

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2023 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

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

CSO's LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership:

Total Number of Board of Directors:

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

PARK & CSO RELATIONSHIP:

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

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

Provide your perspective on

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

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

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

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

Program Services are costs related to providing your organizations' programs or services in accordance with your mission. Describe and provide expenses that <u>directly support the park(s)</u>. For established nonprofit organizations, program service expenses generally represent most of the overall expenses of the organization. For the last calendar year provide the total \$ for each that apply. Do not use commas.

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

Visitor Services Revenue are revenues and the sources generated from fundraising on park property. Do not use commas.

- Park gift shops, craft stores, and concession sales \$
- Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$
- Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$
 - Vending (e.g., drink machines, penny press, laundry, Wifi, etc.)
 - Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$
 - In-park donation boxes \$
 - Other visitor services revenue \$
 - Total Visitor Services Revenue \$

NET ASSETS: \$

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

CSO AUDIT THRESHOLD:

Last Calendar Year's Total Expenses (including grants) \$

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

CONFIRM ATTACHMENTS:

Code of Ethics

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

2023 CSO Legislative Report Acknowledgement			
This information is complete to the best of my ki	nowledge	Penursuant to Section 20 058 Florida Sta	****
600		s parsuant to Section 20.036 Fibrida Sta	itutes
Signature:			
Printname: Jonathan Douglas		, CSO President	
Friends of Eden Gardens State Park	. Inc.		
Date: May 23, 2023	j iiic.		
Signature: Wesley Myers Digitally signed by Wesley Myers Date: 2023.05.23 13:31:43 -0500			
Print name: Wesley Myers	-	Park Manager	
Date:May 23, 2023			

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.

- 1. Prohibition of Solicitation or acceptance of Gifts
 No CSO board member, officer, or employee shall solicit or accept
 anything of value to the recipient, including a gift, loan, reward, promise
 of future employment 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 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022

Open to Public Inspection

AF	or the	2022 calend	ar year, or tax year begin	ning		, 2022, ar	nd endin	g		, 20)
B c	heck if ap	plicable:	C Name of organization F	riends of Eden St	ate Garden	s Inc			Emp	loyer identifica	tion number
Address change Doing business as										59-327	
□ N	Name change Number and street (or P.O. bo			ox if mail is not delivered to street a	ddress)		Room/suite		Teler	phone number	5770
Initial return 181 Eden Gardens ROAD							Noon vaule		reiek		05 0064
		n/terminated	The second section of the s	e, country, and ZIP or foreign postal	code					ss receipts	85-0264
	mended r			ach, FL 32459-597					G G G	ss receipts	107 550
	pplication		F Name and address of princip.					100-1	Ъ		127,553 Yes X No
	ppiioddori	pending								for subordinates?	
1 7		y		Santa Rosa Beach		725.7		H(b) Are all su			☐ Yes ☐ No
7	ax-exemp		501(c)(3) 501(c) () (insert no.) 4947	(a)(1) or ;	527				ist. See instruction	ons
-	lebsite:	N/A ganization:		П				H(c) Group ex			
Par				sociation Other		L Year of formation	199	4 M St	ate of le	gal domicile:	FL
rai	-	Summar									
				ion or most significant activi		CONDUCT PE			CTIV	TITIES AN	OT OR
e	1 8	RAISE FU	NDS FOR THE MAIN	TENANCE AND IMPOV	EMENT OF E	DEN STATE	GARD	ENS.			
Activities & Governance											
ern											
ò	2	Check this be	ox Lif the organization of	discontinued its operations of	or disposed of m	ore than 25%	of its net	assets.			
8	3	Number of vo	oting members of the gove	rning body (Part VI, line 1a)					3		6
S	4	Number of in	dependent voting member	rs of the governing body (Pa	art VI, line 1b)	·			4		6
Ĭ,	5	Total number	of individuals employed in	calendar year 2022 (Part \	/, line 2a) .		·		5		0
Ę.	100000		of volunteers (estimate if	없다 기계가 되어야 한다. 이번에 가셨다고 있다고 하다가 되어 ?		400			6		
A	7a	Total unrelate	ed business revenue from	Part VIII, column (C), line 12					7a		0
				from Form 990-T, Part I, lin					7b		0
_				monit of the cool i, i die i, int			i i	Prior Year	10		
	8	Contributions and grants (Part VIII, line 1h)									rent Year
ē		Program service revenue (Part VIII, line 2g)									9,526
Revenue	1000										0
é			ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					76763	58		257
œ	9.5							117,			111,133
-					n (A), line 12)			121,	153		120,916
			imilar amounts paid (Part								0
	4.5	Benefits paid to or for members (Part IX, column (A), line 4)									0
S				r compensation, employee benefits (Part IX, column (A), lines 5-10)							0
use			fundraising fees (Part IX,					0			
Expenses	b	Total fundrais	sing expenses (Part IX, col	umn (D), line 25)		0	/				
ñ			ses (Part IX, column (A), li					71,	532		119,779
	18	Total expens	es. Add lines 13-17 (must	equal Part IX, column (A), line 25)							119,779
	19	Revenue les	s expenses. Subtract line	18 from line 12					532 621		1,137
oc							Begin	ning of Curren		End	of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)					101,	PER CONT		102,957
Ass	21		s (Part X, line 26)						000		0
Fee	22	Net assets o	r fund balances. Subtract	line 21 from line 20				101,	838		102,957
Par			re Block					101/	000		102,937
Under	penalties	s of perjury, I dec	clare that I have examined this retu	urn, including accompanying schedu	ules and statements,	and to the best of	my knowled	dge and belief,	it is		
true, o	correct, ar	nd complete. Dec	claration of preparer (other than of	ficer) is based on all information of	which preparer has a	any knowledge.	30 27 74 2				
	71	Paul	ine Sotiri						. C 1		
Sign	1	Signature of office								ate	
Here									Do	110	
	-	Type or print nan	ine Sotiri, Treas	surer							
_		Print/Type pre		Preparer's signature		Data				DTIN	
Daia				Preparer's signature		Date		Check	if	PTIN	
Paic		X Fun Australia	S Cowen Jr.			02-24-202	23	self-empl	oyed	XXXXX	XXXX
	oarer	Firm's name		nd Company CPA PA			Fir	m's EIN			
use	Only	Firm's address		Co Hwy 30A Ste 21			Ph	one no.			
_			Santa R	osa Beach FL 3245	9		4 1		850-	622-2280	
May t	he IRS	discuss this	return with the preparer sh	own above? See instruction	ıs					· · · 🔲 ·	Yes X No
For P	aperwo	ork Reduction	on Act Notice, see the se	parate instructions.						F	orm 990 (2022)

	1990 (2022) Friends of Eden State Gardens Inc 59-3275776 Page 2
Pa	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
	TO CONDUCT PROGRAMS AND ACTIVITIES AND TO RAISE FUNDS FOR THE MAINTENANCE AND IMPOVEMENT OF EDEN
	STATE GARDENS.
2	Did the executation and adule and similar at a second and
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	THE ORGANIZATION CONDUCTED PROGRAMS AND ACTIVITIES DURING THE YEAR TO GENERATE ADEQUATE INCOME T
	COVER ITS OPERATING EXPENSES AND GENERAL SAVINGS FOR FUTURE NEEDS.
AL.	(Code)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
Tu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses

Form 990 (2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	771		
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	b l	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	10		7.5
	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,			
c	assessments, or similar amounts as defined in Rev. Proc. 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	1.7	10.1	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			1.5
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
	The state of the s	-		
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
87/	complete Schedule D, Part III	8		6
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		X
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	1111		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u>L</u> i	v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		X
	VII, VIII, IX, or X as applicable.	Na.2 R		
a	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
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	110		A
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	111111		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	100		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	7.51	60-1	
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	70.7	-	1
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	LE.	x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	TIV.	- "	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	Ki ak		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	24	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.27		
	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		- 1	
	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			
	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	Mai		
200	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?	15.1	T.J	
	If "Yes," complete Schedule G, Part III	19		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		2
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	T bi		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	- 11	X

Form 990 (2022)
Part IV C 2) Friends of Eden State Gardens Inc Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			100
240	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
24a	[[2] [[2] [[2] [[2] [[2] [[2] [[2] [[2]			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		14.
h	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? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	14. 이 이 1일 - 1. 전 1.	24-		
	to defease any tax-exempt bonds?	24c 24d		
25a	물을 하다 가장이 다면 사람들은 사이 사람들이 모든 마음이 없는 아이들은 아이들이 되었다. 이 사람들이 얼마나 아이들이 살아 보고 있다면 하는데 하다 되었다. 그 그리고 아이들이 아이들이 아이들이 다른 사람들이 되었다.	240		
2Ja	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		20
h	있다. 그렇게 보고 있는 사람이 가지 않는 사람이 가는 이 이 가득하다 살아서 살아서 있다면 하는데 하는데 사람이 되었다면 하는데 되었다면 하는데 보다 하는데	Zoa		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	256		100
26	그들은 아이들 때문에 가는 아이들은 하는 이번 하는 것이 되었다. 아이들 이 전에 가는 아이들이 되었다. 그는 사람들은 사람들이 되었다. 그는 사람들은 사람들이 살아 먹었다. 그는 사람들은 사람들이 살아 먹었다.	25b	Albert A	X
20	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		1 -	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		
27	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
20	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	1		
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			M. T.
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1731		15
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	330		
0.5	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			1.7
00	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	-		1
07	related organization?/f "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	20.0		
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
D	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
-	Check if Schedule O contains a response or note to any line in this Part V	• • •		Ш
	Fall the state of the part of the state of t		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4	-	
_	reportable gaming (gambling) winnings to prize winners?	1c	0000	3033)
EEA		rorr	n 990 (2022)

	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	776		age 5
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
Lu	Statements filed for the colondary can and ing with a within the			
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			1.0
3a	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
1.2	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			7.5
	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			00
	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		х
C	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 - 1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1.53	x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		- 1
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	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?	-	1	
b		7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7	
4	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		0.00
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	E.3	
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	e 01	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		100
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:		-	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:	1		
a			9 2 3 4	
b	Gross income from members or shareholders			
20	against amounts due or received from them.)		10	Pal
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	4	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	Mai		W
	the organization is licensed to issue qualified health plans	10.31		
C	Enter the amount of reserves on hand	A 34		
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 on Schedule O	14b		- 44
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	-	77
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	40		
		16		X
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities	18.3		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		1	

Form 990 (2022) Friends of Eden State Gardens Inc Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body at the end of the tax year 1a 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? X Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: The governing body? 8a X Each committee with authority to act on behalf of the governing body? 86 X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ... 11a 11a X b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a 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 on Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 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 If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Upon request

Pauline Sotiri (850) 598-0264, 181 Eden Gardens ROAD, Santa Rosa Beach, FL 32459-5973

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

State the name, address, and telephone number of the person who possesses the organization's books and records.

Other (explain on Schedule O)

19

20

Own website

X Another's website

and financial statements available to the public during the tax year.

Form	990	(2022)

EEA

Friends of Eden State Gardens Inc

59-3275776

Form 990 (2022)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-MEC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (A) (B) (D) (E) (F) (do not check more than one Name and title Reportable Average Reportable Estimated amount box, unless person is both an hours compensation compensation officer and a director/trustee of other from the from related compensation per week organization (W-2/ organizations (W-2/ from the (list any 1099-MISC/ 1099-MISC/ organization and Individual nstitutional Highest compensated hours for 1099-NEC) 1099-NEC) related organizations related organizations trustee trustee below dotted line) (1) Jenny King Special Events & Membership X 0 0 (2) Gina DeFalco Grounds Chair X - 0 0 0 (3) Pauline Sotiri Treasurer 0 0 X 0 (4) Maragrat Morrison Secretary X 0 0 0 (5) Peter Horn Vice President X 0 0 0 (6) Jonathan Douglas President 0 0 0 X (7) (8) (9)(10)(11) (12)(13)(14)

Part	00 (2022) Friends of Eden S VII Section A. Officers, Directors, T	rustees, l	Cey E	mp	oloy	ee	s, an	nd H	lighest Compe	59-3275 ensated Emplo	yees	(cont	Page tinued
	(A) Name and title	(B) Average hours per week	box,	unles	Pos eck m	son is	nan one s both a /trustee	n	(D) Reportable compensation from the	(E) Reportable compensation from related	со	(F) nated am of other mpensat	r tion
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	from the inization d organi	and
(15)									1		IP		
(16)													
(17)	######################################												
(18)													
(19)													
(20)													
(21)													
(22)													
(23)							aller Brenze			= -			
(24)													
(25)													
1b	Subtotal	The state of the s		• •	•	• •			-				
d	Total (add lines 1b and 1c)								0	0			0
2	Total number of individuals (including but not limite reportable compensation from the organization	d to those list	ted abo	ve)	who	rece	eived r	nore					
3	Did the organization list any former officer, director,	terroton lanca							aru .			Yes	No
	employee on line 1a? If "Yes," complete Schedule J				1, 107						3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than \$\frac{1}{2}\$												
5	individual										4		x
	for services rendered to the organization? If "Yes," or								·····		5		x
Section 1	on B. Independent Contractors Complete this table for your five highest compensa	ted independ	lent co	otrac	etore	that	recei	vod r	more than \$100,000	of			
	compensation from the organization. Report comp												
	(A) Name and business address	s						2	(B) Description of service	es	(C) Compens		
										- 1			
2	Total number of independent contractors (including	but not limite	ed to th	ose	liste	d ab	ove) v	vho					
	received more than \$100,000 of compensation from						7 A.K.						

Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
				الماحصوطاك		Dusiness leveride	sections 512–514
	1a Federated campaign	s	1a			The Control of	
ts ts	b Membership dues		1b 5,4	30			1797
ran nu	c Fundraising events		1c				
S, C	d Related organization	s	1d				
ar /	e Government grants (contributions)	1e	- 40			
ini ini	f All other contribution	s, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts	and similar amounts	not included above	1f 4,0	96			
the Chip	g Noncash contribution	ns included in					
ontro	lines 1a-1f		1g \$				
ある	h Total. Add lines 1a-1	f		9,526			
			Business Cod				
	2a						
	b						
Jue				P		X	
Revenue							
Re R	e						
Revenue	f All other program serv	vice revenue					
	g Total. Add lines 2a-2f						
				•		file (Section 1)	
		ncluding dividends, inter		0.57	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-	
a V				- 257	257		
		ent of tax-exempt bond					
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents						W ====
	b Less: rental expenses						
	c Rental income or (los						
	d Net rental income or (loss)		•			
	7a Gross amount from	(i) Securitie	s (ii) Other				
	sales of assets		Anna Carantan		4		12
	other than inventory	7a			11-2		
11:11	b Less: cost or other ba	sis			(13.3)		A
Other Revenue	and sales expenses	7b					
Ve	c Gain or (loss)	7c					1
Re	d Net gain or (loss) .			TO BE TO ST			
Je	8a Gross income from fu	ndraising	1741				
5	events (not including	\$					
	of contributions report	ted on line				No. 20 A TOUR	
		18	8a				
	b Less: direct expenses	N	8b				
	c Net income or (loss) f	ACCOUNT.					
	9a Gross income from ga	NS1818A	11117			7.1	
		line 19	9a				
	b Less: direct expenses		9b				1
	c Net income or (loss) f						
	10a Gross sales of inventor returns and allowance		10a 20,9	57			
	b Less: cost of goods so		10b 6,6				
	c Net income or (loss) f		100 6,6		14 202		
	C NGUILOUTE OF (1088) I	Tom Sales of HIVEHIOLY	Business Co	/	14,320		
,	11a Danis 3 3 3				66.655		+
e e	11a Pavillion		900099	96,250	96,250		
en	b Misc, Yoga & I	Refunds	900099	463	463		
e	C Event Sponsor		900099	100	100		
Revenue	d All other revenue .						
	e Total. Add lines 11a-			1 23/323			
	12 Total revenue. See in	nstructions		120,916	111,390	0	

(22) Friends of Eden State Gardens Inc Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	not include amounts reported on lines 6b, 7b, b), and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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 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)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		,		
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				10 -
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	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.)				
12	Advertising and promotion				
13	Office expenses	No.		4)	
14	Information technology			+ 1	
15	Royalties				
16	Occupancy	2,436		2,436	
17	Travel			THE TENE	
18	Payments of travel or entertainment expenses			11 1	
	for any federal, state, or local public officials	- 71			
19	Conferences, conventions, and meetings	1,688		1,688	
20	Interest				
21	Payments to affiliates			4 2 3	
22	Depreciation, depletion, and amortization	V			
23	Insurance	759		759	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If		0.77		
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Event deposits returned	20,750		20,750	
b	Grounds and Gardens	16,469		16,469	
C	Pavillion	25,997		25,997	
d	Park Budgetary Needs	40,482		40,482	
е	All other expenses	11,198		11,198	
25	Total functional expenses. Add lines 1 through 24e	119,779	0	119,779	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	-7 118			

	990 (20	, remained of facility take caracing the	5:	9-327	75776 Page 11
Par	T X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
_			Beginning of year	1 2 1	End of year
	1	Cash - non-interest-bearing	97,845	1	97,705
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	7	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ets	8	Notes and loans receivable, net	1 2 2 2 2 2	7	
Assets	9	Inventories for sale or use Prepaid expenses and deferred charges	3,993	8	5,252
Q.	10a	Prepaid expenses and deferred charges		9	
	IVa	basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets, See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	101,838	16	102,957
	17	Accounts payable and accrued expenses	101,050	17	102,937
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities	1	trustee, key employee, creator or founder, substantial contributor, or 35%			
iab	la 1	controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties	8	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		M.	
	12	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
to.	153	Organizations that follow FASB ASC 958, check here			
Se	155	and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	101,838	27	102,957
B	28	Net assets with donor restrictions		28	
nuc		Organizations that do not follow FASB ASC 958, check here			
F	20	and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t A	31 32	Retained earnings, endowment, accumulated income, or other funds		31	
Se	33	Total liabilities and not assets/fund belonges	101,838	32	102,957
	23	Total liabilities and net assets/fund balances	101,838	33	102,957

	990 (2022) Friends of Eden State Gardens Inc	59-327577	6	P	age 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		120,	916
2	Total expenses (must equal Part IX, column (A), line 25)	2		119,	,779
3	Revenue less expenses. Subtract line 2 from line 1	3		1,	,137
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4.0	101,	838
5	Net unrealized gains (losses) on investments	5			rger.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			(18)
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		102	957
Pa	rt XII Financial Statements and Reporting				301
	Check if Schedule O contains a response or note to any line in this Part XII				П
				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 on				8.3
	Schedule O.				
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				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	202000	2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		2.0		Α.
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2-		
	If the organization changed either its oversight process or selection process during the tax year, explain on	111111	2c		
	Schedule O.				
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		1		2
Ja					166
h			3a		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		71		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2022)

Form 990 (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

QUZZ Open to Public

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

on. Inspection
Employer identification number

	ends of Eden State Gardens	Inc				59-3275776	5
Part						art.) See instruction	ns.
The or	rganization is not a private foundation bec						
1	A church, convention of churches, or a			170(b)(1)(A)(i).		
2	A school described in section 170(b)(Contract of the Contract of th					
3	A hospital or a cooperative hospital se						
4	A medical research organization opera hospital's name, city, and state:	ated in conjunction	n with a hospital described	in section 1	170(b)(1)(A	(iii). Enter the	
5	An organization operated for the bene	efit of a college o	or university owned or oner	ated by a or	vernment	al unit described in	
13"	section 170(b)(1)(A)(iv). (Complete F		armorety evines of open	atou by a gr	3veriment	ar drift described in	
6	A federal, state, or local government of		init described in section 17	0(b)(1)(A)(s	1		
7	An organization that normally receive					m the general public	
	described in section 170(b)(1)(A)(vi).			· · · · · · · · · · · · · · · · · · ·	diffic of froi	ii tilo general public	
8	A community trust described in section						
9	An agricultural research organization of			ted in conjur	nction with a	a land-grant college	
	or university or a non-land-grant colle						
	university:						
10	An organization that normally receive receipts from activities related to its e support from gross investment incom acquired by the organization after June	xempt functions e and unrelated 30, 1975. See s	, subject to certain exception business taxable income (section 509(a)(2). (Comple	ons; and (2) less section te Part III.)	no more the 511 tax) fi	nan 33 1/3% of its	
11	An organization organized and operate						
12	An organization organized and opera-						
	one or more publicly supported organi						
	the box on lines 12a through 12d that						
а	Type I. A supporting organization						
	the supported organization(s) the			rity of the di	rectors or t	rustees of the	
b	supporting organization. You mus						
В	Type II. A supporting organization						
	control or management of the su organization(s). You must comp	The state of the s		ersons that	control or i	manage the supported	
С	Type III functionally integrated.	40000		nation with			
	its supported organization(s) (see						
d	Type III non-functionally integr	ARCONOMIC SOL			The second second second		
V (3)	that is not functionally integrated.	9 700000			and the same of the same	4 Jan 18 A. Salak S. W. W. Wall and S. W. Wall and	
	requirement (see instructions). Yo					it and an attentiveness	
е	Check this box if the organization					Type II. Type III	
	functionally integrated, or Type III				od Type I,	турс п, турс п	
f	Enter the number of supported organiza						
g	Provide the following information about		rganization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)		100			[-3]		
(B)					124		
(C)				1			
(D)				7 = 1			
(E)							
Total					127 Ya		

Calendar year (or fiscal year beginning in)

Gifts, grants, contributions, and membership fees received. (Do not

(a) 2018

(e) 2022

(f) Total

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

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

Section A. Public Support

(b) 2019

(c) 2020

(d) 2021

	include any unusual grants.)	1,810	2,420	2,325	3,886	9,526	19,967
2	Tax revenues levied for the			17 9.7			
	organization's benefit and either paid to	- N					
	or expended on its behalf						
3	The value of services or facilities					IV 7. TVII	[V -
	furnished by a governmental unit to the					11	
	organization without charge						
4	Total. Add lines 1 through 3	1,810	2,420	2,325	3,886	9,526	19,967
5	The portion of total contributions by	1,010	2/420	2,323	3,000	3,320	15,507
	each person (other than a						
	governmental unit or publicly			1000			
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						10.055
	ion B. Total Support						19,967
	ndar year (or fiscal year beginning in)	(a) 2018	(h) 2010	(~) 2020	(4) 2021	(-) 2022	(O Total
7	Amounts from line 4		(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		1,810	2,420	2,325	3,886	9,526	19,967
8	Gross income from interest, dividends,		7 5 5 5				
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	33	42	64	58	257	454
9	Net income from unrelated business			1 - 31			
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or				8		
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						20,421
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the org	anization's first	t, second, third,	fourth, or fifth t	ax year as a se	ection 501(c)(3)	
	organization, check this box and stop here						[
Sect	ion C. Computation of Public Suppor	t Percentage	е				
14	Public support percentage for 2022 (line 6	, column (f), di	vided by line 1	1, column (f))		14	97.78 %
15	Public support percentage from 2021 Sch					15	98.43 %
16a	33 1/3% support test - 2022. If the organiz					the second secon	
	box and stop here. The organization qualit						_
b							check
	this box and stop here. The organization of						
10.7-1-	10%-facts-and-circumstances test - 202						_
17a							
17a	10% or more and if the organization meets	uic lacts-allu-					
17a	10% or more, and if the organization meets		ctancos tost T	ha arganization			
17a	Part VI how the organization meets the fac-	cts-and-circum					orted
	Part VI how the organization meets the factorization	cts-and-circum					<u> </u>
17a	Part VI how the organization meets the factorganization	cts-and-circum	zation did not ch	neck a box on li	ne 13, 16a, 16		[ne
	Part VI how the organization meets the factorganization	cts-and-circum	zation did not ch and-circumsta	neck a box on li	ne 13, 16a, 16 k this box and	b, or 17a, and lin	ne blain
	Part VI how the organization meets the factorganization	cts-and-circum 1. If the organiz meets the facts facts-and-circu	zation did not ch and-circumsta umstances test	neck a box on li ances test, chec . The organizat	ne 13, 16a, 16 k this box and ion qualifies a	b, or 17a, and lin stop here. Exp s a publicly sup	ne plain ported
b	Part VI how the organization meets the factorganization	cts-and-circum 1. If the organizemeets the facts facts-and-circu	zation did not ch and-circumsta umstances test	neck a box on li ances test, chec . The organizat	ne 13, 16a, 16 k this box and ion qualifies a	b, or 17a, and lin stop here. Exp s a publicly sup	ne plain ported
	Part VI how the organization meets the factorganization	cts-and-circum 1. If the organizemeets the facts facts-and-circum not check a bo	zation did not ch s-and-circumsta umstances test 	neck a box on li ances test, chec . The organizat	ne 13, 16a, 16lk this box and ion qualifies a	b, or 17a, and lin stop here. Exp s a publicly sup s box and see	ne ported

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees				(=)===:	(6) 2022	(1) 10101
	received. (Do not include any "unusual grants.")	-				P. 6.1	16 - 7
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			N 0/		i al	
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			1 - 2 - 3			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .			A A A			
b	Amounts included on lines 2 and 3						
~	received from other than disqualified			F 68			7
	persons that exceed the greater of \$5,000						
C	or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8							
0	Public support. (Subtract line 7c from		West A. S.				
Coati	ine 6.)						
		(10040	1 0 0010	1		11 17 18 17	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,			0.5			
	payments received on securities loans, rents,						
	royalties, and income from similar sources				-		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	102.11					
	acquired after June 30, 1975		4.00	4 =			
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	1.2.4					
13	Total support. (Add lines 9, 10c, 11,			1 2 2 2 3 1	T	10 B S	,=====
	and 12.)		100				
14	First 5 years. If the Form 990 is for the org	anization's firs	t, second, third	, fourth, or fifth t	ax year as a s	ection 501(c)(3	
	organization, check this box and stop here						
Secti	on C. Computation of Public Support	rt Percentag	е				
15	Public support percentage for 2022 (line 8	3, column (f), d	livided by line 1	3, column (f))		15	%
16	Public support percentage from 2021 Sch					16	%
Secti	on D. Computation of Investment In						70
17	Investment income percentage for 2022 (li			line 13, column	(f))	17	%
18	Investment income percentage from 2021					18	%
19a	33 1/3% support tests - 2022. If the organ						
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests - 2021. If the organization						
	line 18 is not more than 33 1/3%, check this box at						25. es a 1
20	Private foundation. If the organization did						ıs 🗀

Part IV Supporting Organizations

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

Section	A.	All	Supporting	Organizations
---------	----	-----	------------	---------------

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 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 organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 - b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
 - c Did a disqualified person (as defined on 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		K
8		
9a		
9b		
9c 10a		
10b		

Part I	V Supporting Organizations (continued)			-9-0
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	5 1		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b	E	-
C	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			No.
C4	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
1	Did the assume to be decreased as a first section of the section o		Yes	No
7	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	18 10		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
10			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1.00		
	or management of the supporting organization was vested in the same persons that controlled or managed	128		
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	12001	1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
121	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	n E. Type III Functionally Integrated Supporting Organizations		Y0	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	structi	ons).	
a	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
	Activities Test, Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		19	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		10	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			23
	involvement, one or more 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 activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a	1	
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	The state of the s	20		

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

Secti	instructions. All other Type III non-functionally integrated supporting organiza on A - Adjusted Net Income	Ā	(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		(0,000,000)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4	8	
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	12 1	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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 (see instructions)	illy in	tegrated Type III suppor	ting organization

Schedu	V Type III Non-Functionally Integrated 509(a)(rdens Inc	59	-3275	776 Page 7
	, , , , , , , , , , , , , , , , , , ,	3) Supporting Organi	zations (continu	ea)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe		ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part V	(1)	5	
6	Other distributions (describe in Part VI). See instructions.		7	6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	n the organization is resp	onsive	++	
	(provide details in Part VI). See instructions.	gaa	0.10170	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
			(ii)	110	(iii)
Sect	ion E - Distribution Allocations (see instructions)	(i)	Underdistribution	ons	Distributable
		Excess Distributions	Pre-2022		Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				****
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h					
i	Carryover from 2017 not applied (see instructions)				
-	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	1			
4	Distributions for 2022 from		9		
-			¥		
а				-	
b	Applied to discerdistributions of prior years Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5					
3	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h		Maria nina		
	and 4b from line 1. For result greater than zero, explain in	4-			
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j	The second			
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				

е

d Excess from 2021 Excess from 2022

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

rier	nds of Eden State Gardens Inc		59-3275776
Pa	그는 그런 가는 그런 가게 모든 경에 있어 가는 사람이 되었다. 이번 이번 사람이 되었다면 살아지고 있다면 되었다.		ccounts.
-	Complete if the organization answered "Yes" on F	The second secon	
1	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
2	Total number at end of year		
	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	work was a second and a second	
5	Did the organization inform all donors and donor advisors in writing		
	funds are the organization's property, subject to the organization's	경기 이 나를 다른 아이들이 되었다. 이렇게 그렇지 않는 아이들이 살아 있다는 것이 없는 그를 가지 않는 것이다.	····· Yes N
6	Did the organization inform all grantees, donors, and donor advisor		
	only for charitable purposes and not for the benefit of the donor or	그 맛있다. 그리자 아니는 이 사람들이 되었다면 하다 하나 아내는 이 나는 아니는 아니라 하나 하는 것이 없는데 없는데 하나 다른	
Par	conferring impermissible private benefit?	************	
i di	프로그램 네. 이어 얼마가 되었어 가 먹어가지 하는데의 이 회사를 받아가 가장에게 모네요? 네트트 요요 그게 모든데	000 Dat IV II- 47	
1	Complete if the organization answered "Yes" on F	30000	
	Purpose(s) of conservation easements held by the organization (c		
	Preservation of land for public use (for example, recreation or		of a historically important land area
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
2	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified or	onservation contribution in the form o	Y Child and the second second second
	easement on the last day of the tax year.		Held at the End of the Tax Ye
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C .	Number of conservation easements on a certified historic structur		2c
d	Number of conservation easements included in (c) acquired after		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the	organization during the
	tax year		
4	Number of states where property subject to conservation easeme		
5	Does the organization have a written policy regarding the periodic	[14.1] [1.1] 이 아니는	<u> </u>
	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	ling of violations, and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	of violations, and enforcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 1700	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes N
9	In Part XIII, describe how the organization reports conservation ea		
	balance sheet, and include, if applicable, the text of the footnote to		
	organization's accounting for conservation easements.		
ar	t III Organizations Maintaining Collections of	Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered "Yes" on F		
1a	If the organization elected, as permitted under FASB ASC 958, no		nd balance sheet works
	of art, historical treasures, or other similar assets held for public e		
	service, provide in Part XIII the text of the footnote to its financial s		
b	If the organization elected, as permitted under FASB ASC 958, to		
	art, historical treasures, or other similar assets held for public exh		
	provide the following amounts relating to these items:	, , , , , , , , , , , , , , , , , , , ,	station of public collinos,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasure		
7	following amounts required to be reported under FASB ASC 958 r		gain, provide the
а	그렇게 걸었다. 이 시간에 하여 안에 가면서, 이렇게 살아보니 하는 보이었다. 그 하는 사람들은 사람들이 살아보니까지 않는데 하는데 하다 하나 나를 하다.		
6.1			
a b	Revenue included on Form 990, Part VIII, line 1		

	ule D (Form 990) 2022 Friends of Edent III Organizations Maintaining	en State Garde	ns Inc			011	59-32	75776		Page
3	, J							ssets (co	ntinu	ed)
3	Using the organization's acquisition, access	sion, and other records	s, check any	of the fol	lowing that ma	ke signif	icant use of its			
	collection items (check all that apply):									
a			d [or exchange pro	ogram				
b			e	Other	Paralla de					
C										
4	Provide a description of the organization's	collections and explain	how they fu	rther the	organization's	exempt	ourpose in Part			
	XIII.									
5	During the year, did the organization solicit									
	assets to be sold to raise funds rather than	to be maintained as p	art of the org	anization	's collection?			Yes	s [No
Par	rt IV Escrow and Custodial Ar	rangements.				77.4				
	Complete if the organizatio	n answered "Yes	on Form	990, F	Part IV, line	9, or r	eported an a	mount on	Form	n
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custo	dian or other intermed	iary for contr	ibutions o	or other assets	not			- 4	
			March 2011 April Devel Ash					П Yes	. Г	No
b								- 2		1
			3					Amount		-
C	Beginning balance			1.41	is Calabata	1c		arrount		
d									_	_
e	B1 (1) (1) (1) (1) (1)					1d				_
f	Ending balance				190000	1e				
								П.		1
2a	Did the organization include an amount on							· · L Yes	; <u> </u>	No
Dor	The state of the s	II. Check here if the ex	planation ha	s been p	rovided on Par	t XIII				
Par		Constant to a man			Visite 1					
	Complete if the organization	n answered "Yes	on Form	990, F	Part IV, line	10.				
		(a) Current year	(b) Prio	r year	(c) Two years	back	(d) Three years bad	ck (e) Four	years t	ack
1a	Beginning of year balance		A parties	N. S.						
b	Contributions									_
C	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е										_
	programs									
f	Administrative expenses									
	End of year balance	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
2	그는 경향에 있어서 불쾌하게 잃는 일반 기가 가장하게 있는 그 때문 가는 때문에 가지 않는 이 시간을 되었다.					-				
	Provide the estimated percentage of the cu	irrent year end balance	e (line 1g, co	lumn (a))	held as:					
a		%								
b		%								
С	Term endowment%									
21	The percentages on lines 2a, 2b, and 2c sh									
3a	Are there endowment funds not in the poss	session of the organiza	tion that are	held and	administered f	or the				
	organization by:							3211	Yes	No
	(i) Unrelated organizations							3a(i)		18
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organi			ule R?				3b		
4	Describe in Part XIII the intended uses of the				C 13 15 16					
	rt VI Land, Buildings, and Equ		onciud	-						_
	Complete if the organizatio		" on Form	990 5	Part IV line	110 0	00 Form 000	Dort V I	1	0
				www.mara		49-7-14-6		, Part A, II	ne i	Ų.
	Description of property	(a) Cost or oth		A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	or other basis	100	Accumulated	(d) Book	value	
4		(investm	ient)		(other)	de	preciation			
1a	Land									
b	Buildings			0						
C	Leasehold improvements	(4 to 1								
d	Equipment				- 1					-
е	Other		10							
otal	Add lines 1a through 1e. (Column (d) must eq		column (R) II	ne 10c l		TO YOU	2020 1225			

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3) (4)(5) (6)(7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) 4 (3) (4)(5) (6) (7)(8)(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3)(4)(5)(6)(7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

2 a		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments 2a	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.) 2d	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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
Part		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c		
d		
9		2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	4c
	Lotal expenses Add lines 2 and 4 / This must asked Farms 000 Dard I for 401	
5 Dowt	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part	XIII Supplemental Information.	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information.	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	
Part Provide	XIII Supplemental Information. 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	

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
Friends of Eden State Gardens Inc	59-3275776
01. Form 990 governing body review (Part VI, line 11)	
The Board of Directors examined the return	
02. Conflict of interest policy compliance (Part VI, lin	0.120
or. committee of interest portey compilance (rate vi, iii	e 120)
The company followed the conflict of interest policy stipu	plated by the State of Florida
03. Governing documents, etc, available to public (Part	VI, line 19)
Form 990	
Articles of Incorporation	
Conflict of Interest Policy	
04. List of other fees for services expenses (Part IX, 1	ine 11a)
	-
See attached list of other fees for services expenses	
05. List of other expenses (Part IX, line 24e)	
See attached list of other expenses	