

# Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION ANNUAL REPORT

Required Signatures: No Signatu	re
Year:	
Citizen Support Organization	on (CSO) Name:
Mailing Address:	
Telephone Number:	Website Address (if applicable):
summary, the statute specifies Department of Environmental property, audit requirements, managed by the Department.  Section 258.015, F.S., Citizer requires authorization by the	



# Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION ANNUAL REPORT

Brief Description of the CSO's Results Obtained:
Brief Description of the CSO's Plans for Next Three Fiscal Years:
☐ Copy of the CSO's Code of Ethics attached (Model provided; see CSO 2014 instructions)
☐ Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement

# Friends of Eden State Gardens, Inc. CODE OF ETHICS

#### **PREAMBLE**

- (1) It is essential to the proper conduct and operation of Friends of Eden State Gardens, Inc. (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Friends of Eden State Gardens, Inc. board members, officers, and employees in the performance of their official duties.

### **STANDARDS**

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

#### 1. Prohibition of Solicitation or Acceptance of Gifts

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

#### 2. Prohibition of Accepting Compensation Given to Influence a Vote

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

#### 3. Salary and Expenses

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

#### 4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

#### 5. Prohibition of Misuse of Privileged Information

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

#### 6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

#### 7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

#### 8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

#### 9. Failure to Observe CSO Code of Ethics

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

### 990

# **Return of Organization Exempt From Income Tax**

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

Inter	nal Reveni	ue Service	► Informati	ion about Form 990 and its inst	ructions is at www.irs.gov	//form990.		Inspection
Α	For the	2016 calend	dar year, or tax year begir	nning	, 2016, and en	ding		, 20
В	Check if a	applicable:	C Name of organization Frie	ends of Eden State Gar	dens Inc		D I	Employer identification no.
	Address of	change	Doing business as				59	3275776
	Name cha	ange	Number and street (or P.O. box	x if mail is not delivered to street address)		Room/suite	E -	Telephone number
	Initial retu	ırn	181 Eden Road				(8	350 <b>)</b> 267-8320
	Final retu	rn/terminated	City or town, state or province,	country, and ZIP or foreign postal code				127,953
	Amended	l return	Santa Rosa Bead	ch, FL 32459			G (	Gross receipts \$
	Applicatio	n pending	F Name and address of principal	officer: Bailey Miller		H(a) Is this a group i	eturn for sub	oordinates? Yes X No
			24 Nikki Circle	e, Santa Rosa Beach, F	L 32459	H(b) Are all suboro	linates incl	uded? Yes No
ı	Tax-exem	pt status:	501(c)(3) 501(c) (	) <b>(</b> insert no.) 4947(a)(1) or	527	If "No," a	tach a list.	(see instructions)
J	Website:	► N/A				H(c) Group exem	ption numl	ber <b>&gt;</b>
ĸ	Form of c	organization:	Corporation Trust Ass	ociation Other	L Year of formation: 19	994 M State	of legal don	nicile: FL
	ırt I	Summar	ŷ			•		
	1	Briefly descr	ribe the organization's miss	ion or most significant activities:	Programs Benefit	State Gard	ens	
ą								
anc								
Ë								
Governance	2	Check this b	oox 🕨 🗌 if the organization	n discontinued its operations or di	sposed of more than 25% o	f its net assets.		
<u>ග</u> න්	3	Number of v	voting members of the gove	erning body (Part VI, line 1a)			3	7
S	4			rs of the governing body (Part VI,			4	7
Activities	5			n calendar year 2016 (Part V, line		-	5	0
ŧ	6			necessary)			6	
ď	7a	Total unrelat	ted business revenue from	Part VIII, column (C), line 12		[	7a	3,411
	b			from Form 990-T, line 34		- F	7b	0
						Prior Year		Current Year
	8	Contribution	s and grants (Part VIII, line	1h)			220	10,293
e	9			e 2g)				0
Revenue	10	=	·	A), lines 3, 4, and 7d)			41	52
Ŗ	11			nes 5, 6d, 8c, 9c, 10c, and 11e)		86	027	114,220
	12			(must equal Part VIII, column (A),	_		288	124,565
_	13			IX, column (A), lines 1-3)				0
	14			X, column (A), line 4)				0
	15			e benefits (Part IX, column (A), li	_			0
Expenses	16a			column (A), line 11e)				0
ë	b		ising expenses (Part IX, col		0			_
X	17			nes 11a-11d, 11f-24e)	· · · · · · · · · · · · · · · ·	81	456	135,953
				equal Part IX, column (A), line 25			456	135,953
	19			18 from line 12			832	(11,388)
	_		•			Beginning of Current		End of Year
Net Assets or	<u>20</u>	Total assets	(Part X, line 16)		<del>  -</del>		804	79,416
Asse	21		es (Part X, line 26)					0
Net.	E 22			line 21 from line 20 · · · · ·		90	804	79,416
	rt II		ıre Block		I			,,,,,,
				n, including accompanying schedules and sta		ledge and belief, it is		
true	, correct,	and complete. Dec	claration of preparer (other than office	cer) is based on all information of which prep	parer has any knowledge.			
		Mari	anne Burbach					
Sig	ın		re of officer				Date	
Не	re	Mari	anne Burbach, Sec	retary				
			print name and title	<u> </u>				
		Print/Type pre	eparer's name	Preparer's signature	Date	Check	if PTIN	 I
Pa	d		ongleton	pa. o. o o.g. luttar o	05-12-2017	self-employed		P01325375
	pare		-	gleton CPA Inc	po 12 2017	Firm's EIN		. 010200 / 0
	e Only			ighway 30A Ste 214		Phone no.		
	,	, initio address		sa Beach FL 32459			0-622	-2280
Max	the IR	S discuss this		nown above? (see instructions)				-2280 . ☐ Yes ☑ No

including grants of \$

) (Revenue \$

(Expenses \$

Total program service expenses 🕨

# 6) Friends of Eden State Gardens Inc Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	_		
	complete Schedule A	1	Χ	3.7
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		v
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes." complete Schedule C. Part II	4		X
5	, , , , , , , , , , , , , , , , , , , ,	4		
J	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			25
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> · · · · · · · · · · · · · · · · · ·	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
-	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	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			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		37
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		V
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		X
	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			1
••	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			7.7
	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?	.,		- * 7
	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19		X
	, , ,			

6) Friends of Eden State Gardens Inc Checklist of Required Schedules (continued) Part IV

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		2.5
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		Λ
D				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		X
26		250		Λ
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		v
27		20		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part III	27		X
20	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	21		Λ
28				
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	200		V
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete  Schedule L, Part IV	206		3.7
_		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	20-		37
20		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			7.7
•	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	24		1 77
20		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			3.7
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.7
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			, , ,
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			, .
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Χ	

# 116) Friends of Eden State Gardens Inc Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V			
			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			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Χ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Χ
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		3.7
h	and services provided to the payor?	7a 7b		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		
С	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Λ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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		Χ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Χ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Χ
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 · · · · · · · · 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	the organization is licensed to issue qualified health plans			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		21

Form 990 (2016) Friends of Eden State Gardens Inc 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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · · · · 1a 7			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent · · · · · · · · · · 1b 7			
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, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	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?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body? · · · · · · · · · · · · · · · · · · ·	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion 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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in 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	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Florida			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Marianne Burbach (850)267-8320. 181 Eden Road. Santa Rosa Beach. FL 32459			

Form	990	(201	6)

# 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(a)   (b)   (c)   (c)					(C)				
Nours part   Nours part part   Nours part part   Nours part   Nours part   Nours part   Nours part   Nours	(A)	(B)	(do not ch		-	ne	(D)	(E)	(F)
Comparation   Nour for related any hours for related or related any hours for related or related	Name and Title	_							
(1)   Bailey Miller   President   X   0   0   0   0   0   0   0   0   0			officer and	d a dir	ector/truste	ee)			
(1) Bailey Miller President X 0 0 0 (2) Rchel Nussbaum Vice President X 0 0 0 0 (3) Gina DeFalco Secretary X 0 0 0 0 (4) Marianne Burbach Treasury X 0 0 0 0 (5) Edward Jack Director X 0 0 0 0 (6) Jenny King Director X 0 0 0 0 (7) Jason Chilton Director (8) (9) (10)			0 = =	0	X 0	7 7			
(1) Bailey Miller President X 0 0 0 (2) Rchel Nussbaum Vice President X 0 0 0 0 (3) Gina DeFalco Secretary X 0 0 0 0 (4) Marianne Burbach Treasury X 0 0 0 0 (5) Edward Jack Director X 0 0 0 0 (6) Jenny King Director X 0 0 0 0 (7) Jason Chilton Director (8) (9) (10)			nstitu ndivio r dire	ffice	mplo ey e	orme		(VV-2/1099-IVIISC)	
(1) Bailey Miller President X 0 0 0 (2) Rchel Nussbaum Vice President X 0 0 0 0 (3) Gina DeFalco Secretary X 0 0 0 0 (4) Marianne Burbach Treasury X 0 0 0 0 (5) Edward Jack Director X 0 0 0 0 (6) Jenny King Director X 0 0 0 0 (7) Jason Chilton Director (8) (9) (10)			tiona fual t		yee	st co			
(1) Bailey Miller President X 0 0 0 (2) Rchel Nussbaum Vice President X 0 0 0 0 (3) Gina DeFalco Secretary X 0 0 0 0 (4) Marianne Burbach Treasury X 0 0 0 0 (5) Edward Jack Director X 0 0 0 0 (6) Jenny King Director X 0 0 0 0 (7) Jason Chilton Director (8) (9) (10)		line)	I trus		yee	mpei			organizations
(1) Bailey Miller			e tee		/	nsate			
President						٥			
President									
(2) Rchel Nussbaum     X     0     0       Vice President     X     0     0     0       (3) Gina DeFalco     X     0     0     0       Secretary     X     0     0     0       (4) Marianne Burbach     X     0     0     0       Treasury     X     0     0     0       (5) Edward Jack     X     0     0     0       Director     X     0     0     0       (6) Jenny King     X     0     0     0       Director     X     0     0     0       (7) Jason Chilton     X     0     0     0       (8)     X     0     0     0       (9)     (10)     (11)     (12)       (12)     (13)     (13)	(1) Bailey Miller								
Vice President				X			0	0	0
Gig   Gina DeFalco   Secretary   X									
Secretary   X				X			0	0	0
(4) Marianne Burbach     X     0     0     0       (5) Edward Jack     X     0     0     0       Director     X     0     0     0       (6) Jenny King     X     0     0     0       (7) Jason Chilton     X     0     0     0       Director     X     0     0     0       (8)       (9)       (10)       (11)       (12)									
Treasury X 0 0 0 0 0 (5) Edward Jack				X			0	0	0
(5) Edward Jack									
Director				X			0	0	0
(6) Jenny King				3.7					
Director				X			0	0	0
(7) Jason Chilton				V			0	0	0
Director   X				2.2					
(8) (9) (10) (11) (12) (13)				X			0	_	0
(9) (10) (11) (12) (13)				2 3				0	
(10) (11) (12) (13)	27								
(10) (11) (12) (13)	(9)								
(11) (12) (13)									
(12) (13)	(10)								
(12) (13)		[							
(13)	(11)								
(13)									
	(12)								
	(4.2)								
(14)	(13)								
	(14)								

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

(A) Name and title	(B) Average hours per	box, ı	unless	perso	tion ore the	an one ooth an rustee)		(D) Reportable compensation	(E)  Reportable compensation from	am	(F) timated nount of	
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comp fr orga and	other pensatior rom the anization d related anizations	
<u>(15)</u>		-										
<u>(16)</u>		-										
<u>(17)</u>		-										
(18)		-										
(19)		-										
(20)		-										
(21)		-										
(22)		-										
(23)												
(24)		-										
(25)												
1b Sub-total	t VII, Section A						<b>A A</b>	0	0			0
Total number of individuals (including by reportable compensation from the organization)	ut not limited to those li						-		_			
3 Did the organization list any former office employee on line 1a? If "Yes," complete	er, director, or trustee,	-				-		pensated		3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations g	reater than \$150,000?	If "Yes,	" con	nple	te S	chedui	e J f	or such				
<ul><li>individual</li><li>Did any person listed on line 1a receive</li></ul>	or accrue compensatio	n from	any i	unre	late	d orga	nizat	ion or individual		4		X
for services rendered to the organization Section B. Independent Contractor		cneaule	Ј ТОІ	rsuc	:п ре	erson	•			5		Χ
Complete this table for your five highest compensation from the organization. Reyear.												
Name and bus	A) ness address							(B)  Description of s	services		(C) ensation	
2 Total number of independent contractors received more than \$100,000 of competitions.	· ·		nose ►	liste	d ab	ove) v	vho					

Part VIII

		Check if Schedule O contains a response	or note to any line in thi	is Part VIII	<u>.</u>		
				(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
- s <del>s</del>	1a	Federated campaigns	1a				
Grants	b	Membership dues	1b 3,430				
A's.	С	Fundraising events	1c 6,863				
iai ji	d	Related organizations	1d				
Sim.	е	Government grants (contributions) · ·	1e				
itior ner (	f	All other contributions, gifts, grants,					
들		and similar amounts not included above	1f				
Contributions, Gifts, and Other Similar A	g	Noncash contributions included in lines 1a-	1f: \$				
<u> </u>	h	Total. Add lines 1a-1f		10,293			
			Business Code				
inue	2a						
Seve	b						
<u>ië</u>	С						
Serv	d						
ᇤ	е						
Program Service Revenue		All other program service revenue · · · · ·					
	g	Total. Add lines 2a-2f · · · · · · · · · · · · · · · · · · ·					
	3	Investment income (including dividends, integrand other similar amounts)		52		52	
	4	Income from investment of tax-exempt bond	proceeds · · · ►				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses · · · ·					
	С	Rental income or (loss) · · ·					
	d	Net rental income or (loss) · · · · · · · ·					
	7a	Gross amount from sales of assets other than inventory (i) Securities	s (ii) Other				
	b	Less: cost or other basis and sales expenses · · · ·					
		Gain or (loss)					
a)	d	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·				
venue	8a	Gross income from fundraising events (not including \$ 6,86	3				
Other Rev		of contributions reported on line 1c).					
Ā		See Part IV, line 18 · · · · · · · · · · · · · · · · · ·					
ŏ		Less: direct expenses					
		Net income or (loss) from fundraising events	· · <u>· · · · · · · · · · · · · · · · · </u>				
	9a	Gross income from gaming activities.					
		See Part IV, line 19 · · · · · · · · · · · · · · · · · ·					
	l	Less: direct expenses · · · · · · · · · · · · · · · · · ·					
	С	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances · · · · · · · · · · · · · · · · · · ·	a 6,747				
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventory		3,359		3,359	
		Miscellaneous Revenue	Business Code				
	11a	Pavillion	900099	110,525	110,525		
		Pepsi Machine	900099	336	336		
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d · · · · · · ·	<del> </del>	110,861			
	12	Total revenue. See instructions		124,565	110,861	3,411	0

### O16) Friends of Eden State Gardens Inc Statement of Functional Expenses Part IX

Section 50:	1(c)(3) and $501(c)(4)$ o	ragnizations must com	nolata all columne. L	All other organizations	must complete column (A).
Section 50	I(0)(0) and $00I(0)(7)$ 0.	ryanizations must com	ipiete ali coluititis. F	ui otilei organizations	musi complete column (A).

<u></u>	check if Schedule O contains a response of flote to	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising
<u>δυ, ε</u>	Ob, and 10b of Part VIII.		expenses	general expenses	expenses
'	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 (non-employees):				
a	Management				
b	Legal······				
С.	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	319		319	
13	Office expenses	260		260	
14	Information technology · · · · · · · · · · · · · · · · · · ·				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,940		2,940	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization · · · · · ·				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Event deposits returned	18,950		18,950	
b	Grounds and Gardens	38,221		38,221	
C	Plant Nursery	746		746	
d	Telephone	95		95	
е	All other expenses	74,422		74,422	
25	Total functional expenses. Add lines 1 through 24e	135,953	0	135,953	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)				

59-3275776

Part X Balance Sheet

		Check if Schedule O contains a response of note to any line in this Part X		• • • •	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	89,254	1	77,501
	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 current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
w	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,550	8	1,915
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation · · · · · · · · · · 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	90,804	16	79,416
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D · · · · · · ·		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
ia		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D · · · · · · · · · · · · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
v		Organizations that follow SFAS 117 (ASC 958), check here   and			
)Ce		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets · · · · · · · · · · · · · · · · · · ·		27	
ä	28	Temporarily restricted net assets		28	
E	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
S S		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	90,804	32	79,416
_	33	Total net assets or fund balances	90,804	33	79,416
	34	Total liabilities and net assets/fund balances · · · · · · · · · · · · · · · · · · ·	90,804	34	79,416

Form	990	(201	6)

	_				_
Friends	of	Eden	State	Gardens	Tnc

59-3275776

Page **12** 

Pa	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)			L24,5	65
2	Total expenses (must equal Part IX, column (A), line 25)			135,9	953
3	Revenue less expenses. Subtract line 2 from line 1		(	(11,3	388)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			90,8	304
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O) · · · · · · · · · · · · · · · · · 9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	)		79,4	116
Pa	ert XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	• • • •	• • •	• • •	
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 📗 Accrual 📙 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
_	Schedule O.				
28	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  Were the organization's financial statements audited by an independent accountant?		26		37
K	,,,,,,,,		2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				
	Separate basis, Consolidated basis, Or Both.    Separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	A As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
,	the Single Audit Act and OMB Circular A-133?		3a		
b					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2016)

#### **SCHEDULE A**

# **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 2016

Open to Public Inspection

(Form 990 or 990-EZ) Department of the Treasury

► Attach to Form 990 or Form 990-EZ.

Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number

		s of Eden State Gardens I	nc				59-32757	76
Pa	rt I	Reason for Public Charity	y Status (All o	rganizations must c	omplete	this par	t.) See instructio	ns.
The	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	Ň	A church, convention of churches, or	•	• .	•	•		
2	Ħ	A school described in section 170(b)				70-70-7-		
	H	` '		·		:::\		
3	H	A hospital or a cooperative hospital se	<del>-</del>			•	)(A)(**) =(b	
4	Ш	A medical research organization oper	ated in conjunction	with a nospital described	ın sectio	n 170(b)(1	)(A)(III). Enter the	
	_	hospital's name, city, and state:						
5	Ш	An organization operated for the bene	efit of a college or ι	iniversity owned or opera	ated by a g	overnmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete F	Part II.)					
6		A federal, state, or local government	or governmental ur	nit described in section 1	70(b)(1)(A	۱)(v).		
7	X	An organization that normally receive	s a substantial part	of its support from a gov	vernmenta	l unit or fro	om the general public	
	_	described in section 170(b)(1)(A)(vi)	. (Complete Part II.	)				
8	П	A community trust described in <b>section</b>	•	•				
9	Ħ	An agricultural research organization			ted in coni	unction wi	th a land-grant colleg	۵
•	ш	or university or a non-land-grant colle						C
			ge or agriculture (s	ee ilistructions). Liiter tii	e Hallie, G	ty, and sta	te of the conege of	
40		university:	- (4) 11 00	4/00/ -51 4 5				
10	Ш	An organization that normally receive						55
		receipts from activities related to its e	·					
		support from gross investment income					rom businesses	
		acquired by the organization after Jur		, ,, ,		•		
11	$\sqcup$	An organization organized and operat	· ·					
12	Ш	An organization organized and operat	ed exclusively for t	the benefit of, to perform	the function	ons of, or t	o carry out the purpo	ses
		of one or more publicly supported org	anizations describe	ed in <b>section 509(a)(1)</b> o	r section (	509(a)(2)	See <b>section 509(a)(</b> 3	3).
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and	l 12g.
	а	Type I. A supporting organization	operated, supervis	sed, or controlled by its s	upported c	rganizatio	n(s), typically by givir	ng
		the supported organization(s) the	power to regularly	appoint or elect a majori	ty of the di	rectors or	trustees of the	
		supporting organization. You must	st complete Part l	V, Sections A and B.				
	b	Type II. A supporting organization	n supervised or cor	trolled in connection with	n its suppo	rted organ	ization(s), by having	
		control or management of the sup				_		ed
		organization(s). You must comp		•			5 11	
	С	Type III functionally integrated.			ection wit	n and fund	rtionally integrated wi	ith
	Ŭ	its supported organization(s) (see						αι,
	d	Type III non-functionally integr		•				n(c)
	u			•				` '
		that is not functionally integrated.		·		•	ili aliu ali alleliliveli	555
	_	requirement (see instructions). Yo		·				
	е	Check this box if the organization	/ A Y			saiypei,	Type II, Type III	
		functionally integrated, or Type III						
	f	Enter the number of supported organi						
	g	Provide the following information abo	ut the supported or	ganization(s).	1		T	Г
	(i	) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	_	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum	-	support (see instructions)	other support (see instructions)
				,,			,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					Yes	No		
/۸۱								
(A)								
(D)								
(B)								
(C)								
(C)								
(D)								
(J)								
(E)								
·- <i>,</i>								
_								

90 or 990-EZ) 2016 Friends of Eden State Gardens Inc 59-3275776
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

000	don A. i abno capport						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,475	2,256	1,428	845	6,863	14,867
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,475	2,256	1,428	845	6,863	14,867
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 · ·						14,867
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·	3,475	2,256	1,428	845	6,863	14,867
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75	49	54	84	52	314
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						15,181
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13 Sec	First five years. If the Form 990 is for the corganization, check this box and stop here stion C. Computation of Public Su						▶ 🗌
14	Public support percentage for 2016 (line 6,			(f))		14	97.93 %
15	Public support percentage for 2015 (fine 6, 1)						97.93 % 97.76 %
	33 1/3% support test - 2016. If the organiz						91.16 70
IVa	box and <b>stop here</b> . The organization qualifi				•		▶ 🏻
b	33 1/3% support test - 2015. If the organiz						. KZ
~	this box and <b>stop here.</b> The organization qu						▶ □
17a	10%-facts-and-circumstances test - 2016	-	· · · · · · · · · · · · · · · · · · ·				· · · ·
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac				•		
	organization · · · · · · · · · · · · · · · · · · ·						▶ □
b	10%-facts-and-circumstances test - 2015.						· Ш
	15 is 10% or more, and if the organization n	ŭ				· <del>-</del>	
	Explain in Part VI how the organization mee					clv	
	·			•		•	▶ □
18	Private foundation. If the organization did						
	instructions						▶ □

59-3275776

### 90 or 990-EZ) 2016 Friends of Eden State Gardens Inc 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·						
8	Public support. (Subtract line 7c from						
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6 · · · · · · · · · ·	(u) 2312	(5) 2515	(0) 2011	(4) 2515	(0) 2010	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	X					
С	Add lines 10a and 10b · · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for the or organization, check this box and stop here			n, or fifth tax year a			▶ 🔲
Se	ction C. Computation of Public Su					_	
15	Public support percentage for 2016 (line 8, co		-			15	<u>%</u>
16	Public support percentage from 2015 Schedu					16	<u>%</u>
	ction D. Computation of Investme			alumn (6)		47	
17 18	Investment income percentage for <b>2016</b> (line Investment income percentage from <b>2015</b> So		-	olumn (f))		17 18	<u>%</u> %
19a	33 1/3% support tests - 2016. If the organiz 17 is not more than 33 1/3%, check this box						▶ 📋
b	33 1/3% support tests - 2015. If the organiz line 18 is not more than 33 1/3%, check this			· ·		·	▶ 🗍
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions		▶ 🗍

# Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 (b) and (c) 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 (b) and (c) 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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.)

	1	
	Yes	No
1		
•		
2		
0 -		
3a		
3b		
3с		
4a		
48		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
_		
8		
0.0		
9a		
9b		
9с		
40-		
10a		
10b		
A (Form 99		-EZ) 2016

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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedu	lle A (Form 990 or 990-EZ) 2016 Friends of Eden State Gardens Inc			59-32757	76 Pa	ige (
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani:	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru				•	
	instructions. All other Type III non-functionally integrated supporting organiza	tions	s must complete	Sections A	through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Ye	ear	(B) Current Yea (optional)	ar
1	Net short-term capital gain	1		<del></del>	(optional)	
	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
	Add lines 1 through 3	4				
	Depreciation and depletion	5				
	Portion of operating expenses paid or incurred for production or	3				
	, , ,					
	lection of gross income or for management, conservation, or					
	intenance of property held for production of income (see instructions)	7				
	Other expenses (see instructions)					
8_	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			(D) O:	
Sect	ion B - Minimum Asset Amount		(A) Prior Ye	ear	(B) Current Yea (optional)	3r 
1	Aggregate fair market value of all non-exempt-use assets (see					
ins	tructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
fa	ctors (explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
se	e instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount				Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				

emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

5

6

EEA

4 Enter greater of line 2 or line 3 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	ction D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported	
	organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive	
	(provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
	From 2013			
	From 2014			
	From 2015			
	<b>Total</b> of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i_	Carry Cross manual East trick appears (Cook manual Cook)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
8	and 4c. Breakdown of line 7:			
-a	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	LAGGGG HOITI ZOTO			

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

EEA

### 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.

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

59-3275776 Friends of Eden State Gardens Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year **▶** \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ Assets included in Form 990, Part X ▶ \$

nds of Eden State Gardens Inc	59-3275776	Page 2
laintaining Collections of Art, Historic	cal Treasures, or Other Similar Assets (co	ntinued)
tion, accession, and other records, check any of the	e following that are a significant use of its	
apply):		
d Loan or exchange	programs	
e Other		

3	Using the organization's acquisition, accession, and ot	her records, ch	neck any of t	he follov	wing that are a	signific	ant use of its			
	collection items (check all that apply):									
а	Public exhibition	<b>d</b> Loar	n or exchang	e progra	ams					
b	Scholarly research	e 🗌 Othe	er							
С	Preservation for future generations									
4	Provide a description of the organization's collections	and explain ho	w they furth	er the or	ganization's ex	empt p	ourpose in Part			
5	XIII.	denotions of a	t historical:	rogeuro	e or other cimi	lor				
5	During the year, did the organization solicit or receive assets to be sold to raise funds rather than to be main							🗆	Yes	□No
Pai	rt IV Escrow and Custodial Arrangeme		or the organi	Zalion 3	Collections				163	<u> </u>
	Complete if the organization answer		Form 99	0 Par	t IV line 9	or ren	orted an amo	ount on F	orm	
	990, Part X, line 21.	00 ,00 0,		o, . a.	,	o, , op	ortou arrami	Jun 311 1	•	
1a	Is the organization an agent, trustee, custodian or other	er intermediary	for contribut	ions or	other assets no	nt .				
	included on Form 990, Part X?							□,	Yes	□No
b	If "Yes," explain the arrangement in Part XIII and com									□
	g						A	mount		
С	Beginning balance					1c				
d	Additions during the year					1d	+			
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Form 990,			and the same		bility?		· 🗆 🕆	Yes	No
b	If "Yes," explain the arrangement in Part XIII. Check h									П
Pa	rt V Endowment Funds.									
	Complete if the organization answer	red "Yes" or	n Form 99	0, Par	t IV, line 10.					
	(a)	Current year	(b) Prior	rear	(c) Two years ba	ack	(d) Three years bacl	k (e) Fou	ır years b	ack
1a	Beginning of year balance			1						
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year	end balance (liı	ne 1g, colum	ın (a)) h	eld as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment									
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should equal	100%.								
3a	Are there endowment funds not in the possession of the	ne organization	that are hel	d and ad	dministered for	the				
	organization by:								Yes	No
	(i) unrelated organizations							· 3a(i)		
	(ii) related organizations							3a(ii)	)	
b	If "Yes" on 3a(ii), are the related organizations listed a	•						. 3b		
<u>4</u>	Describe in Part XIII the intended uses of the organiza	tion's endowm	ent funds.							
Pa	rt VI Land, Buildings, and Equipment.	rad "Vaa" ar	Serm 00	O Don	+ IV/ line 11/		o Form 000 I	Dort V lin	. 10	
	Complete if the organization answer									·
	Description of property	(a) Cost or othe (investme	I .		or other basis other)		Accumulated epreciation	(d) Boo	ok value	
1a	Land	(	*		,					
b	Buildings									
c	Leasehold improvements									
d	Equipment									
ч	Equipmont									

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
<b>b</b> Building	gs				
c Leaseh	old improvements				
<b>d</b> Equipm	ent				
e Other					
Tatal Add ii	and to through to (Column (d) must equal For	ran 000 Part V and war (F	)		

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedu	ıle	D	(Fo	m 990) 20	16

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

Complete ii allo organization anovoro	- 100 on 100 on 1000, 10	, , , , , , , , , , , , , , , , , , ,
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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.)		
Part VIII Investments - Program Related.		
Complete if the organization answere	ed "Yes" on Form 990, Pa	art 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)	4	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
	ed "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15.
	Description	(b) Book value
(1)		(a) Book value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15	1	
Part X Other Liabilities.	.)	
	od "Ves" on Form 990 Pa	art IV, line 11e or 11f. See Form 990, Part X,
line 25.	.u res on ronn 990, Fe	artiv, fille the of this seet offit 990, Partix,
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 te	ext of the footnote to the organiz	vation's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	r Return.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-
	Net unrealized gains (losses) on investments	
a b	Donated services and use of facilities	-
C	Recoveries of prior year grants	-
d	Other (Describe in Part XIII.)	-
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · · 4a	
b	Other (Describe in Part XIII.)	
C	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5
Par	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.
	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:	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a	
b	Other (Describe in Part XIII.)	
_ C	Add lines 4a and 4b	4c
5 Dar	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	• • • • • • • • • • • • • • • • • • • •	- 4 W P
	de 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; P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art A, iiile
∠, ra	IT AI, lines 20 and 40, and Fait Air, lines 20 and 40. Also complete this part to provide any additional information.	
-		

EEA Schedule D (Form 990) 2016

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public

Open to Public Inspection

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, line 12c)	
	a
The company followe the conflict of interest policy stipulated by the	State of Florida
03. Governing documents, etc, available to public (Part VI, line 19)	
Form 990	
Articles of Incorporation	
Conflict of Interest Policy	
04. List of other expenses (Part IX, line 24e)	
Sakes Taxes	

990			Over	flow Statement			<b>2016</b> Page 1	
Name(s) as shown	Name(s) as shown on return							
Friends	of	Eden	State	Gardens	Inc			59-3275776

# Other Expenses

Description		Æ	mount
Insurance		\$	802
Camelia Festival			329
Xmas Open House and Decorations			2,776
Movies			2,091
Mansion			1,621
Gates			165
Miscellaneous			1,378
Bank Charges			128
Park Budgetary Needs			13,724
Sales Tax			502
Pavillion			50,906
	Total:	\$	74,422