18	Private foundation. If the organization did						ь П
-	instructions	********					m 990 or 990-EZ) 201

-			State Garden			59-327577	6 Page 3
Pa	rt III Support Schedule for Org (Complete only if you chec If the organization fails to g	ked the box on	line 10 of Part	I or if the orga	anization failed t		r Part II.
Soc	tion A. Public Support	daily under an	0 10313 113100 50	non, picace e	omploto i urt il.	/	
	ndar year (or fiscal year beginning in) >	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	te e dit e altre anna d'hanna d'hann a fa d'an i	(a) 2014	(5) 2010	(0) 2010	(4/2011	(0) 2010	(1) 1010.
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 disgualified 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					9	
8	Public support. (Subtract line 7c from						
Se	tine 6.)	In the second					
	endar year (or fiscal year beginning in) >	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6			Provide Log			
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		y				
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, check this box and stop here	organization's first	, second, third, fou	rth, or fifth tax ye	ar as a section 501(c)(3)	• 🛛
Se	ction C. Computation of Public S	upport Percer	ntage				
15	Public support percentage for 2018 (line 8,						%
16	Public support percentage from 2017 Scher					16	%
1000	ction D. Computation of Investme			(D)		47	%
17 18	Investment income percentage for 2018 (li Investment income percentage from 2017						%
1993	그렇게 가슴 집에 안 없는 일이라 여러 집에 가슴 가슴 것이다. 것 같아요.						70
	33 1/3% support tests - 2018. If the organ 17 is not more than 33 1/3%, check this bo	ox and stop here.	The organization q	ualifies as a publ	icly supported organ	nization	▶□
	33 1/3% support tests - 2017. If the organ line 18 is not more than 33 1/3%, check th Distance of the state of the stat	is box and stop he	ere. The organizati	on qualifies as a	publicly supported o	rganization	
20	Private foundation. If the organization did	I not check a box of	on line 14, 19a, or	19b, check this be	ox and see instruction	ons	<u></u> ► <u>□</u>

	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete S and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, com	nplete	10 A	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa	rt V.)		_
cti	on A. All Supporting Organizations			
		_	Yes	N
	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		100555	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	-	33
	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		100001	
	organization was described in section 509(a)(1) or (2).	2	-	
а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	20		
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		8.2	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	3b		
	organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	50	-	1.000
C	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	100000000	
2	Was any supported organization not organized in the United States ("foreign supported organization")? If			1
rea.	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
С.,	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			18
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c		_
a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		1000	
	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			100
	was accomplished (such as by amendment to the organizing document).	5a		1.000
D	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b		
	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	50 5c	-	-
c	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	50		
`	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		-
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	1	1.000	
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
1	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			18
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
la	Was the organization controlled directly or indirectly at any time during the tax year by one or more		210	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	-	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	01		
~	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
U	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? If "Yes," provide detail in Part VI .	90		1
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section	90		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			1
	supporting organizations)? If "Yes," answer 10b below.	10a		1
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		Γ

Schedu	le A (Form 990 or 990-EZ) 2018 Friends of Eden State Gardens Inc 59-3275776		P	age 5
Par	t IV Supporting Organizations (continued)			
1925			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-	0.0000	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	-	-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		_
Sect	tion B. Type I Supporting Organizations		Vee	No
	Did the directory to store as membership of one or more supported argonizations have the newer to		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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		577	
		2		
C	supervised, or controlled the supporting organization.	4		2 12
Sec	tion 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		100	
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1	-	
Sac	the supported organization(s). tion D. All Type III Supporting Organizations			
Sec	tion D. All Type III Supporting Organizations	_	Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		105	140
1	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		1000
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			-
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
		1		×
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-	11	
	significant voice in the organization's investment policies and in directing the use of the organization's			1.1.1.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1000
N	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstruc	tions)).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in	nstruc	tions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? If "Yes," then in Part VI identify		100	
	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		1	-
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		- 63.5	1000
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

- a Did the organization nave the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

Schedule A (Form 990 or 990-EZ) 2018 Friends of Eden State Gardens Inc		59-32	75776 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (
 Check here if the organization satisfied the Integral Part Test as a qualifying 			
instructions. All other Type III non-functionally integrated supporting orga	anizations	must complete Section	
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	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		A TEL LINE	
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	it,		
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 Check here if the current year is the organization's first as a non-functional instructions).	ally integr	ated Type III supportin	g organization (see

Schedule A (Form 990 or 990-EZ) 2018

Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	6172 A 618		
3	Administrative expenses paid to accomplish exempt purport	ses of supported organizati	ons	
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 respons	ive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
s	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.	All and and a second		
3	Excess distributions carryover, if any, to 2018			Sector Sector
а	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if	A CONTRACTOR OF THE		
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.	and the state of the second second		
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
_	Excess from 2014		14	
	Excess from 2015			
	Excess from 2016			
	Excess from 2017	Service Annual Contraction		
e	Excess from 2018			

Schedule A (Form	990 or 990-EZ) 2018 Page 8
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
5	
24	
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· · · · · · · ·	

SCH	EDULE D	Supplemental Financial Statements	OMB No. 1545-0047
0.0.2	m 990)	► 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.	2018
_		Attach to Form 990.	Open to Public
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
Name	of the organization		er identification number
Fri	ends of 1	Eden State Gardens Inc 59	-3275776
Par	tl Organiz	ations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	
	Complet	e if the organization answered "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds (b) F	unds 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		at end of year	
5		tion inform all donors and donor advisors in writing that the assets held in donor advised	
		anization's property, subject to the organization's exclusive legal control?	Yes 🗌 No
6		tion inform all grantees, donors, and donor advisors in writing that grant funds can be used	
		e purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
De		missible private benefit?	Yes No
Pa	and the second se	ervation Easements.	
1		ete if the organization answered "Yes" on Form 990, Part IV, line 7. Inservation easements held by the organization (check all that apply).	
	-	n of land for public use (e.g., recreation or education) Preservation of a historically important	nt land area
	—	f natural habitat	
	Ξ	nof open space	
2	A REAL PROPERTY AND A REAL	a through 2d if the organization held a qualified conservation contribution in the form of a conservation	1
-			Held at the End of the Tax Year
а		conservation easements	
b		stricted by conservation easements	
c		ervation easements on a certified historic structure included in (a)	
d		ervation easements included in (c) acquired after 7/25/06, and not on a	
		listed in the National Register 2d	
3		ervation easements modified, transferred, released, extinguished, or terminated by the organization di	uring the
	tax year 🕨		
4	Number of state	s where property subject to conservation easement is located	
5	Does the organia	zation have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and e	nforcement of the conservation easements it holds?	Yes No
6	Staff and volunte	er hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easeme	nts during the year
	Þ		
7	Amount of exper	nses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements	during the year
	► \$		
8		ervation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
23	and section 170		
9		cribe how the organization reports conservation easements in its revenue and expense statement, and	
		nd include, if applicable, the text of the footnote to the organization's financial statements that describe	is the
De		ccounting for conservation easements. nizations Maintaining Collections of Art, Historical Treasures, or Other Sin	nilar Accote
Pa		Nete if the organization answered "Yes" on Form 990, Part IV, line 8.	and Assets.
1a	the second se	on elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance	ce shoet
Ia		torical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	그 안 집에는 것이 같은 것을 가지셨어?	provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	5-61).
b	그는 것 같은 것 같은 것 같은 것 같이 많이	on elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance s	heet
1		torical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
		provide the following amounts relating to these items:	13011
	이렇는 것 같아? 이 집 것 같아? 것 같아?	cluded on Form 990, Part VIII, line 1	. • \$
		uded in Form 990, Part X	
2		on received or held works of art, historical treasures, or other similar assets for financial gain, provide	
	following amour	nts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а		ed on Form 990, Part VIII, line 1	
b		in Form 990, Part X	\$
For	Paperwork Redu	ction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018

es," explain the arrangement in Part XIII and completions during the year	er records, check any of d [Loan or exch e] Other nd explain how they fur onations of art, historica ained as part of the org nts. ed "Yes" on Form intermediary for contriting lete the following table: Part X, line 21, for escro- are if the explanation has	of the following that are a ange programs rther the organization's ex al treasures, or other simil ganization's collection? 990, Part IV, line 9, outions or other assets no	empt purpo lar or report t 1c 1d t bility?	ose in Part	Ye	<u>es [</u> m	<u> No</u>
ction items (check all that apply): Public exhibition Scholarly research Preservation for future generations ide a description of the organization's collections a Ing the year, did the organization solicit or receive de ts to be sold to raise funds rather than to be mainte Escrow and Custodial Arrangement Complete if the organization answere 990, Part X, line 21. e organization an agent, trustee, custodian or other ided on Form 990, Part X? es," explain the arrangement in Part XIII and complet inning balance tions during the year ig balance the organization include an amount on Form 990, P es," explain the arrangement in Part XIII. Check he Endowment Funds.	d [Loan or exch e] Other nd explain how they fu onations of art, historica ained as part of the org nts. ed "Yes" on Form intermediary for contrit lete the following table: Part X, line 21, for escro are if the explanation ha	ange programs Ither the organization's ex- al treasures, or other simil ganization's collection? 990, Part IV, line 9, putions or other assets no putions or other assets no putions or other assets no	empt purpo lar or report	ed an amour	nt on For	m	
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es," explain the arrangement in Part XIII and completions during the year	lete the following table: Part X, line 21, for escro are if the explanation ha	w or custodial account lia	. 1c . 1d . 1e . 1f bility?	Amo		μs [_] NO
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ibutions during the year	Part X, line 21, for escro are if the explanation ha	w or custodial account lia	bility?				
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es," explain the arrangement in Part XIII. Check he Endowment Funds.	ere if the explanation ha				-		_
Endowment Funds.		as been provided on Part	VIII STATE			es [_ No
		Visiting Visit					
Complete if the organization answere	ad IV/ant an Easter						
Complete in the organization anonen	ed res on Form	990, Part IV, line 10),		0		
		Charles Constanting	000000	Three years back	(e) Four	years b	ack
inning of year balance							
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NUMBER OF TAXABLE AND A DESCRIPTION OF TAXABL			20000				
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	tion's endowment fund	s.					
	178103 NTA 1060 T		s (s 12	25 215,58774-5	17/19/2020	23.5	
Complete if the organization answer	ed "Yes" on Form	990, Part IV, line 11	1a. See F	orm 990, Pa	art X, line	: 10.	SI
Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Acc	umulated	(d) Book	value	
1 11 No. 499 No. 1972 No. 1972 No. 1999	(investment)	(other)	depre	sciation			
d		1		19.20			
dings							
sehold improvements						_	
ipment		. X					
er							
d lines 1a through 1e. (Column (d) must equal Fo	rm 990, Part X. colum	n (B), line 10c.)					
	(a)	Complete if the organization answered "Yes" on Form inning of year balance tributions investment earnings, gains, and es er expenditures for facilities and grams inistrative expenses of year balance of year ba	Complete if the organization answered "Yes" on Form 990, Part IV, line 10 inning of year balance investment earnings, gains, and es er expenditures for facilities and insistrative expenses of year balance inistrative expenses of year balance inistrative expenses of year balance inistrative expenses of year balance vide the estimated percentage of the current year and balance (line 1g, column (a)) held as: rd designated or quasi-endowment inistrative expenses opcrafity restricted endowment inization by: unrelated organizations related organizations related organizations related organizations related organizations related organizations related organizations complete if the organization answered "Yes" on Form 990, Part IV, line 11 Description of property (a) Cost or other basis (other) (d) (d) d (d) d (d) d (d) intro the difficien of property (a) Cost or other b	Complete if the organization answered "Yes" on Form 990, Part IV, tine 10. Inning of year balance invisions i	Complete if the organization answered "Yes" on Form 990; Part IV, tine 10. Inning of year balance initiation of property (a) Current year (b) Prior year (c) Two years back (c) Turo years back (c) Year balance (c) Year balance	Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Inning of year balance (a) Current year (b) Prior year (c) Two years back (c) T	Complete if the organization answered "Yes" on Form 990; Part IV, tine 10. Inning of year balance (a) Current year (b) Prior year (a) Two years back (d) The years back (e) Four years back investment earnings, gains, and es (a) Current year (b) Prior year (a) Two years back (e) Four years back <t< td=""></t<>

Schedule D (Form 990) 2018

Part VII	Investments - Other Securities.	LIN	t N/ Kas 44b, Oss Farm 000, Dat V I	ine 10
	Complete if the organization answered	d "Yes" on Form 990, Par		ine 12.
	 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
Financial	derivatives			
	ald equity interests			
Other	• 1. 20 (19)			
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(U) (H)				
	must equal Form 990, Part X, col. (B) line 12.)			-
Part VIII	Investments - Program Related.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11c. See Form 990, Part X, I	ine 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
(1)				
(2)				
(3)		9		
(4)				
(5) (6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.	And		
			rt IV, line 11d. See Form 990, Part X,	
143	1 (s)	Description	(b) Bo	ook value
(1)				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		55 AV		
	nn (b) must equal Form 990, Part X, col. (B) line 1	(5.)		
Part X	Other Liabilities.	d "Voo" on Form 000 Po	art IV, line 11e or 11f. See Form 990, F	Part Y
	line 25.		at iv, line the of this see Form 550, F	art A,
	(a) Description of liability	(b) Book value		
-	income taxes	(b) book toroo		
(2)				
(3)				
(4)				
(4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)				
(4) (5) (6) (7) (8) (9)	b) must equal Form 990, Part X, col. (B) line 25.)			

20,010,00,00	ie D (Form 990) 2018 Friends of Eden State Gardens Inc	59-3275776	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Return.	
1	Total revenue, gains, and other support per audited financial statements	1	_
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	_
5	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s per Return.	
5	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	5 s per Return.	
5 Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	s per Return.	
5 Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	s per Return.	
5 Pa 1 2	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	s per Return.	
5 Pa 1 2 a	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	s per Return.	
5 Pa 1 2 a b	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d	s per Return.	
5 Pa 1 2 a b c	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	1 2e	
5 Pa 1 2 a b c d	Image: State of the state	s per Return.	
5 Pa 1 2 a b c d e	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	
5 Pa 1 2 a b c d e 3	Image: Second list of the second list o	1 2e	
5 Pa 1 2 a b c d e 3 4	Image: Second	2e 3	
5 Pa 1 2 a b c d e 3 4	Image: Second list of the second list o	2e 3 4c	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O	Supplemental Information to Form 990 or 990-I	CMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions o Form 990 or 990-EZ or to provide any additional information.	
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 	Open to Publi Inspection
Name of the organization		Employer identification number
Friends of Eden St	ate Gardens Inc	59-3275776
01. Form 990 gover	ning body review (Part VI, line 11)	
The Board of Direc	tors examined the return	
The Board of Direc	tors examined the return	
The Board of Direc	tors examined the return	
	tors examined the return terest policy compliance (Part VI, line 12c)	
02. Conflict of in	terest policy compliance (Part VI, line 12c)	
02. Conflict of in		tate of Florida
02. Conflict of in	terest policy compliance (Part VI, line 12c)	tate of Florida
02. Conflict of in	terest policy compliance (Part VI, line 12c)	tate of Florida
02. Conflict of in The company follow	terest policy compliance (Part VI, line 12c) The the conflict of interest policy stipulated by the S	tate of Florida
02. Conflict of in The company follow	terest policy compliance (Part VI, line 12c)	tate of Florida
02. Conflict of in The company follow 03. Governing docu	terest policy compliance (Part VI, line 12c) The the conflict of interest policy stipulated by the S	tate of Florida
02. Conflict of in The company follow	terest policy compliance (Part VI, line 12c) The the conflict of interest policy stipulated by the S	tate of Florida

Conflict of Interest Policy

04. List of other fees for services expenses (Part IX, line 11g)

See attached list of other fees for services expenses

05. List of other expenses (Part IX, line 24e)

See attached list of other expenses

Form	8868
(Rev Ja	nuary 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

01

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. Friends of Eden State Gardens Inc	Employer identification number (EIN) or 59-3275776
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions. 181 Eden Road	Social security number (SSN)
filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Santa Rosa Beach, FL 32459	
		A

Enter the Retum Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of
Pauline Sotiri, 181 Eden Road, Santa Rosa Beach, FL 32459

Telephone No. 850-267-8320 FAX No.		
If the organization does not have an office or place of business in the United States, check this box		
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	. If this is	
or the whole group, check this box	and attach	
 1 I request an automatic 6-month extension of time until <u>11-15</u>, 20 <u>19</u>, to file the exempt of for the organization named above. The extension is for the organization's return for: ▶ a calendar year 20 <u>18</u> or ▶ a year beginning, 20, and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return 	20	m
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	30	\$
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form instructions.	8453-EO and F	orm 8879-EO for payme

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)

om 8879-EO	IRS e-file Signature Authoriza for an Exempt Organization		OMB No. 1545-1878
	For calendar year 2018, or fiscal year beginning, and, and	d ending	2018
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form8879EO for the latest in		2015-2020-2020
Name of exempt organization		Employer identit	fication number
riends of Eden S	tate Gardens Inc	59-32757	76
lame and title of officer			
Marianne Burbach,	President		
	eturn and Return Information (Whole Dollars Only)		
Check the box for the return check the box on line 1a, 2 eave line 1b, 2b, 3b, 4b, 0	n for which you are using this Form 8879-EO and enter the applicable a 2a, 3a, 4a, or 5a, below, and the amount on that line for the return bein or 5b, whichever is applicable, blank (do not enter -0-). But, if you enter Do not complete more than one line in Part I.	ng filed with this form was bla ered -0- on the return, then en	nk, then ater -0- on
1a Form 990 check here			
2a Form 990-EZ check he	ere b Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL check	here b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF check he			
5a Form 8868 check here	▶ b Balance Due (Form 8868, line 3c)		. 5b
	on and Signature Authorization of Officer		
organization's electronic re to send the organization's the transmission, (b) the r authorize the U.S. Treasu financial institution accoun return, and the financial in: Agent at 1-888-353-4537 involved in the processing resolve issues related to t electronic return and, if ap Officer's PIN: check one I X I authorize Brad on the organizatio being filed with a ERO to enter my As an officer of th If I have indicated	d Congleton CPA Inc. to enter my PIN 3 ERO firm name	or electronic return organator (int of receipt or reason for rejete of any refund. If applicable, rdrawal (direct debit) entry to ti on's federal taxes owed on this contact the U.S. Treasury Fina also authorize the financial ins eccessary to answer inquiries a my signature for the organizati er five numbers, but not enter all zeros is return that a copy of the return gram, I also authorize the also authorize the afort 's tax year 2018 electronically ency(ies) regulating charities a h.	ction of , I he s ncial titutions and on's ature um is ementioned filed retum. as part of
Officer's signature		Date 05-14-2	2019
	tion and Authentication		
	our six-digit electronic filing identification	E09620 22	459
number (EFIN) followed t	y your five-digit self-selected PIN.		et enter all zeros
indicated above. I confirm	meric entry is my PIN, which is my signature on the 2018 electronically n that I am submitting this return in accordance with the requirements d IRS e-file Providers for Business Returns.	of Pub. 4163, Modernized e-	File (MeF)
ERO's signature		Data 🕨 05-15-	2019
	ERO Must Retain This Form - See Inst	tructions	
	Do Not Submit This Form to the IRS Unless Re		
For Panerwork Reduction	on Act Notice, see instructions.		Form 8879-EO (2018
EEA			

990	Overflow Statement	2018 Page 1
Vame(s) as shown on return		FEIN
Friends of Eden St	tate Gardens Inc	59-3275776
	Other Expenses	
Description		Amount
Description Utilities		\$ 2,842
		723
Camelia Festival	nd Decerations	2,206
Xmas Open House a Movies	Id Decorations	1,652
Mansion		12,071
Gates		195
Miscellaneous		605
Bank Charges		312
Park Budgetary Ne	sha	20,982
Sales Tax	GMD	544
Dates Tay		Total: \$ 42,132
		52
C		