

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2019 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name: Friends of Eden Gardens State Park

Mailing Address: 181 Eden Garden Road, Santa Rosa Beach, FL 32459

Telephone Number: 850-267-8320 Website Address (if applicable): friendsofedengardens.com

Statutory Authority:

Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.

Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.

CSO's Mission: Consistent with Articles and Bylaws

Eden Gardens State Park through special work projects, communications, events to further enhance and maintain funds to augment the mansion and recreation areas of the Park.

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

Friends of Eden provide the funds for the monthly cleaning, spraying, security, internet, and other maintenance that is needed for the upkeep of the Wesley Mansion. Grounds- provide the Landscape dumpster, maintenance of the sprinkler system, Rye seed provide for overseeding in the Winter months, upkeep of the Rose Garden, and Tuesday morning volunteers. Planting of the Park Entrance. Upkeep and equipment provided for the maintenance of the grounds. Support and sponsor annual Camellia Festival in February and Christmas Candlelight Open House in December. Each event attracts over 1000 visitors to the Park.

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

The Friends of Eden plan to place brick pavers around the area of the new "Timeline Kiosk" which was constructed and donated to the Park by the PT. Washington Historical Society. The Friends will continue with their efforts in maintaining the grounds with Winter overseeding of Rye seed, maintenance of sprinkler system, spraying of Camellia bushes for T-scale, maintaining a Landscape dumpster and providing support for purchasing equipment for maintenance of the ground when the need arises.

We will also continue in our effort to support the needs of the Wesley House- at the present time, we support the Security system, monthly insect spraying, monthly deep cleaning of the house, and any maintenance item that needs our immediate attention.

The Friends also will continue to care for the maintenance and upkeep of the Pavilion with the enclosed kitchen. We are currently replacing screening and upgrading wiring in the Pavilion.

We will continue with our yearly programs of co-hosting the Camellia Festival (held in February) with the Park Service, the Christmas Candlelight open to the Public in December and showing of movies on the grounds in October.

The Friends also operate a "Gift Shop" in the Wesley House which is on an "Honor" system-Florida State Park items are also kept in stock and offered for sale in the Gift Shop.

The Friends are here to offer help and support for the needs of Eden Gardens State Park.

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

Friends of Eden Gardens State Park, Inc.

CODE OF ETHICS

PREAMBLE

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

STANDARDS

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

- Prohibition of Solicitation or acceptance of Gifts
 No CSO board member, officer, or employee shall solicit or accept
 anything of value to the recipient, including a gift, loan, reward, promise
 of future employment or judgment of the CSO board member, officer,
 or employee would be influenced thereby.
- 2. Prohibition of Accepting Compensation Given to Influence a Vote No CSO board member, officer, or employee shall accept any compensation, payment, or thing of valve when the person knows, or, with reasonable care, should know that it was given to influence a vote

or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain from Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the

memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 after the vote.

9. Failure to Observe CSO Code of Ethics

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

Fam 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Bervice

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.

Open to Public Inspection

A F	or the 20	018 calend	ar year, or tax year bec	inning	, 2018, ai	nd ending		, 20			
В о	neck # app	lissble-	C Name of organization PT	ends of Eden State	Gardens Inc			D Employer	identification no		
Ac	forms cha	nge.	Duing business as			-		59-327	5776		
] N	eme allung	e	Number and street (or P.O.	box if mail is hel delivered to street addre	255)	Rino	misum:	E Telephone			
i ja	ida) retiimi	181 Eden Road						(850)2	67-8320		
] 6	nei zeturoit	deministed	City as town, state or provin	ce, country, and ZIP or foreign postal cod	bé			G Gross receipts			
] A	nended no	turn	Santa Rosa Be	ach, FL 32459			\$ 98				
] A	pplication p	ending	F. Name and address of princi	patomizer Gina DeFalco			((a) Istata designation				
			423 Little Ca	nal Drive, Santa Ros	a Beach, FL 3245	9 4	(b) Are all subordinau	es included?	Yes No		
76	av gaempi.	status X	501(c)(2) 501(c) (1 ◀ (insert no.) ☐ 4947(a)(1	1) or 327		If "No," attach	a listi (see inst	nuctions)		
) W	ensite: >	N/A				9	(c) Group exemption	number 🗲			
K F	orm of orma	mization: X	Corporation Trust	Association Other >	L. Year of formation	1994	M. State of leg	al domolie	FL		
Par	t1	Summar	у								
	1 B	Iriefly descr	ibe the organization's mi	ssion or most significant activities	Programs Ben	efit S	tate Garden	5			
				2 4-4	A STATE OF THE STA	6.					
Noe						. 10					
E .						Share I	N.				
3Ve	2 0	heck this b	ox ▶ ☐ if the organizat	ion discontinued its operations of	or disposed of more (can a	25% - 116	Net assets.				
Activities & Governance	3 1	lumber of v	oting members of the go	werning body (Part VI, line 1a)		100	3		9		
30	4 1	lumber of i	ndependent voting memb	iers of the governing body (Par	(VI line 1b)		4		9		
Attie	5 1	otal numbe	r of individuals employed	in calendar year 2018 (Part V	line 2a)		5		0		
E S	THE RESERVE TO SERVE		시민 그 아이들의 나가 어떻게 들어가 있는 것이 아이들의 경기 아름답었다.	If necessary)	The second second second	200-200	6				
4	7a 7	otal Linrela	ted business revenue fro	m Part VIII, column (C), line 12		100	7a	3	75,974		
	100000000000000000000000000000000000000	The Contract of the Contract o		re from Form 990-T, line 38			72	1	0		
				4		-	Friot Year	Cu	ment Year		
	8 0	Contribution	s and grants (Part VIII. II	ne 1h)	Control Victory		8,13	3	16,147		
97	9 Program service revenue (Part VIII, line 2g)							0			
Revenue						48		933			
Re				lines 5, 8d, 8c, 9c, 10c, and 11			81,14	2	75,041		
				1 (must equal Part VIII), column			89,32	23	92,121		
				nt IX-column (A), lines 1-3)					0		
	100000		AND THE RESIDENCE OF THE PARTY	t IX, column (A), ime 4)					0		
				yee panefits (Part IX, column (A					0		
Expenses				K. column (A), line 11e)					0		
ens	F 77 7.7		ising expenses (Parl IX,	THE COURSE AND THE CO	0						
E				lines (1s-11d, 11f-24e)			120,59	8	96,957		
	THE CASE OF STREET	A DESCRIPTION OF THE PROPERTY		ust equal Part IX, column (A), in			120,59		96,957		
				ne 18 from line 12			(31,27	77	(4,836		
- 1	_	TENTENT TO SEC					nning of Current Year		nd of Year		
Net Assets or Fond Balances	20 1	Total assets	(Part X, line 16)				48,14	7.4	47,884		
	21		es (Part X, line 26)						D		
200	22 1	Vet assets	or fund balances. Subtra	act line 21 from line 20			48,14	11	47,884		
Pa	rt II		ire Block								
Livos	r penelties	of perjury, I di	ectare that I have examined this	return, tipolutiling accompanying schedule	s and statements, and to the tost	of my knowle	oldge and belief it is.				
muer	correct, an	d complete: Or	eclaration of preparer (other than	officer) is based on all Information of wh	ich proparer has any lingwindgo.						
	1	Mari	anne Burbach								
Sig	n	Signati	ue of officer				D ₄	ne			
Her	e	Mari	anne Burbach, P	resident							
	-	Type of	onm name and ritle								
		Print/Type p	reparer's mind	Proparer's signatore	Date		Check If	BTIN			
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	parer	Firm's name	► Brad C	ongleton CPA Inc		Fin	m's EIN 🕨				
Use	Only						URB INC.				
	2.7		Santa	Rosa Beach PL 32459			850-	622-226	0		
May	the IRS	discuss this	s return with the preparer	shown above? (see instruction	s)		The state of the state of		Yes No		
F 1	X	1. 5. 1.	have A on Manthey are a line	Windowski by a building the same					The state of the state of		

Checklist of Required Schedules Part IV Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes " X 1 2 X is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? . . . 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 4 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Part III 5 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 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 X 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," X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve 📸 a custodien for amounts not listed in Part X; or provide credit counselling, debt management, credit repair, or X Did the organization, directly or through a related organization, hold assets in temporarily resimiled. 10 Х 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Parl V. 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 192 if "Yes." X 111 b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more X 116 c. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more X 11c d Did the organization report an amount for other assets in Part x. line 15 that is 5% or more of its total assets X 11d X e Did the organization report an amount for other liabilities in Part X, line 252 If "Yes." complete Schedule D, Part X 11e 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 X 111 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a × 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization enswered "No" to line 12a, then completing Schedule D, Perts XI and XII is optional X 13 X 148 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 Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Pert IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20a 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

Pan	Checklist of Required Scriedules (continued)		Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ama.	1	40
	Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III	22	-	X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compansated			
	amployees? 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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	-
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24		1
	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	20.		*
	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	2000		w
	If "Yes," complete Schedule L, Part I	25b		X
26	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, trustines, key employees, highest compensated employees, or	100		10
	disqualified persons? If "Yas," complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key an dioye∈,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			10
	entity or family member of any of these persons? If "Yes," complete Schedule L. Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedula L.			
	Part IV Instructions for applicable filing thresholds, conditions, and exceptions):			42
a	A current or former officer, director, trustee, or key employee? If "Yen," 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	1		
	Schedule L. Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a lamily member thereof)	1000		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, his prical treesures, or other similar assets, or qualified	(50)		-
	conservation contributions? If "Yes," complete Schedula M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31		X
32	Die the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	12		100
	complete Schedule N. Part II	32		X
33	Did the organization own 103% of an entity or regarded as separate from the organization under Regulations	100		15
	sections 301,7761-2 and 301,7701-3? If 'Yes,' complete Schedule R. Part I	33		X
34	Was the organization related to any tax-exempt or faxeble entity? If "Yes." complete Schedule R, Part II, III.			153
	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			Count
	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		1
	related organization? If "Yes," complete Schedule R. Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		1
	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		NE S	
_	197 Note, All Form 990 filers are required to complete Schedule O.	38	X	
Par				
_	Check if Schedule O contains a response or note to any line in this Part V	7.7.7	1.7.4	
	Figure 1997 and 1997 page	1	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	2		
ь		9		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		1	
-	reportable gaming (gambling) winnings to prize winners?	10	X	A CONTRACTOR

		-	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			100
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note, If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)	-		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			-
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:	Hill	2004	
	See instructions for filling regulrements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR):			10
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any takable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		
	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).			
á	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for coods			9101
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for Which It was			100
	required to file Form 82827	7c	_	X
d	If "Yes," indicate the number of Forms 8282 filed during the year		50	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, sirplanes, or other vehicles, old the organization file a Form 1098-C7	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			100
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	And a	1	
a	Did the sponsoring organization make any taxable dishibutions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	100		
2	Initiation fees and capital contributions included on Part VIII, line 12	1.00		
b	Gross receipts, included on Form 990, Pert VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			19
a	Gross income from members or shareholders	3		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		1	-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417	12a		
b	If "Yes," enter the amount of tax-exampt 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	1 6		
	the organization is licensed to issue qualified health plans		η.,	0
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tarning services during the tax year?	14a		X
6	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1
	excess parachute payment(s) during the year	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	1	-	1
16	Is the organization an educational institution subject to the section 4958 excise tax on net investment income?	16		X
	If "Ves." complete Form 4720. Schedule: O			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

3 Did the organization didegate 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 J X supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 J X X 5 Did the organization make any significant changes to its governing documents since the prior Form 1990 was filed? 5 J X 6 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7a Did the organization have members or stockholders? 8 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mare members of the governing body? 8 A reany governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings had or written actions under the under the year by the following: 9 The governing body? 8 Is there any officer, director, furshes, or key employee listed in Part VII, Section A, Who cannot be reached at the organization is malling address? If "Yes," provide the names and addresses in Societulie 0 9 X X Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 9 Yes, I was the organization have local chapters branches, or affiniteles? 10 If "Yes," did the organization provided a complete copy of the Form 990 liquil members of its governing body before filling the form? 11 J Has the organization have written policies and procedures governing the addresses and code processes in Schedule O the process, if any, used by we organization to review this Form 990. 12 July the organization have written policies and procedures governing the addresses that could give rise to conflicts? 12 July the organization have a written document relegion and destruction policy? 13 Did the organiz		tion A. Governing Body and Management		Yes	No
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Has the organization provided a complete copy of this from 990 to all members of its governing body before filling the form? 11a X	п		10b		
b Describe in Schedule O the process, if any, used dy the organization to review this Form 990. 12a Did the organization have a written conflict of interest odicy? If "No," go to line 13 b Were officers, directors, or trustees, and key amployees required to declose annually interests that could give rise to conflicts? c Did the organization regularly and consistently mannor and a force compiliance with the policy? If "Yes." doscribe in Schedule Q haw this was done 12c X 13 Did the organization have a written whistleblower pe c 13 Use 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? a The organization's CEO. Executive Director, or top management official 15a Use the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 Plorida Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 601(c) [3)s only) available for public inspection, indicate how you made these available. Check all that apply. One website Manother's website Mupon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	444		2000	X	
Did the organization have a written conflict of interest colley? If *No, * go to fine 13 b Were officers, directors, or trustees, and key amployees required to declose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and elforce compliance with the policy? If *Yes,* describe in Schedule \(\text{D}\) have say done. 12c \(\text{X} \) 13 Did the organization have is written document retention and destruction policy? 14 Did the organization have is written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If *Yes** to line 15a or 15b, describe the process in Schedule O (see instructions). 15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 * * *Ploxida** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) [3]s only) available for public inspection, indicate how you made these available. Check all that apply. □ Own website □ Another's website □ Upon request □ Other (explain in Schedule O) 15 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 p			116	100	
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c Did the organization regularly and consistently mornior and = force compilance with the policy? If "Yes," describe in Schedule (2 how this was done			-		
describe in Schedule Q how this was done 12c X			120	-	
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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			1100		X
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a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 15a J 15a J 15b J 15a J 15b J 15a J 16a J	15				1
b Other officers or key employees of the organization 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? 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 ▶ Florida 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website ☑ Another's website ☑ Upon request. □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if sp, 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: ▶	4		150		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 J	a		TUE MORE		X
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 filled Florida Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection, indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records:	D		100		A
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Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filled ▶ Florida 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website ☑ Another's website ☑ Upon request □ Other (explain in Schedule O) 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: ▶	D	[1]			
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17 List the states with which a copy of this Form 990 is required to be filed ▶ Ploxida 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website ☒ Another's website ☒ Upon request. □ Other (explain in Schedule O) 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: ▶	Ser		100	-	_
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Own website M Another's website M Upon request □ Other (explain in Schedule O) 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:	10	······			
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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:	10	내일이 그렇게 되었는데 하다면 하다. 그는 그는 사람들은 이 이번 이 나를 하면 하시면 하시는 그는 그를 하게 하는데 이 나를 하게 되었다. 그렇게 되었다면 하게 하시면 하시는데 아니라 아니라 하시는데 그는			
20 State the name, address, and telephone number of the person who possesses the organization's books and records:	15				
	20				
	-				

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

- tal 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 amployees (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.

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

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

(A) Name and Title	(6) Average nours per week (iet any hours fair related organizations beltw dotted from)	(C) Position (do not chick more than too, unless person is to inhose and a proctor/for the chicken and the chicken and the chicken	oman Reportable	(E) Reportable compensation from related organizations (W-2/1699-MISC)	(F) Estimated amount of other compensation from the organization and releted organizations.
(1) Gina DeFalco Director		x		0	0
(2) Marianne Burbach Preident	15	x		0	0
(3) Jenny King Director	2	x		0	0
(4) Peter Horn Vice President	5 0-	x		g 0	0
(5) Bob Saucier Secretary	\	X		0	0
(6) Pauline Sotiri Treasurer	lan kassas	x		0 0	0
(7) Gail Fizar Director		x		0 0	0
(8) Carol Saucier Director		X		0 0	Ò
(9) Lindsey Montgomery Director		x		0 0	0
(10)					
(11)					
(12)					
(13)					
(14)					

(A) Name and the		(B) Average howe per week (list any	Average box, unless parson is both an house per officer and a director/susses)				ac	(D) Reportable companions Port	(E) Reportable compensation from	(F Estima amoun	nted at of
		hours for related organizations below dotted line?	or director	Institutional trustee	Officer	Key amkayee	Highest compensated	the organization (W-2/1099-MISC)	angunications (W-2/1099-MISC)	from trigenia and rel crownia	the ation lated
(15)					1	ł	t				
(16)											
(17)					1		T				
(18)								-			
(19)							in	80			
(20)							4	11/11			
(21)		1=1-		h			1	J.	10		
(22)			W.	4		P		1			
(23)		- N	1	N.		N	100				
(24)				7		4		li .			
(25)_			1	Ç.							
1b c	Sub-total	2005	1						0 0		0
2	Total number of individuals (including but not limit reportable compensation from the organization	ed to those lis						re than \$100,000 o	of 0		
		7 10	Transie de	20.40	Nes so	10.00				Y	es No
3	Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedus For any individual listed on line 1a, is the sum of re-	le J for such ii	ndividue	at .						3	X
	organization and related organizations greater the individual			4.4					erente erenteken	4	х
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes									5	Х
	on B. Independent Contractors	interference			11	Carl Victor		2400 00	uff a.E.		
1	Complete this table for your five highest compensation from the organization. Report compensation.										
	(A) Name and business address	×						Description (1	S)	(C) Compen	
\equiv	1 - Los days - Victorial langue agreed (2)										
	Total number of independent contractors (including	CECH CHECK				400					

	Check if Schedule O contains a response or		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from fax under sections 512-514
m m	1a Federated campaigns 1	3				
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues	1,810				
2 5	c Fundraising events 10	14,337				
T A	d Related organizations 10	The second secon		33		
S E	e Government grants (contributions) 10	9				
Siz	f All other contributions, gifts, grants,			0		
25	and similar amounts not included above 11	F		1		
50						
8 =			16 142			
_	h Total. Add lines 1a-1f		16,147		-	
		Bueiness Code				
nuo nuo	2a					
Rev	ь					
Jee	C					
Sen	d			0		
E	e			- 10		
Program Service Revenue	f All other program service revenue			10 10		
•	g Total. Add lines 2a-2f		- 6	200		
	Investment income (including dividends, interes and other similar amounts)		33	1	33	
	4 Income from investment of tax-exempt bond pro	4000000		D. 10		
	5 Royalties		10.00		10	
	(i) Real	(ii) Personal		1000		
	6a Gross rents			1 3		
	b Less: rental expenses	1 0				
	c Rental income or (loss)	h. %				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory 9 b Less: cost or other basis	(II) Other				
	and sales expenses	00				
	d Net gain or (loss)		900	1	900	
Other Revenue	8a Gross income from fundraising events (not including S 14,337 of contributions reported on line 1c). See Part IV, line 18	b				
	c Net income or (loss) from functaising events					
	9a Gross income from gaming activities.					
	See Part IV, line 19	8				1
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities .					
	10a Gross sales of inventory, less					
	returns and allowances	a 8,424				
	b Less: cost of goods sold		12		1	
	c Net income or (loss) from sales of inventory .		2,30		2,30	9
	Miscellaneous Revenue:	Business Code	2130		2,30	
	11a Pavillion	900099	72,500	1	72 50	
	b Pepsi Machine	900099		1	72,500	
	7-6	900099	23:	1	23:	9
	d All albert to the control of	-			1	1
	d All other revenue	2	12200		-	
	e Total. Add lines 11a-11d		72,73			
	12 Total revenue. See instructions		92,12	1	0 75,97	41

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)	1.
---	----

Don	Check if Schedule O contains a response or note to	(A)	(6)	(C)	(D)
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	Total expenses	Program stervice expenses	Management and general expenses	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	H			
	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		4		
8	Pension plan accruals and contributions (include		100		
	section 401(k) and 403(b) employer contributions)		-	A	
9	Other employee benefits			A.	533
10	Payroll taxes		44.	400	
11	Fees for services (non-employees):		1 1		
a	Management	- 1	100		
b	Legal	4500	A 1888	9	
c	Accounting		S. W. W.		
d	Lobbying . , . ,			K	
9	Professional fundraising services. See Part IV, line 17	- 1			
f	Investment management fees	4			2
9	Other. (If line 11g amount exceeds 10% of line 25, column)		100		
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	318		318	
13	Office expenses	1,308		1,308	
14	Information technology	100			
15	Royalties	1.0			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions and meetings	2,997		2,997	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amonutation + + + + +				
23	Insurance	710		710	
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.)				
a	Event deposits returned	18,286		18,286	
b	Grounds and Gardens	12,860		12,860	
c	Pavillion	17,513	-	17,513	
d	Plant Nursery	833		833	
e		42,132		42,132	
25	Total functional expenses. Add lines 1 through 24e .	96,957	0	96,957	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [7] [7] [8] [8] [8] [8] [8] [8] [8] [8] [8] [8				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X. Beginning of year End of year 45,487 1 43,891 2 2 3 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 agonsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 8 2,654 3,993 9 Land, buildings, and equipment cost or other basis, Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 47,884 48,141 16 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Parl IV of Schedule D 21 21 Loans and other payables to current and former officers, directors. trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II nº Schedule L 23 Secured mortgages and hotes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0 26 Total liabilities. Add lines 17 through 25 ... Organizations that follow SFAS 117 (ASC 958), check here > and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here Mand complete lines 30 through 34. 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 47,884 Retained earnings, endowment, accumulated income, or other funds 48,141

33

47,884

47,884

48,141

48,141

33

34

onn	990 (2018) Friends of Eden State Gardens Inc 59	-32757	76	Pa	ge 12
Par	t XI Reconciliation of Net Assets				-
	Check If Schedule O contains a response or note to any line in this Part XI	2000	1000	U-072 POLE	70.00
1	Total revenue (must equal Part VIII, column (A), line 12)	1		92,1	25411.79
2	Total expenses (must equal Part IX, column (A), line 25)	2		96,5	7-21-57
3	Revenue less expanses. Subtract line 2 from line 1	3		-	936)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		48,	141
5	Net unrealized gains (losses) on Investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		4,	579
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))	10		47,1	884
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	+ + + +			- 1
1 2a	Accounting method used to prepare the Form 990: Cash		. 2a		х
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х
C	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		. 2c		
	As a result of a lederal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule Q and describe any steps taken to undergo such audits		. 3b	990	2010

SCHEDULE A (Form 990 or 990-EZ). Department of the Treasury

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.

► Attach to Form 990 or Form 990-EZ

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

2018 Open to Public Inspection

DME No. 1545-0047

Internal Revenue Service Name of the organization

Employer identification number

59-3275776 Friends of Eden State Gardens Inc Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). A school described in section 170(b)(1)(A)(II). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a tand-grant college. 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, ruly, and state of the college or university An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 lex) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting diganization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B: b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vester in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Parl IV, Sections A and D, and Part V. Check this box little organization received a written determination from the IRS that it is a Type I. Type II. Type III. functionally integrated, or Type ill non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (v) Amount of monecary Delt-Amount of (i) Name of supporting organization (Iii) Type of organization (IV) is the presentation withor populari Isaa Ulesusified on lines 7-40 fisted in your governing AUDOON (See allowe (see instructions)). inmudiane (litistrate)(dints) (Acetalone) Yes No (A) (B) (C) (D) (E) Total

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

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

Sect	ion A. Public Support						
alen	dar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") + + + + +	1,428	845	6,863	3,285	1,810	14,231
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,428	845	6,863	3,285	1,810	14,231
5	The portion of total contributions by					2-01	
	each person (other than a						
	governmental unit or publicly					1	
	supported organization) included on				-64		
	line 1 that exceeds 2% of the amount				1		
	shown on line 11, column (f)				6.76		
6	Public support. Subtract line 5 from line 4				1000		14,231
-	tion B. Total Support		ON SOURCE T		-	7 A DDAM	In Table
Calor	dar year (or fiscal year beginning in) >	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from fine 4	1,428	845	6,862	3,285	1,810	14,231
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	54	C 84	52	48	33	271
	similar sources	94	04	0.	10	- 79	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-	1	1			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-	1				
1.1	Total support. Add lines 7 through 10		A THE ST		Jan 199		14,502
12	Gross receipts from related activities, etc. (sea instructions) .			CARLES E.	12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first,	second, third, four	th, or fifth tax year	as a section 501(d	:)(3)	
Sec	tion C. Computation of Public St						
14	Public support percentage for 2018 (line 6,))		14	98.13 %
15	Public support percentage from 2017 Sched					15	98.08 %
16a	33 1/3% support test - 2018. If the organi					eck this	
	box and stop here. The organization quali	fies as a publicly su	pported organizat	ion			▶ 🔯
b	33 1/3% support test - 2017. If the organi						
	this box and stop here. The organization						· · · · □
17a	10%-facts-and-circumstances test - 201						
	10% or more, and if the organization meet	s the "facts-and-cire	cumstances" test.	check this box and	stop here. Explai	n in	
	Part VI how the organization meets the "fac-						
	organization						
6	10%-facts-and-circumstances test - 201						
100	15 is 10% or more, and if the organization				경기 얼마나 가는 그리다 만든 사람이 없었다.		
	Explain in Part VI how the organization me	하게 하나는 이번 그들이 하나 없어 한다면?		1. 영향(하)에서 1. 10 10 10 10 10 10 10 10 10	경기에 다 이 경기에 하게 되는 것이 하셨다고 있다.	dy	piles the second
	supported organization						▶ □
18	Private foundation. If the organization did		나는 내려면 보면 하면 하면 가게 되었다면 하지만				-
	instructions		******				1 × 1

990 or 890 EZ) 2015 Priends of Eden State Gardens Inc Support Schedule for Organizations Described in Section 509(a)(2) Part III

Support Schedule for Significations accomises in assistant and faller	
(Complete only if you checked the box on line 10 of Part I or if the organization failed	I to qualify under Part II.
If the organization falls to qualify under the tests listed below, please complete Part I	(L)

Sec	tion A. Public Support				THE TRANSPORT	1	1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise						
4	sold of services performed, or facilities				1		
	furnished in any activity that is related to the organization's tax-exempt purpose						1
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			LL.			
6	Total. Add imes 1 through 5				- 6		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				10		
				- 60	20		
Ь	Amounts included on lines 2 and 3 received from other than disqualified			-98	10		
	parsons that exceed the greater of \$5,000			-		N.	
	or 1% of the amount on line 13 for the year		-			NA.	-
C	Add lines 7s and 7b			EL 70		4	
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support	- 6	- 10	0			
_	indar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6					18/43/2015	The same of
100	Gross income from interest, dividends,		100				
IVA	payments received on securities loans, rents,	- 4	11				
	royalties and income from similar sources	- 8	20		1		
b	Unrelated business taxable income (less) section 511 taxes i from businesses acquired after June 30, 1975	D.	10				
C	Add lines 10s and 10b	1 30 4	4				
11	Not income from unrelated business activities not included in line 100, whether or not the business is regularly carried on	110					
12	Other income. Do not include pain or loss from the sale of capital assets (Explain in Part VI.)	-					Janes L
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here						
Se	ction C. Computation of Public Su						
15	Public support percentage for 2018 (line 8, co	alumn (f), divided	by line 13, column	(f))			- 99
16	Public support percentage from 2017 Schedu					- 16	2/2
Se	ction D. Computation of Investme	The state of the s				Lat	
17	Investment income percentage for 2018 (lin	the state of the s		ACTIVITY OF A COUNTY OF A COUN		17	9/
18	Investment income percentage from 2017 S				[17] [17] [17] [17] [17] [17] [17]	. 18	9/
19a	33 1/3% support tests - 2018. If the organi 17 is not more than 33 1/3%, check this box						□
ŧ	33 1/3% support tests - 2017, If the organi line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did					AND MANAGEMENT OF THE PARTY OF	▶ 🗍

Supporting Organizations Part IV

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

Section A. Al	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.
- 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(a)(4), (5), or (6)7 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.
 - 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.
- 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 prganization 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 owing 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, supstituted, 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 supponed 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 (it its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (ili) 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.
- Did the organization provide a gram, 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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? II "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or incirectly 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))7 If "Yes," provide detail in Part VI
- 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.)

	Yes	No
4		
2		
3a		
3b		
3c		
4a		
70		
4b		
4c		
40		
5a		
5b 5c		
6		
7		
8		
ì		
9a		
96		
9c		
10a		
10b		

_	ble A (Form 990 er 290 E2) 2016 Friends of Eden State Gardens Inc 59-32/57/1	,	- 17	age 5
Pai	rt IV Supporting Organizations (continued)	-	Yes	No
44	Has the organization accepted a gift or contribution from any of the following persons?		100	145
	A person who directly or indirectly controls, either alone or logether with persons described in (b) and (c)		1 3	
· a	below, the governing body of a supported organization?	11a		
		11b		_
	A family member of a person described in (a) above?	110		-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Ition B. Type I Supporting Organizations	116	-	-
360	(ioi) b. Type i supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			-
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization.			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	-		14
7	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			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Car	supervised, or controlled the supporting organization. Ition C. Type II Supporting Organizations	14		-
Sec	tion C. Type ii Supporting Organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	11.0
3	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vasted in the same persons that controlled or managed			
		4		
200	the supported organization(s). ction D. All Type III Supporting Organizations	11	-	
Sec	ction b. All Type in Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	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			
		1		
	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 mustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supposed organization? If "No," explain in Part VI how			
	the organization maintained a close and con viruous working relationship with the supported organization(s).	2		
-	By reason of the relationship described in (2), uld the organization's supported organizations have a	10		
	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			
		3		
500	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations	13	4	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tions	1
		ijan av	Horis	
3	The organization satisfied the Admittes rest. Complete fine 2 delow. The organization is the parent of each of its supported organizations. Complete line 3 below.			
0	H 프라크림에서 그들 12에 걸어들어 보이다. 그는 그래에 되어 있어요? 이 HE NEW HE	10001	netnie	tionel
	1 [2014] [1] - [2017] [1] - [2017] [1] - [2017] [20	(900 1	The second second	No
2		1	100	140
ā				
	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.		100	
	how the organization was responsive to those supported organizations, and how the organization determined	120	1	
2	that these activities constituted substantially all of its activities.	2a		-
Ì	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	-		
N.	activitles but for the organization's involvement.	2b		
3				
2	 Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 			1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
t	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	146		
	of its supported organizations? If "Ves." describe in Part VI the role played by the organizations in this second	36		

Schedule A (Form 990 or 990-EZ) 2016 Friends of Eden State Gardens Inc.	-	59-32	15775	Page 0
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org				
1 Check here if the organization satisfied the Integral Part Test as a qualifying to				
instructions. All other Type III non-functionally integrated supporting organiz	ations	must complete Section		
Section A - Adjusted Net Income		(A) Prior Year	100000000000000000000000000000000000000	ent Year onal)
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year		ent Year ional)
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year);		- 4		
a Average monthly value of securities	1a	- 8		
b Average monthly cash balances	1b	100		
c Fair market value of other non-exempt-use assets	10	18.00		
d Total (add lines 1a, 1b, and 1c)	1d	Aller A		
e Discount claimed for blockage or other		100		
factors (explain in detail in Part VI):	The .			
Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	13			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount	350	-		
see instructions).	4	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)	В			
Section C - Distributable Amount			Curren	t Year
1 Adjusted net income for prior year (from Section A. line 8, Column A)	1			
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3	4			

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

5

6

Income tax imposed in prior year

emergency temporary reduction (see instructions).

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

	Type III Non-Functionally Integrated 509(a)	(a) supporting Organia	ations (continued)	Carrier a solice
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem- organizations, in excess of income from activity	pt purposes of supported		
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizati	ans	
4	Amounts paid to acquire exempt-use assets	***************************************		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t (provide details in Part VI). See instructions.	he organization is respons	ive	
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
10	Life b amount divided by Line 5 amount	T1 - 30 - 10	(ii)	(111)
9	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		- 6	
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.		10	
3	Excess distributions carryover, if any, to 2018	6.0		
	From 2013			
	From 2014			
	From 2015	自由。用 (· · · · · · · · · · · · · · · · · ·		
	From 2016 ,			
_	From 2017		- Page	
	Total of lines 3a through e	A 60 TO		
	Applied to underdistributions of prior years	Sh. B.		
	Applied to 2018 distributable amount			
_	Carryover from 2013 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f	N .		
4	Distributions for 2018 from Section D, line 7:	10		
а	Applied to underdistributions of prior years			
_	Applied to 2018 distributable amount			
_	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
-	Excess distributions carryover to 2019. Add lines 3j and 4c.			F
8	Breakdown of line 7:			
а	Excess from 2014	500000		
-	Excess from 2015			

c Excess from 2016 d Excess from 2017 e Excess from 2018

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.)
	- (19)
	6/10/1
-	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

2018

Department of the Transity nitemal Revenue Servicia

➤ Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

	of the organization	Employer (dentification number
	ends of Eden State Gardens Inc	59-3275776
Pai	Organizations Maintaining Donor Advised Funds or Complete if the organization answered "Yes" on Form 9	
	La	a) Donor equised funds (b) Funds and either accounts
1	Total number at end of year	
2	Aggregate value of contributions to (dunng year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at and of year	
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised
	funds are the organization's property, subject to the organization's exc	
6	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 banefit of the donor or done	or advisor, or for any other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 7
1	Purpose(s) of conservation easements hald by the organization (check	k all that apply)
	Preservation of land for public use (e.g., recreation or education)	Preservation of a histonically important land area
	Protection of natural habitat	Preservation of a cartified historic structure
	Preservation of open space	- 1 1 1
2	Complete lines 2a through 2d if the organization held a qualified bonse	evation contribute rim the form of a conservation
	easement on the last day of the tax year	Held at the End of the Tax Year
	Total number of conservation easements	
ь	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure inc	outed in (a) 2c
d	Number of conservation easements included in (c) acquired after 7/25	5/06, and not on a
		2d
3	Number of conservation easements modified, transferred, released, e	otinguished, or reminated by the organization during the
	tax year ►	
4	Number of states where property subject to conservation easement is	located •
5	Does the organization have a written policy regarding the periodic mo-	nitering, inspection, handling of
	violations, and enforcement of the conservation casements it holds?	Harris Yes No
6	Staff and volunteer ficus devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	plations, and enforcing conservation easements during the year
	+3	
3	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)(6)(ii)?	
9	In Part XIII, describe how the organization reports conservation eases	
	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.	
Pa		t, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on For	
1a	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	지 그들이 가는 아름다면 나를 가득하면 취임하는 이 경기에는 이 경험에 가장하는 것이 되었다면 하나 하나 하는데 하다.
	public service, provide, in Part XIII, the text of the footnote to its finan-	
ь		
	works of art, historical treasures, or other similar assets held for public	40 CH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
4	(ii) Assets included in Form 990, Part X	** Out 14 He C.
2	If the organization received or held works of art, historical treasures, or	
- 0	following amounts required to be reported under SFAS 116 (ASC 95	A CONTRACTOR OF THE PROPERTY O
3		
b	Assets included in Form 990, Part X	

	n State Gardens Inc		59-3275		Page 2
Part III Organizations Maintaining	Collections of Art, Hist	orical Treasures, o	r Other Similar Ass	ets (conti	nued)
Using the organization's acquisition, accession		The state of the s		112	
collection items (check all that apply):					
Public exhibition	d [Loan or exch	ange programs			
b Scholarly research	e 🗍 Other				
Preservation for future generations					
Provide a description of the organization's colle	actions and penjain how that h	other the emanization's a	vernet europee in Part		
	actions and explain now may to	itiles the digaretations a	kempt purpose in a sic		
XIIL	and the state of t	at Konsatana ika hithar alaa	iles		
During the year, did the organization solicit or r				Yes	s 🗆 N
assets to be sold to raise funds rather than to		ganization's collection?	I I is a Way Too Was Store	· . L 16	SIN
Part IV Escrow and Custodial Arran		000 Ded 11/ Sec D		int on For	-
Complete if the organization a	nswered yes on Form	990, Part IV, line 9,	or reported an amou	JIN OH FUN	in .
990, Part X, line 21		CONT.	V =		
a Is the organization an agent, trustee, custodian				Π.,	
			E (A	Ye	s UN
b If "Yes," explain the arrangement in Part XIII a	nd complete the following table		C U		
				nount	
c Beginning balance			- 1c		
d Additions during the year			1d		
e Distributions during the year			. 1e		
F Ending balance			. Mar		
a Did the organization include an amount on For	m 990, Part X, line 21, for escri-	ow or custodial account list	ibility?	🗌 Ye	s N
b If "Yes," explain the arrangement in Part XIII.	Check here if the explanation ha	s been provided on Parl	XIII		5 - II
art V Endowment Funds.		The state of the state of			
Complete if the organization a	inswered "Yes" on Form	990. Part IV. line 10	i A		
e officients is the exigence of the		Prior year (c) Two years		(e) Four y	eas tau
a Beginning of year balance	ful regulation bear		(a) they year	10.5	
	- 68	- T	90.		
	1		-	_	
c Net investment earnings, gains, and	h 10				
losses		- 10		_	
d Grants or scholarships		1			
e Other expenditures for facilities and	-				
programs	-			_	
f Administrative expenses	- TO TO TO				
g End of year balance					
Provide the estimated percentage of the current	nt year and balance (line 1g. co	lumn (a)) held as:			
a Board designated or quasi-endowment	94				
b Permanent endowment > 9	T. 10				
c Temporarily restricted encowment					
The percentages on lines 2a, 2b, and 2c should	d enual 100%.				
a Are there endowment funds not in the posses		e held and administered for	or the		
organization by:		ALLE CONTRACTOR OF THE PROPERTY OF		1	Yes No
				. 3a(I)	
New York Control of the Control of t				3a(ii)	
 (ii) related organizations b If "Yes" on line 3a(ii), are the related organization 	Control of the Control of the Control	dul. Do		1	
			+44++44+44	1 3b	_
Describe in Part XIII the intended uses of the		15.			
Part VI Land, Buildings, and Equip		500 D 107 F			
Complete if the organization a	enswered "Yes" on Form	990, Part IV, line 1	1a. See Form 990, P	art X, line	10.
Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accomulated	(d) Book	yelue
	(investment)	(other)	depreciation		
a Land					
b Buildings					
c Leasehold improvements					
d Equipment					
	T. V. V.C.F.				

Schedule D (Form 990) 2018 Friends of	Eden State Gardens Inc	59-3275776	Page 3
Part VII Investments - Other Securities.		TANK	
Complete if the organization answ	vered "Yes" on Form 990, Part IV	/, line 11b. See Form 990, Part X, lin	e 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or and of your merket value	
(1) Financial derivatives	11.		
(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 answ	wered "Yes" on Form 990, Part I	V, line 11c. See Form 990, Part X, lin	e 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)		0.1	
(2)		0.00	
(3)	40		
(4)		1 8 8	
(5)		4 4 4	
(6)		A A	
(7)		4.4	
(8)		0 0	
(9)	1 6 6 4		
Total. (Column (b) must equal Form 990, Part X, col. (B) Inc 13.)			
Part IX Other Assets.	was J. "Vee" on Form 200. But I	/ line 11d See Form 000 Bart V lin	0.15
Complete if the organization ans	AND THE RESERVE OF THE PERSON	V, line 11d. See Form 990, Part X, lin	
10	(a) Destription	(d) Book	Autho
(1)	8 8 0		
(2)	1 1 11		
(4)	2 / 1		
(5)	8.4		
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		
	wered "Yes" on Form 990, Part I	V, line 11e or 11f. See Form 990, Pa	rt X.
line 25.	1		
1. (a) Description of liability (4) Foreign I proper toward	(b) Book value		
(1) Federal Income taxes			
(2)			
(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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants c Recoveries of prior year XIII.) c Add lines 2a through 2d c Recoveries on time 1 c Reconciliation of Form 990, Part VIII, line 7b c Add lines 4a and 4b c Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) c Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements c Reconciliation of ine 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities c Other losses c Recoveries in Part XIII.) c Add lines 4a and 4b c Recoveries of prior year adjustments on time 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Doscribe in Part XIII.) c Add lines 4a and 4b c Recoveries on the prior time 1 c Recoveries on the prior time 1 c Recoveries of prior time 1 c Recoveries on the part XIII.) c Add lines 4a and 4b	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.
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a Investment expenses not included on Form 990, Part VIII, line 7b		3
b Other (Describe in Part XIII.)		
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ovide the descriptions required for Part II, lines 3, 5, and 9; Part III; lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line		1.0
	; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	

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.

2018

DMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Ravenue Service

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

Employer identification number Name of the organization 59-3275776 Friends of Eden State Gardens Inc. 01. Form 990 governing body review (Fart VI, line 11) The Board of Directors examined the return 02. Conflict of interest policy compliance (Part VI, line 12c) The company follows the conflict of interest policy stipulated by the State of Florida 03. Governing documents, etc. available to public (Part VI, line 19) Form 990 Articles of Incorporation Conflict of Interest Policy 04. List of other fees for services expenses (Part IX, line 11g) See attached list of other fees for services expenses 05. List of other expenses (Fart IX, line 24e) See attached list of other expenses

8868 (Rey January 2019)

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

File a saparate application for each return.

DAB/ID 1545-1179

Department of the Trieswry Go to www.lrs.gov/Form8868 for the latest information. mems) Revenue Surviou Electronic filling (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-cheritles-and-non-profits Automatic 6-Month Extension of Time. Only submit original (no copies needed) All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. 59-3275776 print Friends of Eden State Gardens Inc. Social security number (SSN) Number, street, and room of suits no. If a P.O. box, see instructions. File by the due date for 181 Eden Road filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions Islam See Santa Rosa Beach, FL 32459 0 1 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Return Application Code Code Is For is For 07 01 Form 990-T (corporation) Form 990 or Form 990-EZ Form 1041-A 08 102 Form 990-BL 09 Form 4720 (other than individual 03 Form 4720 (Individual) 10 Form 5227 04 Form 990-PF 11 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 12 06 Form 8870 Form 990-T (trust other than above) Pauline Sotiri, 181 Eden Road, Santa Rosa Beach, FL 12459 The books are in the care of FAX No. > Telephone No. ► 850-267-8320 If the organization does not have an office or place of pushess in the United States, check this box. If this is If this is for a Group Return, enter the organization's lour digit Circup Examplion Number (GEN) If it is for part of the group, check this box . I and attach for the whole group, check this box a list with the names and EINs of all members the extension is for I request an automatic 6-month extension of time until 11-15 . 20 19 to file the exempt organization return for the organization named above. The extensions for the organization's return for ▶ X calendar year 20 18 or , and ending ► I tax year beginning If the tax year entered in line 1 is for laws than 12 months, check reason. I initial return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative fax, less 3a any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3h c Balance due. Subtract line 36 from line 3a. Iriclude your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Caution: If you are going to make an electronic lunds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

8879-EO

IRS e-file Signature Authorization for an Exempt Organization

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эта енціпд		

CME No. 1545-1875

Separations of the Treasury

For catendar year 2018, or fecal year beginning

Do not send to the IRS. Keep for your records.

2018

Serial Revenue Service	Employer Identification number
Priends of Eden State Gardens Inc	59+3275776
The and Man of officer	
Marianne Burbach, President	
Part I Type of Return and Return Information (Whole Dollars On	ly)
Check the box for the return for which you are using this Form 8879-EO and enter the applicheck the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the returned line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you have line in Part I.	icable amount, if any, from the return. If you orn being filed with this form was blank, then
ta Form 990 check here 🕨 🔯 b Total revenue, if any (Form 990, Part VIII, column	(A) line 12)
2a Form 990-EZ check here D b Total revenue, if any (Form 990-EZ, line 9)	
Sa Form 1120-POL check here D b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here > b Tax based on investment income (Form 990	
5a Form 8868 check here > D b Balance Due (Form 8868, line 3c)	,
	4
Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that	
are true, correct, and complete. I further declare that the amount in Part I above is the amount organization's electronic return. I consent to allow my intermediate service provider, transm to send the organization's return to the IRS and to receive from the IRS (a) an acknowled the transmission. (b) the reason for any detay in processing the return or refund, and (c) authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic fundinancial institution account indicated in the tax preparation software for payment of the processing institution to debit the entry to this account. To revoke a payment, I Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) directived in the processing of the electronic payment of taxes to receive confidential informations resolve issues related to the payment. I have selected a personal identification number (Pil electronic return and, if applicable, the organization's consent to Amotronic funds withdrawn Officer's PIN: check one box only	igement of rocein or reason for rejection of the date of any refund if applicable, I dis withdrawel (check debit) entry to the anization's federal taxes owed on the anization's federal taxes owed on the must consoct the U.S. Treasury Financial date. Leters authorize the financial institutions altion recessary to answer inquiries and hi) as my signature for the organization's with this return that a copy of the return is see program. Laiso authorize the aforementioned ization's regulating chanties as part of
THE INS FEDISIAN POURAIN, I WILL ETIES THE PART OF THE TAXABLE DESIGNATION	Sad ► 05-14-2019
Part III Certification and Authentication	DSM P (02-74-501)
Li Politica de la companya della companya della companya de la companya della com	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	598630 32459
Handel (CELIA) INIOWARD BY YOUR INSCIDENCES I THE	Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electro- indicated above. I confirm that I am submitting this return in accordance with the require information for Authorized IRS e-file Providers for Business Returns.	inically filed return for the organization ments of Pub. 4163, Modernized e-File (MeF)
ERO's signalate >	Oats > 05-15-2019

990	Overflow Statement	2018 Page 1
Name(s) as shown on refunt		FBM
Friends of Eden St	tate Gardens Inc	59-3275776

Other Expenses

escription		Amount	
Utilities	\$	2,842	
Camelia Festival		723	
Xmas Open House and Decorations		2,206	
Movies		1,652	
Mansion		12,071	
Gates		195	
Miscellaneous		605	
Bank Charges		312	
Park Budgetary Needs		20,982	
Sales Tax		544	
Total:	\$	42,132	