

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION ANNUAL REPORT

Required Signatures: No Signature

Year: _____

Citizen Support Organization (CSO) Name: _____

Mailing Address:

Telephone Number: ______ Website Address (if applicable): ______

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.

Brief Description of the CSO's Mission:



Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION ANNUAL REPORT

Brief Description of the CSO's Results Obtained:

Brief Description of the CSO's Plans for Next Three Fiscal Years:

□ Copy of the CSO's Code of Ethics attached (*Model provided; see CSO 2014 instructions*)

□ Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement

Friends of Maclay Gardens, Inc. CODE OF ETHICS

PREAMBLE

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

STANDARDS

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

1. Prohibition of Solicitation or Acceptance of Gifts

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

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain From Voting

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

9. Failure to Observe CSO Code of Ethics

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

Form	9	9	0

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

2016

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в			f organization			f and onlying		1	D Employe	r identification number	ər
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	Name cl	nange Numbe	and street (or P.O. box if mail	is not delivered	d to street addre	ss)		Room/sulte	E Telephon		
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	Applicat	ion pending Cra	ig Willis					H(a) is this a grou	p return for su	ubordinates? Yes	X No
			'8 Dwight Da	vis D	r			H(b) Are all subo	dinates inclu	ided? Yes	No
			lahassee		- FL	32312				(see instructions)	4J
,	Tax-ov		501(c)(3) 501(c) () 4 (i		4947(a)(1) or	1	-		(,	
<u>.</u>	Websit		riendsofmac	lavoar	deng (<u>[4947(a)(1) 0r]</u>	527			•	
<u>к</u>		organization: X C		ssociation	Other >	<u>,0111</u>		H(c) Group exem	ption numbe		
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00040		the statement of the second									N-1
	'	Coo Cabod	e organization's mission								
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& Governance		· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·				
ŝ	2	Check this box 🏲	if the organization of	discontinue	d its operatio	ons or disposed of	more than 25	% of its net asse	ts,		
80	3	Number of voting	members of the governi	ing body (P	art VI, line 1	a)			3	19	
Activities	4	Number of indepe	ndent voting members o	of the gove	rning body (I	Part VI, line 1b)			4	19	
ivit	5	Total number of in	dividuals employed in c	alendar yea	ar 2016 (Par	t V, line 2a)			5	0	
₽ct	6	Total number of v	olunteers (estimate if ne	cessary)					6	0	
	7a	Total unrelated bu	siness revenue from Pa	art VIII, colu	ımn (C), line	12	•••••••••••	•••••••••••••••••••	7a		0
	b	Net unrelated bus	ness taxable income fro	om Form 99	90-T, line 34				7b		0
								Prior Year		Current Yea	
O	8	Contributions and	grants (Part VIII, line 1	1)				17	,280	13	,794
Revenue	9	Program service r	evenue (Part VIII, line 2	g)				52	,349	45	,283
eve	10	Investment incom	e (Part VIII, column (A),	lines 3, 4,	and 7d)				75		455
22	11	Other revenue (Pa	rt VIII, column (A), lines	s 5, 6d, 8c,	9c, 10c, and	i 11e)					0
	12	Total revenue - ad	id lines 8 through 11 (m	iust equal F	Part VIII. coli	umn (A), line 12)		69	,704	59	,532
	13	Grants and similar	amounts paid (Part IX,	column (A), lines 13)						<u>/001</u>
	14	Benefits paid to or	for members (Part IX, o	column (A).	line 4)	••••••••••••••••••••••	•••••	····			0
ŝ	15	Salaries, other cor	npensation, employee b	venefits (Pa	art IX colum	n (A) lines 5-10)	·····				0
Expenses	16a	Professional funde	aising fees (Part IX, col	umn (A) lin	n 11a)	$(r_{1})_{1}$ (res $0-10)_{1}$	·····				0
Der	h	Total fundraising a	xpenses (Part IX, colun	(\Box) line	251	•••••••••••••••••••••••••••••••••••••••					
ă	17	Other expenses /	Part IX column (A) line		20) P	•••••••••••••••••••	<u>v</u> p		005	4.0	<u></u>
	40	Total expenses (r	art IX, column (A), lines	sila-ila, 	111-240)		••••••	and the second se	<u>,005</u>	42	,558
			dd lines 13-17 (must ed			, line 25)	·····		,005		,558
78	13	revenue less exp	enses. Subtract line 18	irom line 12	٤			14 Beginning of Curre	, 699		<u>,974</u>
ance	20	Total assets /Part	X line 16)				-{			End of Year	
Bal	21	Total liabilities (Pa	X, line 16)						,270		<u>,779</u>
Net Assets or Fund Balances	41					• • • • • • • • • • • • • • • • • • • •	·····		,465		0
	art II	2.V.)	balances. Subtract line	21 from IIr	ie 20	******		225	,805	242	,779
UI fra	nder pe	inalties of perjury, I d	eclare that I have examine eclaration of preparer (oth	d this return,	, including acc	companying schedule	as and stateme	nts, and to the bes	t of my kno	wledge and belief,	it Is
			colaration of preparer (0(h		51) IS UASED 01	an intermation of W	nich preparer h	as any knowledge.			
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		Print/Type preparer's	name	T	Preparer's signa	ture		Date	Check	If PTIN	-
Paid	b	James B. Wads	worth, Jr., CPA		asu)	adquicat	50/	5.26.	12elf-emp	bloyed P000680	50
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Use	Only		1040 E Par					<u> </u>			<u> </u>

Tallahassee, FL 32301-2677 Firm's address 🕨 850-224-3129 Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)

Form	990 (2016) Friends of Maclay Gardens, Inc. 59-3165260	Page 2
P	It III Statement of Program Service Accomplishments	<u></u>
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
5	ee Schedule O	
2	Did the organization undertake any significant program services during the year which were not listed on the	F)
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	. Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4.0		<u> </u>
4a 100	(Code:)(Expenses \$ 12,632 including grants of \$)(Revenue \$)he Tour of Gardens is an annual fundraising event that benefits	24,217)
L T	ne four of Gardens is an annual fundraising event that benefits	the
E NA	riends of Maclay Gardens, Inc. in their mission to support and p	promote
11	aclay Gardens State Park. The public is able to purchase tickets	which
d	llow them to visit local homes with private gardens.	••••••
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	ти. Таки страници и при с	
	(Code:)(Expenses \$ 11,341 including grants of \$) (Revenue \$	18,287)
M t l p	oon Over Maclay is a musical concert that draws its audience fro o showcase the gardens and draw people to the gardens. Scarecrow ocal school children and businesses line the walkways to the eve roceeds are used for the Friends of Maclay Gardens, Inc. mission upport and enhance the historic gardens and park.	om the area vs made by ent. All 1 to
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R	(Code:)(Expenses \$ including grants of \$) (Revenue \$ ed Hills, a local club, holds a triathlon at Maclay Gardens. The unds each year to help support and promote Maclay Gardens State	1,500) y donate Park.
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4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 15,809 including grants of \$) (Revenue \$ 1,279	·)
4e	Total program service expenses > 39,782	
AA		Form 990 (2016)

Form 990 (2016) Friends of Maclay Gardens, Inc. Part IV Checklist of Required Schedules

59-3165260

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	X	
2 3		2	X	
5	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			~~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		<u>x</u>
~	election in effect during the tax year? If "Yes," complete Schedule C, Part II			v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	• 4		<u>.X</u>
Ŭ	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			<u></u>
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	1	Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9	-	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investmentsprogram related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	• •			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<u>11e</u>		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14à	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			3.7
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			35
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		τŕ
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>_X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		_ <u>X</u> _
10		4.0		v
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u> </u>
	If "Yes," complete Schedule G, Part III	19		х
		13]	<u> </u>

Form 990 (2016)Friends of Maclay Gardens, Inc.59-3165260Part IVChecklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
•	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
-1	to defease any tax-exempt bonds?	24c		
d Dr-	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			
6	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			<u> </u> .
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
26	If "Yes," complete Schedule L, Part I	25b		<u> </u>
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		<u>x</u>
<i>~</i> '	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	07		37
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		X
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	208		X
	Schedule L, Part IV	28b		x
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
	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, historical treasures, or other similar assets, or qualified	-23		
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			<u></u>
	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	┝╩┅┤		<u>x .</u>
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	}	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
••	19? Note. All Form 990 filers are required to complete Schedule O.	38		X

- Sec. 199	n 990 (2016) Friends of Maclay Gardens, Inc. 59-316	5260			F	Page 5
28 1 2	art V Statements Regarding Other IRS Filings and Tax Compliance	,				[]
	Check if Schedule O contains a response or note to any line in this Part	/ <u></u>			1	
1a	Enter the number reported in Day 2 of Form 1006. Enter 0, if not applicable			1.000	Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		0	-		
6	reportable gaming (gambling) winnings to prize winners?			1989	8 :230	P:N##
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			. 1 C		
20	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		<u> </u>	2b	1989-28	1
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	••	••••••	- 20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		••••••••••••••••••••••••••••••	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		te			<u> </u>
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin		cy.			
	account)?	ancia		4a		x
b	If "Yes," enter the name of the foreign country:	•••••	• • • • • • • • • • • • • • • • • • • •			1 Î
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour		•		
	(FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	perse :	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?			<u> </u>	X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50		- <u>*</u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did ti		••••••••••••••••••••••••	·		
	organization solidit any contributions that were not tay deductible on charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		••••••••••••••••••••••••••••••	· [[<u> </u>
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	••••				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	aoods				
	and services provided to the payor?	0		7a	ppe, 10200	0000 X 00
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as				
	required to file Form 8282?			70		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ract?	•••••••••••••••••••	7f	·	
g	If the organization received a contribution of qualified intellectual property, did the organization file For		9 as required?	7g	[
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8	(
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041'	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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					
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				
14a	Did the experimentation measure and the independence and include the territory of			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul					
DAA				50	- 99r	(2016)

<u>6</u>

22222	m 990 (2016) Friends of Maclay Gardens, Inc. 59-3165260 art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through the second	ugh 7b	below, and	for a	"No"	age
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in Sch	edule O. Se	e instr	uctior	າs.
Ser	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>	<u>· · · · · · · · · · · · · · · · · · · </u>	<u></u>	
	Alon A. Obvorning Douy and Management				Vaa	Ma
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		Yes	NO
	If there are material differences in voting rights among members of the governing body, or	10		-		
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			-022		
				2	81:13485	X
3	any other officer, director, trustee, or key employee? Did the organization delegate control over management dutles customarily performed by or under the direct		• • • • • • • • • • • • • • • •			<u> </u>
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	· ·	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	 17		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		• • • • • • • • • • • • • • • •			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	•••••				
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by ti	ne following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
. <u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Inter	rnal R	evenue Co	ide.)	·	·····
	· · · · · · · · · · · · · · · · · · ·				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	•••••	• • • • • • • • • • • • • •	10b		
11a		g the fo	rm?	11a	12000000	X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
b				12a	X	
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	•••••			4 Y I	
b 12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	X	
b 12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	e to co	nflicts?	12b		
b 12a b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			12b 12c		X
b 12a b c 13	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy?			12b 12c 13		X
b 12a b c 13 14	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			12b 12c		
b 12a b c 13	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by			12b 12c 13		X
b 12a b c 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?			12b 12c 13 14		X X
b 12a b c 13 14 15 a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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			12b 12c 13 14 15a		X X X
b 12a b c 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization			12b 12c 13 14		X X
b 12a b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			12b 12c 13 14 15a		X X X
b 12a b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	· · · · · · · · · · · · · · · · · · ·		12b 12c 13 14 15a 15b		X X X X
b 12a b c 13 14 15 a b 16a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	· · · · · · · · · · · · · · · · · · ·		12b 12c 13 14 15a 15b		X X X
b 12a b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	· · · · · · · · · · · · · · · · · · ·		12b 12c 13 14 15a 15b		X X X X
b 12a b c 13 14 15 a b 16a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> <i>describe in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	······		12b 12c 13 14 15a 15b		X X X X

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: >

Jana P. Walling 2121 Olivia Dr Tallahassee

FL 32308-6164 850-656-8236

Form 990 (2016) Friends of Maclay Gardens, Inc. 59-3165260 Page 7 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII Image 7

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo: off	x, unli icer a	Pos check ass pe	rson i	than or is both a r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)John M. Fagan									· ·	······
Director	1.00	x						0	0	0
(2) Fred Calder									¥	<u>`</u>
Director	1.00 0.00	x						0	0	0
(3) MaryJayne Lunsfo	rd			<u> </u>				<u>_</u>	<u> </u>	0
Director	1.00	x						0		0
(4) Cheryl L. Gratt					****		······	~~~~~		<u>`</u>
Director	1,50 0.00	x						0	0	0
(5) Sam Hand, Jr.									· · · · ·	
Director	1.00	x						· 0	0	0
(6) Betsy Kellenberg										
Director	1.50 0.00	x						0	0	0
(7)Marilyn Larson										
Director	1.00 0.00	x							0	0
(8) Jay Newton										
Director	1.00	x						o	0	0
(9)Kathy Kinsey									***************************************	
Director	1.00 0.00	x						0	о	0
(10)Nancy Morgan									· · · · · · · · · · · · · · · · · · ·	
Director	1.00	x						0		0
(11)Stan Rosenthal	"									
Director	1.00 0.00	x						0	0	0
DAA										Form 990 (2016)

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DAA

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Part VII Section A. Officers	s, Directors, Tru	istee	es, K	ey E	mpl	oyee	s, a	nd Highest Compensated	d Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	bc of	icer a	Pos check ess pe nd a c	irson	than c is both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated enployee	Former	(W-2/1099-MISC)		organization and related organizations
(12) Jana P. Wall:	ng 1.25									
Treasurer (13) Craig Willis	0.00	X		X				0	0	0
President	2.25	x		x				0	0	0
(14) Sasha Craft	1.00									
Director (15) Pat Steinkuel		X						0	0	0
Director/Secretary (16) Jane Watson	1.00	x		X				0	0	0
Director	1.00	x						0	0	0
(17) Gary Griffin	1.50									
Vice President (18) Ann Johnson	0.00	X		<u>X</u>				0	0	0
Director (19) Ginger Nichol	0.00	x						0	0	0
Director	1.00 0.00	x								0
1b Sub-total c Total from continuation shee	ets to Part VII, S									
 d Total (add lines 1b and 1c) . 2 Total number of individuals (in reportable compensation from 		imite	d to				bove	e) who received more than	\$100,000 of	
3 Did the organization list any fo employee on line 1a? If "Yes,"	rmer officer, dire	ector	, or I I for	ruste such	e, k	ey el ividu	mplo			Yes No 3 X
4 For any individual listed on line organization and related organ	a 1a, is the sum	of re than	porta \$15	ble (0,00	com 0? If	pens "Yes	atior s, " co	n and other compensation omplete Schedule J for suc	from the	
 individual 5 Did any person listed on line 1 for services rendered to the or 	a receive or acci	rue c	pupo	ensa	auon	Tron) any	y unrelated organization or	Individual	<u>4</u> X <u>5</u> X
Section B. Independent Contracto Complete this table for your five compensation from the organized	e highest compe	ensa	ted i	ndep	end	ent c	ontra	actors that received more t	han \$100,000 of	ar
Name and	(A) business address								(B) lon of services	(C) Compensation
										
										
2 Total number of independent or received more than \$100,000 or 200,000 or 200,000,000 or 200,000 or 200,0000 or 200,000 or 200,000 or 200,0000	ontractors (inclu	ding fron	but the	not li orga	mite	d to ation	thos ▶	e listed above) who	0	

SH3	irt V	III Statement of Reve Check if Schedule (nue D contains a	a response	or note to any line	in this Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ints	1a	Federated campaigns	1a					
502	b	Membership dues	1b					
Å,	C	Fundraising events	1c					
2 E	d	Related organizations	1d	······				
ŝË	6	Government grants (contributions)	_1e					
S S	f	All other contributions, gifts, grants,						
ibu		and similar amounts not included above	1f	13,794				
ontro od O	g			11,758				
<u>a</u> Ö	h	Total. Add lines 1a-1f		<u></u>	13,794			
nue				Busn. Code	_			
еvе	2a				24,218	24,218		
e R	b				18,286			
ž	С				1,500			·····
Se	d	Membership Dues		ļ	1,279	1,279		
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	e							
rog	f	All other program service rever						
<u>a</u> .	<u> </u>				45,283			
	3	Investment income (including c	lividends, inter	est,				
		and other similar amounts)		ト	455	455		
	4	Income from investment of tax-						
	5 Royalties			<u></u>				
		(i) Real	(ii)	Personal				
	6a	Gross rents						
	b	Less: rental exps.	·····	****				
	¢	Rental inc. or (loss)						
	d Za	Net rental income or (loss)	<u></u>	🕨				
	7 a	7a Gross amount from (i) Securities (ii) Other sales of assets						
		other than inventory		•				
	b	Less: cost or other						
		basis & sales exps.		*****				
		Gain or (loss)						
	d	Net gain or (loss)	••••••					
e	8a	Gross income from fundraising even	nts					
evenue		(not including \$						
		of contributions reported on line 1c).						
er F		See Part IV, line 18	a					
Other R		Less: direct expenses	. b					
1		Net income or (loss) from fundr		<u></u>	1			
	9a	Gross income from gaming activities						
		See Part IV, line 19						
	b	Less: direct expenses						
	C	Net income or (loss) from gami	ng activities	<u></u>				
	10a	Gross sales of inventory, less						
		returns and allowances	. a					
		Less: cost of goods sold	_ b	w				
ļ	C	Net income or (loss) from sales	of inventory					
ļ		Miscellaneous Revenue		Busn. Code				
	11a	••••••••••••••••••••••••••••••••••••		ļ		<u> </u>		
	b	•••••••••••••••••••••••••••••••••••••••						
	C	·			ļ	<u></u>		
	d	All other revenue	•••••	L	·			
	e							
	12	Total revenue. See instructions	s	<u></u>	59,532	45,738	0	0
								Earm 990 (2016)

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 Friends of Maclay Gardens, Inc.
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 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).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	· · · · · · · · · · · · · · · · · · ·	expenses	general expenses	expenses
1					
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
,	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			<u> 22 - 22 - 23 - 21 - 21 - 22 - 22 - 22 -</u>	
	trustees, and key employees				
6	Compensation not included above, to disqualified				······
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				· · · · · · · · · · · · · · · · · · ·
10	Pavroll taxes				·
11	Payroll taxes Fees for services (non-employees):			· · · · · · · · · · · · · · · · · · ·	
a					
b	· · · · · · · · · · · · · · · · · · ·				
C La	Accounting				
d					
e	g				
f					
g					
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	556		556	·
13	Office expenses	1,770		1,770	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel			· · · · · · · · · · · · · · · · · · ·	······································
18	Payments of travel or entertainment expenses	-		·	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			······································	
20	Interest	263		263	·
21	Payments to affiliates			203	
22	Depreciation, depletion, and amortization				······································
23	Insurance				
23 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	Tour of Gardens	12,632	12,632		••••••••••••••••••••••••••••••••••••••
b	Moon Over Maclay Concert	11,341	11,341		anna de marga ( a cara da cara da cara da da da marga da
c ,	Park Projects	11,017	11,017		
ď	In-Kind Services/Rent	3,450	3,450		
	All other expenses	1,529	1,342	187	
25	Total functional expenses. Add lines 1 through 24e	42,558	39,782	2,776	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		•		

Page 10

		Check if Schedule O contains a response or note t	o any	line in this Part X			
					(A)	T	(B)
					Beginning of year		End of year
	1	Cashnon-interest bearing	117,339	1	115,158		
	2	Savings and temporary cash investments			38,015	2	36,705
ļ	3	Pledges and grants receivable, net				3	
1	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former office	cers, (	lirectors,			
		trustees, key employees, and highest compensated emp	loyees	3.			
	_	Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified perso					
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd co	ntributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	mploy	ees' beneficiary			
ets	~	organizations (see instructions). Complete Part II of Sche	dule I	•		6	
Assets	7	Notes and loans receivable, net		••••••••••		7	
	8	inventories for sale or use				8	
1	9	Prepaid expenses and deferred charges				9	And whether the transmission of the
	IUa	Land, buildings, and equipment: cost or		00.01.0			
	h	other basis. Complete Part VI of Schedule D	10a	90,916		888) 8	
	11	Less: accumulated depreciation	106		90,916	1	90,916
	12	Investmentspublicly traded securities	••••			11	
	13	Investments-other securities. See Part IV, line 11 Investments-program-related. See Part IV, line 11	•••••	•••••••••••••••••••••••••	·	12	
	14	Intangible assets	••••	••••••		13	
	15	Intangible assets Other assets. See Part IV, line 11	••••	·····		14	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	•••••	••••••	246,270	15 16	242,779
1	17	Accounts payable and accrued expenses	210,270	17	442,119		
ł	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	•••••			20	······································
	21	Escrow or custodial account liability. Complete Part IV of	Sche	lute D		21	
S	22	Loans and other payables to current and former officers,	directo	ors,			
Liabilities		trustees, key employees, highest compensated employee	is, and	i			
lab		disqualified persons. Complete Part II of Schedule L	• • • • • • •			22	
	23	Secured mortgages and notes payable to unrelated third	carties	\$		23	
		Unsecured notes and loans payable to unrelated third par			20,465	24	
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24). C					
	00	of Schedule D	• • • • • •	••••••		25	
	20	Total liabilities. Add lines 17 through 25	• • • • • •		20,465	26	0
8		Organizations that follow SFAS 117 (ASC 958), check	nere	► X and			
ž,		complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets			205 005		0.10 550
-	28		••••	• • • • • • • • • • • • • • • • • • • •	225,805	27	242,779
D .		Temporarily restricted net assets Permanently restricted net assets				28	
- Eu		Organizations that do not follow SFAS 117 (ASC 958),				<u>29</u>	
5		complete lines 30 through 34.	CHEC				
ets		Capital stock or trust principal or current funda		3		30-36- 30	894664333848884884
Ass	31	Paid-in or capital surplus, or land, building, or equipment f	und	•••••••••••••••••		31	· · ·
Net Assets or Fund	32	Retained earnings, endowment, accumulated income, or o	other t	unds		32	
<u>م</u>	33	Total net assets or fund balances			225,805	33	242,779
:	34	Total liabilities and net assets/fund balances	<u></u>		246,270		242,779

	n 990 (2016) Friends of Maclay Gardens, Inc. 59-3165260		Page 1	2
P	art XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	59,532	$\overline{2}$
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,558	
3	Revenue less expenses. Subtract line 2 from line 1	3	16,974	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	225,805	
5	Net unrealized gains (losses) on investments	5		<u> </u>
6	Donated services and use of facilities	6		
7	Investment expenses	7		-
8	Prior period adjustments	8	****	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	<u>33, column (B))</u>	10	242,779	2
Pa	Int XII Financial Statements and Reporting	L		
	Check if Schedule O contains a response or note to any line in this Part XII		П	
		<u></u>	Yes No	-
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			5
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ŝ
	Schedule O.			222
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X	ŝ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	• • • • • • • • • • •	43 A	Ĩ
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			í.
b	Were the organization's financial statements audited by an independent accountant?			ŝ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	• • • • • • • • • • •	<u>2b</u>   X	7
	separate basis, consolidated basis, or both:			
				Ż
~				÷
U.	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compliation of its financial statements and selection of an independent accountant?		2c	ar.
	If the organization changed either its oversight process or selection process during the tax year, explain in			1000
~	Schedule O.			ŝ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a	_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u></u>	3b	
			000	

	Complete if the	organization is a section 501(c)(3) orga	nization or a section 4947(a)(1) nonexempt charitable trust. 2016				
Department of the Treasury nternal Revenue Service			n 990 or Form 990-EZ. Open to Public				
	Information at	oout Schedule A (Form 990 or 99	0-EZ) and its instructi	ons is at www.irs.gov/form99	0. Inspection		
Name of the organization	Friends of	Maclay Gardens,	Inc.	Employer ide 59-31	entification number		
Part I Reas	on for Public Charity	y Status (All organization	s must complete	this part.) See instructi	ons,		
The organization is not	t a private foundation becau	use it is: (For lines 1 through 12	, check only one box	)			
		sociation of churches describe )(A)(ii). (Attach Schedule E (Fo		1)(A)(i).			
		vice organization described in s		511)			
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
city, and state:							
		t of a college or university owne	d or operated by a g	overnmental unit described in	n .		
	(b)(1)(A)(iv). (Complete Par ate. or local government or	rt II.) governmental unit described in	section 170/h)(1)(A	Yu)			
7 X An organizat	ion that normally receives a	a substantial part of its support	from a governmental	whit or from the general pub	lic		
described in	section 170(b)(1)(A)(vi). (0	Complete Part II.)		Service public p			
8 A community 9 An agricultur	rust described in section	170(b)(1)(A)(vi). (Complete Pa	rt II.)				
or university	or a non-land grant college	scribed in section 170(b)(1)(A) of agriculture (see instructions)	(ix) operated in conj	unction with a land-grant coll ty, and state of the college or	ege		
university:							
10 An organizat	ion that normally receives:	(1) more than 33 1/3% of its su	pport from contribution	ons, membership fees, and g	ross		
support from	gross investment income a	mpt functions-subject to certa and unrelated business taxable	in exceptions, and (2 income (less section	2) no more than 33 1/3% of it 1511 tax) from businesses	S		
acquired by t	he organization after June	30, 1975. See section 509(a)(2	2). (Complete Part III	.)			
		exclusively to test for public sa					
of one or mol	re publicly supported organ	l exclusively for the benefit of, to izations described in section 5	perform the function 5 perform the function 5 09(a)(1) or section 5	ns of, or to carry out the purp (09(a)(2). See section 509(a	oses		
Check the bo	ix in lines 12a through 12d	that describes the type of suppo	orting organization a	nd complete lines 12e, 12f, a	nd 12g.		
a 🔄 Type I. A	supporting organization or	perated, supervised, or controlle	d by its supported o	rganization(s), typically by give	ving		
the support supportin	orted organization(s) the po	ower to regularly appoint or elec complete Part IV, Sections A	t a majority of the dir	ectors or trustees of the			
		upervised or controlled in conne		ted organization(s), by havin	a		
control or	r management of the suppo	orting organization vested in the	same persons that	control or manage the suppo	rted		
·		e Part IV, Sections A and C.		and from the could be to some to do			
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.							
its suppo	rted organization(s) (see in	structions). You must complet	e Part IV, Sections	A, D, and E.			
d Type III r	rted organization(s) (see in non-functionally integrate	structions). You must complet d. A supporting organization op	e Part IV, Sections erated in connection	A, D, and E. with its supported organizat	ion(s)		
d Type III r that is no	rted organization(s) (see in 10n-functionally integrate t functionally integrated. Th	structions). You must complet d. A supporting organization op te organization generally must s	e Part IV, Sections perated in connection satisfy a distribution r	A, D, and E. with its supported organizat requirement and an attentive	ion(s)		
d Type III r that is no requirem e Check th	rted organization(s) (see in 10n-functionally integrate t functionally integrated. Th ent (see instructions). You is box if the organization re	structions). You must complet d. A supporting organization op te organization generally must s must complete Part IV, Section ceived a written determination f	e Part IV, Sections perated in connection satisfy a distribution r ons A and D, and Pa rom the IRS that it is	A, D, and E. with its supported organizat requirement and an attentive art V.	ion(s)		
e Check th functiona	rted organization(s) (see in 10n-functionally integrated. Th ent (see instructions). You is box if the organization re Ily integrated, or Type III no	structions). You must complet d. A supporting organization op the organization generally must s must complete Part IV, Section ceived a written determination f pon-functionally integrated support	e Part IV, Sections perated in connection satisfy a distribution r ons A and D, and Pa rom the IRS that it is	A, D, and E. with its supported organizat requirement and an attentive art V.	ion(s)		
d Type III r that is no requirem e Check th functiona f Enter the nur	rted organization(s) (see in <b>10n-functionally integrate</b> t functionally integrated. Th ent (see instructions). <b>You</b> is box if the organization re lly integrated, or Type III no nber of supported organiza	structions). You must complet d. A supporting organization op the organization generally must s must complete Part IV, Section ceived a written determination f pon-functionally integrated support	e Part IV, Sections perated in connection satisfy a distribution r ons A and D, and Pa rom the IRS that it is	A, D, and E. with its supported organizat requirement and an attentive art V.	ion(s)		
d Type III r that is no requirem e Check th functiona f Enter the nur g Provide the for (1) Name of supported	rted organization(s) (see in <b>10n-functionally integrate</b> t functionally integrated. Th ent (see instructions). <b>You</b> is box if the organization re lly integrated, or Type III no nber of supported organiza	structions). You must complet d. A supporting organization op te organization generally must s must complete Part IV, Section ceived a written determination f on-functionally integrated supportions tions the supported organization(s). (iii) Type of organization	e Part IV, Sections perated in connection satisfy a distribution r ons A and D, and Pa rom the IRS that it is rting organization.	A, D, and E. with its supported organizat equirement and an attentive art V. a Type I, Type II, Type III	lon(s) ness 		
d Type III r that is no requirem e Check th functiona f Enter the nur g Provide the fo	rted organization(s) (see in non-functionally integrate t functionally integrated. Th ent (see instructions). You is box if the organization re illy integrated, or Type III no nber of supported organiza billowing information about t	structions). You must complet d. A supporting organization op the organization generally must s must complete Part IV, Section celved a written determination f pon-functionally integrated support tions the supported organization(s).	e Part IV, Sections berated in connection satisfy a distribution r ons A and D, and P rom the IRS that it is rting organization.	A, D, and E. with its supported organizat requirement and an attentive art V. a Type I, Type II, Type III	ion(s) ness		
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d Type III r that is no requirem e Check th functiona f Enter the nur g Provide the fo (I) Name of supported organization	rted organization(s) (see in non-functionally integrate t functionally integrated. Th ent (see instructions). You is box if the organization re illy integrated, or Type III no nber of supported organiza billowing information about t	structions). You must complet d. A supporting organization op te organization generally must s must complete Part IV, Section ceived a written determination for functionally integrated supportions the supported organization(s). (iii) Type of organization (described on lines 1–10	e Part IV, Sections perated in connection satisfy a distribution r ons A and D, and Pa rom the IRS that it is rting organization.	A, D, and E. with its supported organizat requirement and an attentive art V. a Type I, Type II, Type III	ion(s) ness 		
d Type III r that is no requirem e Check th functiona f Enter the nur g Provide the for (1) Name of supported organization	rted organization(s) (see in non-functionally integrate t functionally integrated. Th ent (see instructions). You is box if the organization re illy integrated, or Type III no nber of supported organiza billowing information about t	structions). You must complet d. A supporting organization op te organization generally must s must complete Part IV, Section ceived a written determination for functionally integrated supportions the supported organization(s). (iii) Type of organization (described on lines 1–10	e Part IV, Sections perated in connection satisfy a distribution r ons A and D, and Pa rom the IRS that it is rting organization.	A, D, and E. with its supported organizat requirement and an attentive art V. a Type I, Type II, Type III	ion(s) ness 		
d Type III r that is no requirem e Check th functiona f Enter the nur g Provide the fo (I) Name of supported organization	rted organization(s) (see in non-functionally integrate t functionally integrated. Th ent (see instructions). You is box if the organization re illy integrated, or Type III no nber of supported organiza billowing information about t	structions). You must complet d. A supporting organization op te organization generally must s must complete Part IV, Section ceived a written determination for functionally integrated supportions the supported organization(s). (iii) Type of organization (described on lines 1–10	e Part IV, Sections perated in connection satisfy a distribution r ons A and D, and Pa rom the IRS that it is rting organization.	A, D, and E. with its supported organizat requirement and an attentive art V. a Type I, Type II, Type III	ion(s) ness 		
<pre>(Is suppo dType III r that is no requirem eCheck th functiona f Enter the nur g Provide the for (I) Name of supported organization (A) (B) (C)</pre>	rted organization(s) (see in non-functionally integrate t functionally integrated. Th ent (see instructions). You is box if the organization re illy integrated, or Type III no nber of supported organiza billowing information about t	structions). You must complet d. A supporting organization op te organization generally must s must complete Part IV, Section ceived a written determination for functionally integrated supportions the supported organization(s). (iii) Type of organization (described on lines 1–10	e Part IV, Sections perated in connection satisfy a distribution r ons A and D, and Pa rom the IRS that it is rting organization.	A, D, and E. with its supported organizat requirement and an attentive art V. a Type I, Type II, Type III	ion(s) ness 		
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<pre>(Is suppo dType III r that is no requirem eCheck th functiona f Enter the nur g Provide the for (I) Name of supported organization (A) (B) (C)</pre>	rted organization(s) (see in non-functionally integrate t functionally integrated. Th ent (see instructions). You is box if the organization re illy integrated, or Type III no nber of supported organiza billowing information about t	structions). You must complet d. A supporting organization op te organization generally must s must complete Part IV, Section ceived a written determination for functionally integrated supportions the supported organization(s). (iii) Type of organization (described on lines 1–10	e Part IV, Sections perated in connection satisfy a distribution r ons A and D, and Pa rom the IRS that it is rting organization.	A, D, and E. with its supported organizat requirement and an attentive art V. a Type I, Type II, Type III	ion(s) ness 		
(A) (D) (D) (C) (C) (C) (C) (C) (C) (C) (C	rted organization(s) (see in non-functionally integrate t functionally integrated. Th ent (see instructions). You is box if the organization re illy integrated, or Type III no nber of supported organiza billowing information about t	structions). You must complet d. A supporting organization op te organization generally must s must complete Part IV, Section ceived a written determination for functionally integrated supportions the supported organization(s). (iii) Type of organization (described on lines 1–10	e Part IV, Sections perated in connection satisfy a distribution r ons A and D, and Pa rom the IRS that it is rting organization.	A, D, and E. with its supported organizat requirement and an attentive art V. a Type I, Type II, Type III	ion(s) ness 		
(B) (C) (E) (C) (C) (C) (C) (C) (C) (C) (C)	rted organization(s) (see in non-functionally integrated. The ent (see instructions). You is box if the organization re ily integrated, or Type III non nber of supported organiza ollowing information about to (ii) EIN	structions). You must complet cd. A supporting organization op te organization generally must s must complete Part IV, Section ceived a written determination f pn-functionally integrated supportions the supported organization (s). (iii) Type of organization (described on lines 1–10 above (see Instructions))	e Part IV, Sections perated in connection satisfy a distribution r ons A and D, and Pa rom the IRS that it is rting organization.	A, D, and E. with its supported organizat requirement and an attentive art V. a Type I, Type II, Type III (v) Amount of monetary support (see instructions)	lon(s) ness (vi) Amount of other support (see instructions)		
(B) (C) (E) (C) (C) (C) (C) (C) (C) (C) (C)	rted organization(s) (see in non-functionally integrated. The ent (see instructions). You is box if the organization re ily integrated, or Type III non nber of supported organiza ollowing information about to (ii) EIN	structions). You must complet d. A supporting organization op te organization generally must s must complete Part IV, Section ceived a written determination for functionally integrated supportions the supported organization(s). (iii) Type of organization (described on lines 1–10	e Part IV, Sections perated in connection satisfy a distribution r ons A and D, and Pa rom the IRS that it is rting organization.	A, D, and E. with its supported organizat requirement and an attentive art V. a Type I, Type II, Type III (v) Amount of monetary support (see instructions)	ion(s) ness 		

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Page 2

 m 990 or 990-EZ) 2016
 Friends of Maclay Gardens, Inc.
 59-3165260

 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.)

 Schedule A (Form 990 or 990-EZ) 2016 Part II Support Schedu

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🛛 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not Include any "unusual grants.")		5,925	6,784	9,138	3,150	24,997
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		21,821	20,443	12,184	11,758	66,206
4	Total. Add lines 1 through 3		27,746	27,227	21,322	14,908	91,203
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						91,203
	tion B. Total Support	,					
Caler	ndar year (or fiscal year beginning in) 🛛 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		27,746	27,227	21,322	14,908	91,203
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						· · · · · · · · · · · · · · · · · · ·
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						91,203
12	Gross receipts from related activities, etc.	(see instructions)				12	45,738
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fou	irth, or fifth tax yea	r as a section 501		
<u> </u>	organization, check this box and stop her	e					
	tion C. Computation of Public Su			*****			
14	Public support percentage for 2016 (line 6	, column (f) divideo	d by line 11, colum	n (f))			100.00%
15	Public support percentage from 2015 Sch						100.00%
16a	33 1/3% support test-2016. If the organ						N (77)
۱.,	box and stop here. The organization qual					•••••••	▶ 🛛
b	33 1/3% support test2015. If the organ this box and stop here. The organization of				5 is 33 1/3% or mo	ore, check	
17a	10%-facts-and-circumstances test-201						····· 🚩 🖵
nu	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa						
b	10%-facts-and-circumstances test-201	5. If the organizati	on did not check a	hox on line 13 16	a 16h or 17a an	 1 lína	····· • السيا
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me						
	supported organization						`▶ □
18	Private foundation. If the organization did	not check a box of	on line 13, 16a, 16t	o, 17a, or 17b. che	ck this box and se	e	······································
	instructions						
	· · · · · · · · · · · · · · · · · · ·	••••••		*****	• • • • • • • • • • • • • • • • • • • •		······

Schedule A (Form 990 or 990-EZ) 2016

# Schedule A (Form 990 or 990-EZ) 2016 Friends of Maclay Gardens, Inc.

Page 3

Canting A	Dublic Course and
	If the organization fails to qualify under the tests listed below, please complete Part II.)
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
Part III	Support Schedule for Organizations Described in Section 509(a)(2)

	alon A. Public Support	1.1.0010			()) 0010	() 00/0	1	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not Include any "unusual grants.")							
. ·			<u> </u>					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							_
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							-
b	Amounts included on lines 2 and 3							-
~	received from other than disqualified	]						
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b						s.s	
8	Public support. (Subtract line 7c from							
<u> </u>	line 6.) tion B. Total Support							-
	idar year (or fiscal year beginning in)	() 0010	(1) 0040	(1) 0011	(1) 0045	(1) 0010	10 T	
		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
9	Amounts from line 6						_{	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less			·		1		
,	section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or							
	loss from the sale of capital assets (Explain in Part VI.)							
13			1	· · ·				
	and 12.)	L	]					
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)		
	organization, check this box and stop her	θ					<u> </u>	
Sec	tion C. Computation of Public St							
15	Public support percentage for 2016 (line 8	3, column (f) divide	d by line 13, colum	nn (f))			5 %	
16	Public support percentage from 2015 Sch	edule A, Part III, lii	ne 15				3 %	
Sec	tion D. Computation of Investme	ent Income Pe	rcentage	•		·		
17	Investment income percentage for 2016 (	line 10c, column (f	) divided by line 13	l, column (f))		17	7 %	
18	Investment income percentage from 2015	Schedule A, Part	III, line 17			18	3 %	
19a	33 1/3% support tests-2016. If the orga	nization did not ch	eck the box on line	e 14, and line 15 is	s more than 33 1/3	%, and line		
	17 is not more than 33 1/3%, check this b						Þ L	
b	33 1/3% support tests-2015. If the orga							
	line 18 is not more than 33 1/3%, check th	nis box and <b>stop h</b>	ere. The organizat	ion qualifies as a	publicly supported	organization	<b>»</b> L	_
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this be	ox and see instruct	ions	🕨 [	

Schedule A (Form 990 or 990-EZ) 2016

# Schedule A (Form 990 or 990-EZ) 2016 Friends of Maclay Gardens, Inc. Part IV Supporting Organizations

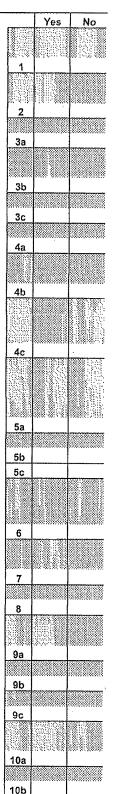
59-3165260

Page 4

Supporting Organizations (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. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c 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.)



Schedule A (Form 990 or 990-EZ) 2016

	ule A (Form 990 or 990-EZ) 2016 Friends of Maclay Gardens, Inc.	59-3165260	Page 5
<u>Pa</u>	rt IV Supporting Organizations (continued)		T
11 a b	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b	Yes No
c			
Sect	ion B. Type I Supporting Organizations		I
			Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	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,		
Cast	supervised, or controlled the supporting organization.	2	<u> </u>
Sect	ion C. Type II Supporting Organizations		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes No
Sect	ion D. All Type III Supporting Organizations	······	I
		****	Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prio year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of th organization's governing documents in effect on the date of notification, to the extent not previously provided and the organization's governing documents in effect on the date of notification.	ne 🛛	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI he the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3	
Sect	ion E. Type III Functionally-Integrated Supporting Organizations		11
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (	(see instructions)	
a	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government	entity (see instructions).	
			·
2	Activities Test. Answer (a) and (b) below.	100 000000	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>		
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	,	
	that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement,	2b	200 (0) 10 (0) 10 (0) 200 (0) 200 (0) 00 (0)
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? Provide details in Part VI.	<u>3a</u>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of ea of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	ach 3b	

3b | Schedule A (Form 990 or 990-EZ) 2016

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Page 6

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI).See
 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	1	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	. 1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	_	
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		·····
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integr	فالمبيب أحصب	supporting organization (a	<u>^</u>

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

Schedule A (Form 990 or 990-EZ) 2016

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### Friends of Maclay Gardens. Schedule A (Form 990 or 990-EZ) 2016 The

Sec	Type III Non-Functionally Integrated 509(a)(3) S ion D - Distributions		·····	Current Year
1	Amounts paid to supported organizations to accomplish exempt purport	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization	ition is responsive		·
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(ili)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See instructions.			
3				
	Excess distributions carryover, if any, to 2016:			
a b				
	From 2013			
	From 2014			
	From 2045			
	Total of lines 3a through e			
	Applied to underdistributions of prior years Applied to 2016 distributable amount			
<u>_</u>	Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
4	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributions of prior years			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
Č	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7;			
a				
	Excess from 2013			
	Excess from 2010			
	Excess from 2015			
	Excess from 2016			

Schedule A (For Part VI	<u>m 990 or 990-EZ) 2016</u> Friends of Maclay Gardens, Inc. 59-3165260 Page 8 <b>Supplemental Information</b> . 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.)
• • • • • • • • • • • • • • • • • • • •	
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# Schedule of Contributors (Form.) or 990-PF) Attach to Form 990, Form 990-EZ, or Form 990-PF. Department of the Treasury Internal Revenue Service Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Friends of Maclay Gardens, Inc 59-3165260 Organization type (check one): Filers of: Form 990 or 990-EZ Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III, For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of the organization

Schedule B

OMB No. 1545-004

16

990,	990-EZ,	

Employer identification number

Section:	
X 501(c)( 3 ) (enter number) organization	
4947(a)(1) nonexempt charitable trust not treated as a private foundation	
527 political organization	
501(c)(3) exempt private foundation	

Check if your organization is covered by the General Rule or a Special Rule. instructions.

# **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000

# **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the

\$

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)	Page	1	of	1	Page 2
Name of organization	Emp	lover	iden	ificatio	n number
Frienda of Maalax Candena Tar	· · ·	•			

lends <u>of Maclay Gardens, Inc.</u>

59-3165260 Contributors (See instructions). Use duplicate copies of Part I if additional space is needed

(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Alfred B. Maclay Gardens State Park 3540 Thomasville Road Tallahassee FL 32309	\$11,758	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)	Page	1 of	1	Page 3
Name of organization	Emp	over ide	ntificati	ion number
Friends of Maclay Gardens, Inc.	, i	3165		

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
. 1	Staff Support	¢ 0.200	
	· · · · · · · · · · · · · · · · · · ·	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions)	(d) Date received
1	Facilities Support		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
••••	• • • • • • • • • • • • • • • • • • • •	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	· · · · · · · · · · · · · · · · · · ·	\$	·····
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	•	\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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SCHEDU (Form 99		Complete if the organi	Financial Statements zation answered "Yes" on Form 990, 1a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		OMB No. 1545-0047
Department of t Internal Revent		► Att	ach to Form 990.		Open to Public
Name of the or		Information about Schedule D (Form	990) and its instructions is at www.irs.		790. Inspection
	-			Employer	Identification number
	nds of Ma	clay Gardens, Inc.		59-3	165260
Part I	Organiza Complete	tions Maintaining Donor Advised Fu if the organization answered "Yes" on	nds or Other Similar Funds or <i>I</i> Form 990, Part IV, line 6.	Account	ts.
			(a) Donor advised funds	(1	b) Funds and other accounts
1 Total	number at end of	fyear			
2 Aggre 3 Aggre	egate value of cor	ntributions to (during year)			
4 Aggre	igate value at end	t of year			······································
5 Did th	e organization in	form all donors and donor advisors in writing the	it the assets held in donor advised	L	
funds	are the organization	tion's property, subject to the organization's exc	lusive legal control?		Yes No
6 Did th	e organization in	form all grantees, donors, and donor advisors in	writing that grant funds can be used		
confer	ring impermissib	oses and not for the benefit of the donor or don	or advisor, or for any other purpose		
Partil	Conserva	le private benefit? tion Easements.		<u></u>	Yes No
		if the organization answered "Yes" on	Form 990, Part IV, line 7.		
		ation easements held by the organization (check	all that apply).		
i		d for public use (e.g., recreation or education)	Preservation of a historically imp		
	otection of natur		Preservation of a certified historie	c structure	3
·	eservation of ope lete lines 2a thro	ugh 2d if the organization held a qualified conse	mustion contribution in the form of a renea		
easerr	nent on the last d	ay of the tax year.	avalion contribution in the form of a conse	100030000000	Held at the End of the Tax Year
a Total r	number of consei	vation easements		2a	Field de the End of the Tax Teal
b Total a	acreage restricted	by conservation easements		2b	
c Numb	er of conservation	n easements on a certified historic structure inc	luded in (a)	20	
d Numb	er of conservation	n easements included in (c) acquired after 8/17/	06, and not on a		
histori	c structure listed	in the National Register		2d	
3 Numbe tax yea	h.	n easements modified, transferred, released, ex	tinguished, or terminated by the organiza	tion during	) the
		e property subject to conservation easement is	lacated &		
5 Does t	the organization h	have a written policy regarding the periodic mon	itoring, inspection, handling of		
violatio	ons, and enforcer	nent of the conservation easements it holds?	in the second state of the		Yes No
6 Staff a	ind volunteer hou	rs devoted to monitoring, Inspecting, handling o	f violations, and enforcing conservation e	asements	during the year
▶					
		curred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easen	nents durir	ng the year
P\$ 8 Doese					
and se	ection 170(h)(4)(P	n easement reported on line 2(d) above satisfy t )(ii)?	the requirements of section 170(h)(4)(B)(i	)	Yes No
9 In Part	XIII, describe ho	w the organization reports conservation easem	ents in its revenue and evoense statemen	t and	Yes No
balanc	e sheet, and incl	ude, if applicable, the text of the footnote to the	organization's financial statements that de	escribes ti	he
		ng for conservation easements.			·
Part III	Organizat Complete i	ions Maintaining Collections of Art, f the organization answered "Yes" on I	Historical Treasures, or Other S Form 990, Part IV, line 8.	Similar /	Assets.
1a If the o	organization elect	ed, as permitted under SFAS 116 (ASC 958), n	ot to report in its revenue statement and t	palance sh	neet
works	of art, historical t	reasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of	
		in Part XIII, the text of the footnote to its financi			
worker	nganization elect	ed, as permitted under SFAS 116 (ASC 958), to reasures, or other similar assets held for public	preport in its revenue statement and balan	nce sheet	
		he following amounts relating to these items:	exmonion, education, or research in furthe	erance of	
(i) Re	venue included c	on Form 990, Part VIII, line 1			\$
(II) AS	sets included in i	Form 990, Part X			\$ 
2 If the o	rganization recei	ved or held works of art, historical treasures, or	other similar assets for financial gain, pro	vide the	
followir _	ng amounts requi	red to be reported under SFAS 116 (ASC 958)	relating to these items:		
a Revenu	ue included on Fo	orm 990, Part VIII, line 1			\$
b Assets	included in Form	990, Part X ct Notice, see the Instructions for Form 990.		· · · · · · · · · · · · · · · · · · ·	\$ Schedule D (Form 990) 2016
DAA					ochedide D (Form 990) 2016

Using the organization, accession, and other records, check any of the following that are a significant use of the collection interms (heck all thet apply):		edule D (Form 990) 2016 Friends art III Organizations Maintainh	of Maclay ng Collections o	Gardens, II f Art, Historical	nc. Treasures,	59-3165 or Other Sin	260 nilar Assets	Page 2 (continued)
b       Scholary research <ul> <li>Other</li> <li>Other</li> <li>Other</li> </ul> 4         Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.           5         During the year, did the organization's collections and explain how they further the organization's collection? <ul> <li>Yes</li> <li>No.</li> </ul> 3         During the year, did the organization's collections and explain how they further the organization's collection? <ul> <li>Yes</li> <li>No.</li> </ul> 3         During the year, did the organization answered "Yes" on Form 990, Part IV, line 21. <ul> <li>Yes</li> <li>No.</li> <li>Yes</li> <li>No.</li> <li>Machines during the year.</li> <li>If did</li> <li>Id did</li> <liid did<="" li=""> <li>Id did</li></liid></ul>	3	Using the organization's acquisition, acces	sion, and other record	ds, check any of the f	ollowing that a	are a significant u	ise of its	- <b>1</b>
b       Scholary research       e       Other         c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XiI.         5       Dring the year, diff the organization acollections and explain how they further the organization's collection?       Ives       No         7       Scholary research       Ives       No       No         7       Scholary research       Ives       No         7       In the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21,         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21, for eccov or custodial account liability?       Ives       No         b       If "res," explain the arrangement in Part XIII. and complete the following table:       Ives       Annount       Ives       No         2a       Did the coganization include an amount on Form 990, Part X, line 21, for eccov or custodial account liability?       Ives       No         2a       Did the coganization answered "Yes" on Form 990, Part X, line 21, for eccov or custodial account liability?       Ives       No         2a       Did the coganization include an amount on Form 990, Part X, line 20, for eccov or custodial account liability?       I	a	Public exhibition	d 🗌	Loan or exchange p	roorams			
L provide description of the organization's collections and explain how they further the organization's exempt purpose in Part     XII.     During the year, did the organization solicit or roceive domations of art, historical transures, or other similar     assets to be soil to raise funds rather than to be maintained as part of the organization's collection?     Yee No     Sort State and the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form     900, Part X, line 21,     A the organization for 990, Part X, line 21,     A the organization for 990, Part X, line 21,     Sort State and the arrangements,     Complete If the organization's collections or other assets not     Included on form 990, Part X, line 21,     Sort State and the arrangement in Part XIII and complete the following table:     Seginning balance     Beginning balance     Beginning balance     Sort State and the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII     Sort State and the organization answered "Yes" on Form 990, Part K, line 10.     Sort State and the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII     Sort State and the organization answered "Yes" on Form 990, Part K, line 10.     Sort State and the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII     Sort State and the organization answered "Yes" on Form 990, Part K, line 10.     Sort State and the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII     Sort State and the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII     Sort State Arrange Ar	b	Scholarly research	e	Other	ogiunie -			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.     5 Unring the year, diff the organization allot or receive download as part of the organization's collection?     Yes No     Yes No     PartXIV     Escrow and Custodial Arrangements.     Complete If the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form     900, Part XIII and complete the following table:         19 of the organization angent, trustee, outsodian or other infermediary for contributions or other essets not     include on form 990, Part XIII and complete the following table:         19 of the organization angent, trustee, outsodian or other infermediary for contributions or other essets not     include on form 990, Part XIII and complete the following table:         19 of the organization angent, trustee, outsodial account tablity?         19 of the organization include an amount on Form     900, Part XIII and complete the following table:         19 of the organization include an amount on Form     900, Part XIII and complete the following table:         19 of the organization include an amount on Form     900, Part XIII and complete the following table:         19 of the organization include an amount on Form     900, Part XIII and complete the organization insis been provided on Part XIII         19 of the organization answered "Yes" on Form 990, Part IV, line 10.         Complete If the organization answered "Yes" on Form 990, Part IV, line 10.         Complete If the organization answered "Yes" on Form 990, Part IV, line 10.         Complete If the organization answered "Yes" on Form 990, Part IV, line 10.         Complete If the organization answered "Yes" on Form 990, Part IV, line 10.         Complete If the organization answered "Yes" on Form 990, Part IV, line 10.         So and dospitation such and part part of the organization has an end and ministered for the         corganization size and parts and on the p	с	Preservation for future generations	- I		••••••••	•••••••••••••••••	•••••	
XIII.       So During the year, cld the organizations solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds raiser finant to be maintained as part of the organization's collection?       Yes       No.         Port IM:       Escrow and Custodial Arrangements.       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. Ine 21.       Yes       No.         1a Is the organization an agent, Kustes, ousbollan or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table:       Yes       No.         b If "Yes," explaint be arrangement in Part XIII and complete the following table:       Amount       14       14         c Boginning balance       10       Amount       14       14       14         c Boginning balance       10       Amount       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       14       16       16       17       14       16       16       17       14       16       16       16       16       17       16       16       16       17       16       16       16       17       17       16       16 <td>4</td> <td></td> <td>collections and explai</td> <td>in how they further the</td> <td>e organization</td> <td>'s evemnt numo</td> <td>e in Part</td> <td></td>	4		collections and explai	in how they further the	e organization	's evemnt numo	e in Part	
5       During the year, diff the organization allole or receive dowalons of art, historical trassurue, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         PRINT       Escrow and Custocial Arrangements.       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Yes       No         1a       left organization an agent, fusite, custocian or other intermediary for contributions or other assets not included on form 990, Part X, line 21.       Yes       No         b       if "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       14         c       Beginning balance       16       14       14         d       Additions during the year       14       14       14         d       Distributions during the year       14       14       14         d       Distributions during the year       16       11       18       11       18       11       11       12       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11				in now anoy fututor the	o organization	s exempt purpos	e in Par	
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.       Yes       No         Part MM       Escrow and Custodial Arrangements.       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Ia is the organization an agent, tustes, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21.       Ives       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Ives       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Id	5		or receive donations	of art historical trace	uros or other	olmilor		
Escrow and Custodial Arrangements.     Complete if the organization answered "Yes" on Form 960, Part IV, line 9, or reported an amount on Form     990, Part X, line 21.     Is the organization angent, traste, custodian or other intermediary for contributions or other assets not     included on Form 960, Part X2     Is defining balance	•							
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.          1a       Is the organization an seque, trastee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If ''es''' es'' estimates, custodian or other intermediary for contributions or other assets not include on Form 990, Part XIII and complete the following table:       Ves       No         c       Beginning balance       10       11       11       11         c       Beginning balance       10       11       11       11         c       Fording balance       10       11       11       11       11         c       Fording balance       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11       11 <td>©P3</td> <td>Ster IV Escrow and Custodial A</td> <td>rangemente</td> <td>part of the organizatio</td> <td>STI'S CONFICTION</td> <td>r</td> <td></td> <td>TesNO</td>	©P3	Ster IV Escrow and Custodial A	rangemente	part of the organizatio	STI'S CONFICTION	r		TesNO
1a Is the organization an agent, trustee, outsidelin or other intermediary for contributions or other assets not included on Form 990, Part X7       Image: The other intermediary for contributions or other assets not include on Form 990, Part X1         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: The other intermediary for contributions or other assets not include an anount in Part XIII and complete the following table:       Image: The other intermediary for contributions or other assets not include an anount on Form 900, Part X, line 21, for escrow or custodial account liability?       Image: The other intermediary for contributions or outs other assets not intermediary for custodial account liability?       Image: The other intermediary for custodial account liability?         2a       Did the organization include an anount on Form 900, Part X, line 21, for escrow or custodial account liability?       Image: The other intermediary for custodial account liability?       Image: The other intermediary for custodial account liability?         2a       Did the organization answered "Yes" on Form 990, Part IV, line 10.       Image: The other intermediary for custodial account liability?       Image: The other intermediary for custodial account liability?         3a       Beginning of year balance       Image: The other intermediary for custodial account liability?       Image: The other intermediary for custodial account liability?       Image: The other intermediary for custodial account liability?       Image: The other intermediary for custodiary for cus		Complete if the organization	on answered "Yes	" on Form 990, P	Part IV, line	9, or reported	an amount	on Form
Included on Form 390, Part X?								
B and the standard process of the current year and balance (line 1g, column (a)) held as:     a Board designated process of the current year and balance (line 1g, column (a)) held as:     Board doing the standard process of the current year and balance (line 1g, column (a)) held as:     Board doing the standard process of the current year and balance (line 1g, column (a)) held as:     Board doing the standard process of the current year and balance (line 1g, column (a)) held as:     Board doing the standard process of the current year and balance (line 1g, column (a)) held as:     Board doing the standard process of the current year and balance (line 1g, column (a)) held as:     Board doing the standard process of the current year and balance (line 1g, column (a)) held as:     A white sating the related organizations isted as required on Schedule R?     A there endowment 1 the possession of the organization that are held and administared for the organization by:     (i) unrelated organization     b (2014 organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 20, 90, 916     b (1'res' on line 3a(in), are the related organization is listed as required on Schedule R?     A balance of organization     b Beard balance (line 1g, column (b)) held as:     A there endowment 1 the possession of the organization that are held and administared for the organization by:     (i) unrelated organizations     (i) Cost or other tams     (other)     dependent     depe	Ia	is the organization an agent, trustee, custo	dian or other intermed	diary for contributions	or other asse	its not		
B and the standard process of the current year and balance (line 1g, column (a)) held as:     a Board designated process of the current year and balance (line 1g, column (a)) held as:     Board doing the standard process of the current year and balance (line 1g, column (a)) held as:     Board doing the standard process of the current year and balance (line 1g, column (a)) held as:     Board doing the standard process of the current year and balance (line 1g, column (a)) held as:     Board doing the standard process of the current year and balance (line 1g, column (a)) held as:     Board doing the standard process of the current year and balance (line 1g, column (a)) held as:     Board doing the standard process of the current year and balance (line 1g, column (a)) held as:     A white sating the related organizations isted as required on Schedule R?     A there endowment 1 the possession of the organization that are held and administared for the organization by:     (i) unrelated organization     b (2014 organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 20, 90, 916     b (1'res' on line 3a(in), are the related organization is listed as required on Schedule R?     A balance of organization     b Beard balance (line 1g, column (b)) held as:     A there endowment 1 the possession of the organization that are held and administared for the organization by:     (i) unrelated organizations     (i) Cost or other tams     (other)     dependent     depe	i.	Included on Form 990, Part X7			•••••••••••••••••	• • • • • • • • • • • • • • • • • • • •		Yes No
c       Beginning balance       1c         d       Additions during the year       1d         d       Distributions during the year       1f         d       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       0         b       Contributions       0         o Contributions       0       0         e       Other expenditures for facilities and programs       0         g       Ed of year balance       %         2       Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as:         a Board designated or quasi-endowment ▶       %         C       Temporarity restricted endownent ▶       %         Permanent endowment tunds not in the possession of the organization that are held and administered for the org	a	If Yes, explain the arrangement in Part XI	Il and complete the fo	blowing table:			r	
d Additions during the year       id         e Distributions during the year       id         e Distributions during the year       if         a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       iv         a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       iv         b ff Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       iv         Part XII       Endowment Funds.       (a) Ownert year       (b) Three years back       (c) Three years back       (c) Four years back         1a Beginning of year balance       (a) Ownert year       (b) Three years back       (c) Four years back       (c) Four years back         b Contributions       (d) Carrent year read       (d) Three years back       (e) Four years back         c Nat Investment earnings, gains, and       (d) Carrent year end balance (line 1g, column (a)) held as:       (e) Four years and         c Other expenditures for facilities and	_							Amount
Distributions during the year     Indicates the set of the explanation include an amount on Form 990, Part X, line 21, for eacrow or custodial account liability?     If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Endowment Funds.     Complete if the organization answered "Yes" on Form 990, Part IV, line 10.     (d) Three years back     (d) For years back     (d) For years back     (d) Three years back     (d) For years back     (d) For years back     (d) For years back     (d) Three years back     (d) For years back     (for years back     for antice of a content back     for and back     for antice of a content back     for antice of a conte			· · · · · · · · · · · · · · · · · · ·				10	
Distributions during the year     Indicates the set of the explanation include an amount on Form 990, Part X, line 21, for eacrow or custodial account liability?     If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Endowment Funds.     Complete if the organization answered "Yes" on Form 990, Part IV, line 10.     (d) Three years back     (d) For years back     (d) For years back     (d) Three years back     (d) For years back     (d) For years back     (d) For years back     (d) Three years back     (d) For years back     (for years back     for antice of a content back     for and back     for antice of a content back     for antice of a conte	d	Additions during the year					1d	· · · · · · · · · · · · · · · · · · ·
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       ↓ Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back	e	Distributions during the year					1e	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       ↓ Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back	f	Ending balance	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·			1f	
Part V       Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Pror year       (c) Two years back       (d) Three years back         b Contributions       (a) Current year       (b) Pror year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (b) Contributions       (c) Two years back       (d) Three years back       (e) Four years back         c Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c Grants or scholarships       (c) Administrative expensions       (c) Two years back       (e) Four years back         g End of year balance       (c) Administrative expenses       (c) Two years back       (c) Two years back         g End of year balance       (c) Administrative expenses       (c) Two years back       (c) Two years back         g End of year balance       %       %       Formanent endowment ▶       %         b Permanent endowment ▶       %       %       The percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment ▶       %         10       unrelated organizations       (i) unrelated organizations       (ii) If Yees' on line 3a(ii) atuin       (iii) If Yees' on line 3a(	2a	Did the organization include an amount on	Form 990, Part X, line	e 21, for escrow or cu	stodial accourt	nt liability?		Yes No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Twee years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Twee years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (e) Four years back         c       Net Investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (e) Four years back         c       Other expenditures for facilities and programs       (c) Two years back       (c) Two years back       (c) Two years back         g       End of year balance       (c) Two years back       (c) Two years back       (c) Two years back       (c) Two years back         g       End of year balance       (c) Two years back         g       End of year balance       (c) Two years back       (c) Two years back </td <td>b</td> <td>If "Yes," explain the arrangement in Part XI</td> <td>II. Check here if the e</td> <td>xplanation has been</td> <td>provided on P</td> <td>art XIII</td> <td></td> <td></td>	b	If "Yes," explain the arrangement in Part XI	II. Check here if the e	xplanation has been	provided on P	art XIII		
1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (d) Three years back       (e) Four years back       (e) Four years back       (e) Two years back       (e) Four years back         b       Contributions       (d) Three years back       (e) Four years back       (e) Four years back       (e) Four years back         c       Net investment earnings, gains, and losses       (d) Three years back       (e) Four years back       (e) Four years back         c       Net investment earnings, gains, and losses       (d) Three years back       (e) Four years back       (f) Four years back       (f) Four years back       (f) Four years back       (f) Four years back	⊗₽ŧ					r		
1a       Beginning of year balance       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0		Complete if the organizatio	n answered "Yes	<u>on Form 990, P</u>	art IV, line	10.		
b Contributions			(a) Current year	(b) Prior year	(c) Two yes	ars back (d)	Three years back	(e) Four years back
b Contributions	1a	Beginning of year balance						1
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities and programs   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶   %   b   Permanent endowment ▶   %   The percentages on lines 2a, 2b, and 2c should equal 100%.   3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:   (i)   unrelated organizations   (iii)   related organizations   iii)   related organizations   iii)   related organization set of the organization isted as required on Schedule R?   A   Description of property   (a) Cost or other basis   (b) Cost or other basis   (c) Accumulated   (c) Accumulated   (d) Cost or other basis   (c) Accumulated   (d) Bodx value   (d) Cost or other basis   (c) Accumulated   (d) Cost or other basis   (c) Accumulated   (d) Bodx value   (d) Cost or other basis   (c) Accumulated   (d) Bodx value   (d) Cost or other basis   (c) Accumulated   (d) Bodx value   (d) Cost or other basis   (c) Accumulated   (d) Bodx value <tr< td=""><td></td><td>Contributions</td><td></td><td></td><td></td><td></td><td>****</td><td></td></tr<>		Contributions					****	
losses       d Grants or scholarships	c	Net investment earnings, gains, and						· · · · ·
d Grants or scholarships								
e       Other expenditures for facilities and programs	d	Grants or scholarships	, , , , , , , , , , , , , , , , , , , ,					
programs								
f       Administrative expenses	U							
g End of year balance		Administrative expenses						
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         (i) unrelated organizations       Satistical as required on Schedule R?         d       Description ine 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (cher) <td< td=""><td></td><td>Administrative expenses</td><td></td><td></td><td></td><td></td><td></td><td>-</td></td<>		Administrative expenses						-
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (nvestment) c Leasehold Improvements c Leasehold Improvement				<u> </u>	]			
b       Permanent endowment ▶       %         c       Temporarily restricted endowment ▶       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No.         (i) unrelated organizations       3a(i)       3a(i)       3a(i)         (ii) urrelated organizations       3a(i)       3a(i)       3a(i)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Bart VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of propery       (a) Cost or other basis       (b) Cost or other basis       (c) Accumulated       90, 91.6         1a       Land       90, 91.6       90, 91.6       90, 91.6       90, 91.6         b       Buildings				e (line 1g, column (a)	) held as:			
c Temporarily restricted endowment ▶       %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations</li> <li>(i) ag(i)</li> <li>(i) ag(i)</li> <li>(ii) ag(i)</li> <li>(iii) related organizations</li> <li>(iii) related organizations listed as required on Schedule R?</li> <li>(iii) Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI     Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	a	Board designated or quasi-endowment	%					
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(investment)</li> <li>(other)</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(other)</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(other)</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(other)</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d)</li></ul>	b	Permanent endowment >%						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No.         (i) unrelated organizations       3a(i)         (ii) related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3a(ii)         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation         (Investment)       (b) Cost or other basis (c) Accumulated depreciation         (a) Buildings       90, 91.6         90, 91.6       90, 91.6	c	Temporarily restricted endowment	%				,	
organization by:       Yes       No         (i) unrelated organizations       3a(i)       3a(i)         (ii) related organizations       3a(ii)       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b       3b         Part VI       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       0         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       90, 91.6       90, 91.6       90, 91.6       90, 91.6         b Buildings								
organization by:       Yes       No         (i) unrelated organizations       3a(i)       3a(i)         (ii) related organizations       3a(ii)       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b       3b         Part VI       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       0         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       90, 91.6       90, 91.6       90, 91.6       90, 91.6         b Buildings	3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held and	d administered	d for the		
(ii) related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (b) Cost or other basis       (c) Accumulated depreciation       (d) Book value         1a Land       90, 916       90, 916       90, 916         b Buildings       1       1       1         c Leasehold improvements       1       1       1         e Other       0 Other       1       1		organization by:						Yes No
(ii) related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (b) Cost or other basis       (c) Accumulated depreciation       (d) Book value         1a Land       90, 916       90, 916       90, 916         b Buildings       1       1       1         c Leasehold improvements       1       1       1         e Other       0 Other       1       1		(i) unrelated organizations						
b if Yes on line sa(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (linvestment)       (c) Accumulated (d) Book value       (d) Book value         1a Land       90, 916       90, 916       90, 916         b Buildings       1       1       1         c Leasehold improvements       1       1       1         e Other       0 ther       1       1		(II) related organizations						3a(ii)
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (b) Cost or other basis (linvestment)       (c) Accumulated depreciation       (d) Book value         1a Land       90, 916       90, 916         b Buildings       90, 916       90, 916         c Leasehold improvements       90       90         d Equipment       90       90	b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	red on Schedule R?	•••••••	••••••••••••••••	••••••	3h
Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (Investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       90,916       90,916         b       Buildings       0       90,916         c       Leasehold improvements       0       0         e       Other       0       0	4	Describe in Part XIII the intended uses of th	e organization's endo	wment funds	• • • • • • • • • • • • • • • • • • • •	••••		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (linvestment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       90,916       90,916       90,916         b       Buildings       0       0       0       0         c       Leasehold improvements       0       0       0       0         e       Other       0       0       0       0	Pa			inficint fundo.				
Description of property     (a) Cost or other basis (Investment)     (b) Cost or other basis (other)     (c) Accumulated depreciation     (d) Book value       1a Land     90,916     90,916     90,916       b Buildings				on Form 000 D	art IV, line 1	11a See Form	n 000 Dorf	X line 10
(Investment)     (other)     depreciation       1a Land     90,916     90,916       b Buildings     90     90       c Leasehold improvements     90     90       d Equipment     90     90       e Other     90     90		Description of property						
1a Land       90,916       90,916         b Buildings								(u) Dook value
b Buildings C Leasehold improvements	4	Land				uepreciatio		
c Leasehold improvements d Equipment d Equipm					20,210			90,916
d Equipment	ġ,	buildings	·					
e Other								
						-		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	6	Other						
	Total	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, column (B), line 1	l0c.)	•••••••	🕨	90,916

Schedule D (Form 990) 2016

Page 3

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·	Complete if the organization answered "Yes" or	n Form 990, Part IV,	line 11b. See Form 990,	Part X, line 12.
	<ul> <li>(a) Description of security or category</li> <li>(including name of security)</li> </ul>	(b) Book value		of valuation: year market value
(1) Eineneiel			Cost or end-or-	
(1) Financiai (2) Closely b	derivatives			
(2) Olusely-II (3) Other	eld equity interests	·		
(3) Outer				
				*****
·(-,/ (C)		·		
		•		
(E)		•		
(F)		·		
		•		
(11)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII				
	Complete if the organization answered "Yes" or		line 11c. See Form 990,	Part X, line 13.
· · · ·	(a) Description of Investment	(b) Book value		of valuation:
			Cost or end-of-	ear market value
(1)				
(2)				
(3)		· ·		
(4)				
(5)				
(6)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.	I		
	Complete if the organization answered "Yes" or	n Form 990 Part IV	line 11d See Form 990	Part X line 15
	(a) Description	<u></u>		(b) Book value
(1)				
(2)		·····	***************************************	-
(3)			·	
(4)			,	
(5)				
(6)				
(7)		· · ·		
(8)			· · ·	
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		····· •	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV,	line 11e or 11f. See Forr	n 990, Part X,
	line 25.			
1.	(a) Description of Ilability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		· · · · · · · · · · · · · · · · · · ·	_	
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.) ►			
	uncertain tax positions. In Part XIII, provide the text of the folliability for uncertain tax positions under FIN 48 (ASC 740).			

Schedule D (Form 990) 2016

	dule D (Form 990) 2016 Friends of Maclay Gardens, I	nc.	59-316526		Page 4
Pa	Int XI Reconciliation of Revenue per Audited Financial Statem			urn.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
ی ار	Recoveries of prior year grants	2c			
d e	Other (Describe in Part XIII.)	2d			
3	Add lines 2a through 2d	••••••••••		2e	
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	
a	Investment expenses not included on Form 990, Part VIII, line 7b	1 1			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	• • • • • • • • • • • • • • • • • • • •	••••••	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line	12a.		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		· · · · · · · · · · · · · · · · · · ·	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	46			
	Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·	·····	<u>4c</u>	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<u></u>	5	******
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ linco th on	d 2h: Dort V. Boo 4: Do	ut V line	
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide				
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				Schedule D /Form 99	n1 0046

Schedule D (Fe	orm 990) 2016	<u>Friends</u>	of	Maclay	Gardens	, Inc.	59-31	65260	Page 5
Part XIII	Suppleme	Friends ntal Informat	ion (c	ontinued)					
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Schedule D (Form 990) 2016

DAA

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-E Complete to provide information for responses to specific questions o Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.	m 2016
Name of the organization	Friends of Maclay Gardens, Inc.	Employer identification number
Form 990 -	Friends of Maclay Gardens, Inc.	59-3165260
	Maclay Gardens, Inc. is a citizen support org	anization operating
	upport and assistance to the management and s	
	ens State Park in carrying out their responsi	
	is unit of the Florida state park system. Thi	
	port of activities that attract visitors to t	
special fur	draising events to fund park enhancements, ne	wsletter
publishing,	and a website for public awareness. All bene	fits provided by
the Friends	organization are given solely to Alfred B. M	aclay Gardens State
Park.	· · · · · · · · · · · · · · · · · · ·	
	art III, Line 4d - All Other Accomplishment various projects to improve Maclay Gardens S	tate Park.
	art VI, Line 11b - Organization's Process to as or will be conducted.	Review Form 990
	art VI, Line 19 - Governing Documents Disclos s available to the public	ure Explanation
• • • • • • • • • • • • • • • • • • • •	······································	
• • • • • • • • • • • • • • • • • • • •		······
	n Act Notice see the Instructions for Form 900 or 900 FZ	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

# Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

Friends of Maclay Gardens, Inc. 3540 Thomasville Rd Tallahassee, FL 32308-3413

[X] Your Form 8868, Application for Extension of Time to File an Exempt Organization Return for tax year December 31, 2016 is being filed electronically with the IRS by the services of Wadsworth, Humphress & Hollar PA.

[X] Your extension was accepted by the IRS on 05/15/17 and the Submission Identification Number assigned to your return is 59548020171350053554.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

### Acknowledgement Process

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

Form <b>88</b>	68
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(Rev. January 2017) Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

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

		-		Enter filer's identifying number, see instructio
Type or print	Name of exempt organization or ot	her filer, see instructions.		Employer identification number (EIN) or
	Friends of Maclay	59-3165260		
File by the	Number, street, and room or suite 3540 Thomasville		ctions.	Social security number (SSN)
due date for filing your	City, town or post office, state, and	ZIP code. For a foreign add	dress, see instructions.	
return. See instructions.	Tallahassee	FL 32308	-3413	
Enter the Re	eturn Code for the return that this applic	ation is for (file a separate a	application for each retur	n) 0
Applicatio	on	Return	Application	Return
Is For		Code	Is For	Code
Form 990	or Form 990-F7	01	Form 990 T (corporati	on) 07

orm 990 or Form 990-EZ 01 Form 990-T (corporation)					07
Form 990-BL 02 Form 1041-A				08	
Form 4720 (individual)	Form 4720 (individual) 03 Form 4720 (other than individual)				
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
Jana P. Walling					
. 2121 Olivia Dr					
<ul> <li>The books are in the care of &gt; Tallahassee</li> </ul>		· · · · · · · · · · · · · · · · · · ·		FL 323(	08-6164
Telephone No. 🕨 850 - 656 - 8236	Fax No	), 🕨			
• If the organization does not have an office or place of business	in the Unite	d States, check this box			
<ul> <li>If this is for a Group Return, enter the organization's four digit G</li> </ul>	Froup Exem	ption Number (GEN) . If this	; is		
for the whole group, check this box	the group, o	check this box   and attach			
a list with the names and EINs of all members the extension is for.					
1 I request an automatic 6-month extension of time until 11/	15/17	, to file the exempt organization return			
for the organization named above. The extension is for the or	ganization's	return for:			
X calendar year 2016 or					
▶ 🔲 tax year beginning, and ending					
2 If the tax year entered in line 1 is for less than 12 months, che					
Change in accounting period					
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, o	or 6069, ent	er the tentative tax, less			
any nonrefundable credits. See instructions. 3a \$					
b If this application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any re	fundable credits and	1		
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b					0
c Balance due. Subtract line 3b from line 3a. Include your payr	nent with th	is form, if required, by			****
using EFTPS (Electronic Federal Tax Payment System). See Instructions. 3c \$					0
Caution: If you are going to make an electronic funds withdrawal (d	lirect debit)	with this Form 8868, see Form 8453-EO a	nd For	m 8879-EO for pa	ment
instructions.	•				,

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

Form 8868 (Rev. 1-2017)

59-3165260	<del></del>	F	ederal Statements
		Taxa	able Interest on Investments
Descr	ption		
		Amount	Unrelated Exclusion Postal Acquired after US Business Code Code Code 6/30/75 Obs (\$ or %)
Investment Inco	me	-	······································
	\$	455	
Total	\$	455	5

59-3165260

# **Federal Statements**

# Schedule A, Part II, Line 12 - Current year

Description

Tour of Gardens Moon Over Maclay/Scarecrows Red Hills Membership Dues Investment Income Total

Amount	24,218	ŝ	1,500	1,279	455	45,738	
1	ጭ				1	ŝ	I

		Fund Raising	
		່ ທີ່ ທີ່ ທີ່ ທີ່	
		Management & General 187 187	
	۵	Wana Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agenta Agen	
its	ther Expense	Program Service 436 203 1,342	
atement	4e - All Of		
Federal Statements	Form 990, Part IX, Line 24e - All Other Expenses	Total           Expenses           \$         703           436         203           187         2           \$         1,529	
	Form		
59-3165260		Description Dues & Subscriptions Red Hills Scarecrows in the Garden Membership Expenses Total	

	Form <b>990</b>	Two Yea	r Con	nparison Report		2015 & 2016
L		For calendar year 2016, or tax year beginn	ning	, en	ding	
Nar	ne			······································	Taxpa	yer Identification Number
-						
	riends of	Maclay Gardens, Inc.		·	59-	3165260
	1 On the line of	6		2015	2016	Differences
	<ol> <li>Contributions, gifts, grants</li> <li>Membership dues and assessments</li> </ol>		. 1.	17,280	13,794	4 -3,486
	2. Wembership due	as and assessments				
¢	A Program convice	tributions and grants		50.040		
n u	4. Flogram service	revenue		52,349	45,283	
vel	6. Dreesede from t	ne		75	459	5 380
6	<b>6.</b> Proceeds from t	ax exempt bonds	6.			
£	7. Net gain or (loss	) from sale of assets other than inventory		· · · · · · · · · · · · · · · · · · ·		
	<ol> <li>Net income or (iii)</li> <li>Net income or (iii)</li> </ol>	oss) from fundraising events	. 8.			
	9. Net income or (it	oss) from gaming	. 9.	· · · · · · · · · · · · · · · · · · ·		
	10. Net gain or (loss	) on sales of inventory	10.		······································	
	11. Other revenue		. 11.			
		Add lines 1 through 11	12.	69,704	59,532	2 -10,172
	<ol> <li>Grants and simil</li> <li>Dependence of the solution</li> </ol>	ar amounts paid	13.		·	
ω	14. Benefits paid to (	or for members	. 14.			
<b>n</b>	15. Compensation of	f officers, directors, trustees, etc.	15.			
ย	16. Salaries, other c	ompensation, and employee benefits	. 16.			
рe	17. Protessional fund	draising fees	17.			
×	18. Other profession	al fees	18.			
	<ol><li>Occupancy, rent</li></ol>	utilities, and maintenance	19.	1,652		-1,652
	20. Depreciation and	Depletion	. 20.			
	21. Other expenses		21.	53,353	42,558	-10,795
	22. Total expenses.	Add lines 13 through 21	. 22.	55,005	42,558	3 -12,447
	23. Excess or (Defic	cit). Subtract line 22 from line 12	23.	14,699	16,974	2,275
	24. Total exempt rev	enue	24.	69,704	59,532	2 -10,172
_	<ol><li>25. Total unrelated re</li></ol>	evenue	. 25.			
matio	26. Total excludable	revenue	26.	52,424	45,738	-6,686
	27. Total assets		27.	246,270	242,779	-3,491
Į	28. Total liabilities		28.	20,465	····	-20,465
1	<ol><li>Retained earning</li></ol>	S	29.	225,805	242,779	
the	<ol><li>Number of voting</li></ol>	members of governing body	30.	17	19	
- 1	31. Number of indep	endent voting members of governing body	31.	17	19	
ł	32. Number of emplo	yees	32.	0	0	
	<ol> <li>Number of volunt</li> </ol>	eers	33.			

Department of the Treasury Internal Revenue Service       For calendar year 2016, or fiscal year beginning       20       20       2016         Name of exempt organization       > Do not send to the IRS. Keep for your records.       Employer identification number       29       20         Name of exempt organization       Friends of Maclay Gardens, Inc.       Employer identification number       59-3165260         Name and title of officer       Jana P. Walling       Treasurer       59-3165260         Part Part Part Part Part Part Part Part	Form 8879-EO	IRS <i>e-file</i> Signature Authorization for an Exempt Organization		OMB No. 1545-1878
December of the Theory         Information about send to the RS. Keep for your records.         Utility           Name of example quartable         Principal Send Send Send Send Send Send Send Send				
Internet Series         Information about Form 887-EO and Its Instructions is at yow <i>ins gov/form8279</i> .           Employed test/fideox number         Filencies of Maclay Gardens, Inc.         59-3165260           Name and site of affect         Jama P. Walling         59-3165260           Check the box for the roturn for which you are using this Form 877-EO and mits the spillable amount, Itany, from the roturn, Provide the toxic on the 1a, 2a, 3a, 4a, or 6a, babiew, and the amount on the time for the roturn bank, then enter.         1           Check the box for the roturn for which you are using this Form 877-EO and mits the spillable in the fact.         1         59, 532           2a Form 990 check here b         b         Total rownee, if any (Form 900, Pat VIII. column (A), line 12)         1b         59, 532           2a Form 990 check here b         b         Total rownee, if any (Form 900, Pat VIII. column (A), line 12)         1b         59, 532           2a Form 990 check here b         b         Total rownee, if any (Form 900, Pat VIII. column (A), line 12)         3b           3a Form 120-POL oheck here b         b         Total rownee, if any (Form 900, Pat VIII. column (A), line 12)         3b           3a Form 990 check here b         b         Total rownee, if any (Form 900, Pat VIII. column (A), line 12)         3b           3a Form 990 check here b         b         Total rownee, if any (Form 900, Pat VIII. column (A), line 42)         3b	Department of the Treasury	Por calendar year 2016, or fiscal year beginning		2016
Name design operation       Priencies of Maclay Gardens, Inc.       59-3165260         Name adte dock       Jana P. Walling Treasurer       Second	Internal Revenue Service	Information about Form 8879-EO and its instructions is at www.irs.go	v/form8879eo.	2.010
Name and existing         Jama P. Walling Treasurer           Type of Return and Return Information (Whole Dollars Only)           Check to bo for the neutrin revision you as using the Form 837-80 and enter the applicable amount, if any, from the return. If you check the box on the faz, 3a, 4a, or 6b, below, and the amount on the line for the return being field with this form was blank, then eaver line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, brank (to not tetro -0.) Ed. (If you entered -0 on the return, the enter-0 on the explicite line below. Do not complete nore than 1 line in Part I.           1a Form 890 check here bit to be the to be t	• •			tion number
Status and collar       Jana P., Wall Ling Treasurer         Extint       Type of Return and Return Information (Whole Dollars Only)         Check the box for hordum or whole you are using bits form 8378-80 and enter the applicable amount, if any, from the neturn. If you other the box on the fa. 2, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then there sphilozobe into below. Do not complete more than 1 line in Part I.         1a Form 990 check here b       Intervenue, if any (Form 990, Part VIII, column (A), line 12)       1b         2b Form 990 check here b       Into a travenue, if any (Form 990, Part VIII, column (A), line 12)       3b         3a Form 1120-POL check here b       Into a travenue, if any (Form 990, Part VIII, line 2)       3b         3a Form 1808 check here b       In total tax (Form 1120-POL, line 22)       3b         3a Form 1808 check here b       In total tax (Form 1120-POL, line 22)       3b         3a Form 1808 check here b       In the anon office or the above organization and that they examined a copy of the organization's 2016 electronic return and accompanying acheculae and statements and to the best of my knowledge and bale, they are true, correct, and consider, Interf decare that the amount in Part I above is the amount of receipt or reason for regional of the transmission. (b) the researts of allow my intermediate service provider, transmitter, or electronic return orginater (ERO) to sand the organization's tourn the RS and to receive for mate of the copy of the organization's double state and my other terms of the bale of my indund. Tapplicable, I autinomic the linease tha			59-31652	60
Processing       Type of Return and Return Information (Whole Dollars Only)         Check the box on the return. If you check the scale and the the scale answer, if any, from the return. If you check the box on time ta, 2a, 3a, 4a, or 5a, below, and the annount on that line for the return being field with this form was blank, then leave line the, 2b, 3b, 4b, or 5b, whichever is applicable, beark (do not enter -0). But, if you entered -0 on the return, then enter -0 on the applicable has below. Do not complete more than 1 line in Part. If a form 990 check have been been been been been been been be	U			
Check the box for the return for which you are using this Form 8379-EO and enter the applicable amount, if any, from the return. If you check the box no line 1a, 2a, 3a, 4a, or 5b, balow, and the amount on that line is for the return being field with this form was blank, then there there the box for the return being field with this form was blank. Then there there there are the 1b, 2b, 3b, 4b, or 5b, whichwerd is applicable, blank (do not the return then entern). But I you entered -0 on the return, then entern -0 on the applicable his below. Do not complete more than 1 line in Part 1. If a Form 930-text check hare > b b Total revenue, if any (Form 930-EF, Ine 9). 2b				
		eturn and Return Information (Whole Dollars Only)		
leave line 15, 25, 35, 45, or 55, whichever is applicable, blank (do not enter-0-). But, if you entered-0- on the return, then enter-0- on the exploited bits below. Do not complete more than 11 line in Part I. 1a Form 990-EZ clock hare ▶ B   b Total revenue, if any (Form 900, PZ, line 9) 2b 2b 3b	Check the box for the return	for which you are using this Form 8879-EO and enter the applicable amount, if any, f	rom the return. If you	
the applicable line below. Do not complete more than 1 line in Part.	check the box on line 1a, 2a,	3a, 4a, or 5a, below, and the amount on that line for the return being filed with this for	orm was blank, then	
ta Form 990 check here \       E       b       59 , 532         3a Form 990 check here \       b       b       total revenue, if any (Form 990 c-Z, line 9)       3b         3a Form 1120-POL check here \       b       b       total tax (Form 1120-POL, line 22)       3b         4a Form 990 c-Ex check here \       b       b       total tax (Form 1120-POL, line 22)       3b         5a Form 886 c-Rev \       b       b       Balance Due (Form 880, line 30)       3b         5a Form 886 c-Rev kere \       b       b       Balance Due (Form 880, line 30)       3b         5a Form 886 c-Rev kere \       b       Balance Due (Form 880, line 30)       5b       5b         20 cognatization's 2016 electronic return, consent to allow minimer and accompany and mininter any and minimer and accompany and minimer and acc	leave line 1b, 2b, 3b, 4b, or	5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the ret	urn, then enter -0- on	
A rom H920-E2 dieck mere       →       Total revenue, if any (Form 990-E2, line 9)       2b       2b         4a Form 1920-PC dieck here       →       b Tax based on investment income (Form 990-PF, Part VI, line 5)       3b         5a Form 8808 check here       →       b B balance Due (Form 8808, line 3c)       5b         Partitive       Declaration and Signature Authorization of Officer       5b         Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complet. I further declare that the amount I have no month hocopy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic morphicator (ERO) to send the organization's federal taxes owed on this the transmission. (b) he reason for any delay in processing the return or refund, and (c) the date of any refund. I applicable, I authorize the U.S. Treasury of financial institution account Indicated in the tax preparation software for payment of the organization's federal taxes owed on this financial institution account Indicated in the vest preacted a personal identification number (PIN) as my signature for the organization's electronic prevent of the set organization incessary to answer inguines and electronic prevent of the set organization's declare any maintice and the complexity in the resource inguines and electronic payment. I have selected a personal identification number (PIN) as my signature for the organization's declare that maxe organization's declare that maxe organization's declare that maxes and identification number (PIN) as my				×
A rom H920-E2 dieck mere       →       Total revenue, if any (Form 990-E2, line 9)       2b       2b         4a Form 1920-PC dieck here       →       b Tax based on investment income (Form 990-PF, Part VI, line 5)       3b         5a Form 8808 check here       →       b B balance Due (Form 8808, line 3c)       5b         Partitive       Declaration and Signature Authorization of Officer       5b         Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complet. I further declare that the amount I have no month hocopy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic morphicator (ERO) to send the organization's federal taxes owed on this the transmission. (b) he reason for any delay in processing the return or refund, and (c) the date of any refund. I applicable, I authorize the U.S. Treasury of financial institution account Indicated in the tax preparation software for payment of the organization's federal taxes owed on this financial institution account Indicated in the vest preacted a personal identification number (PIN) as my signature for the organization's electronic prevent of the set organization incessary to answer inguines and electronic prevent of the set organization's declare any maintice and the complexity in the resource inguines and electronic payment. I have selected a personal identification number (PIN) as my signature for the organization's declare that maxe organization's declare that maxe organization's declare that maxes and identification number (PIN) as my		Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	59,532
a Form 90-PC check here       b       b Total tax (Form 1120-PC), line 22)       3b         4 Form 90-PC check here       b       b       b       b         5s. Form 8868 check here       b       b       b       b         5s. Form 8868 check here       b       b       b       b         9. Statistic       b       Balance Due (Form 8868, line 3c)       5b         9. Statistic       b       Balance Due (Form 8868, line 3c)       5b         9. Statistic       correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow review for the INS (A) an acknowledgement of receipt or masin for rejection of the teramission, (b) the reson for any delay in processing the return or refund, and (c) the dect actional return to the IRS (a) an acknowledgement of receipt or masin for rejection of the teramission, (b) the reson for any delay in processing for reparation for shear so work on this formatial institution account indicated in the tax preparation strategrap for payment. I must contact the U.S. Treasury remained an ectornol funds withdrawal (direct debti) entry to the financial institutions involved in the processing of the electronic payment of taxes or coefficient formation and financial institutions for all tax preparation formation and the payment. These selected a personal identification number (PIN) as my signature for the organization's face and the financial institutions formatic and financial institutions formatic and financial institutions formatic and financial institutions formati days by acond the electronically filed return. If hav		F Li_b Total revenue, if any (Form 990-EZ, line 9)	2h	
5 Form B808 check here ▶       b       b       b       b       b       b         6 Form B808 check here ▶       b       b       b       b       b       b         9 Combined State Chere ▶       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b </td <td></td> <td>ere Lib Total tax (Form 1120-POL, line 22)</td> <td>3b</td> <td></td>		ere Lib Total tax (Form 1120-POL, line 22)	3b	
Partili       Declaration and Signature Authorization of Officer         Under penalties of peijury, I declare that I am an officer of the above organization's action and that I have examined a copy of the       organization's action declare that I am an officer of the above organization's action and accompanying schedules and statements and to the best of my knowledge and belief, they       are true, correct, and complete. I further declare that the amount in ParI above is the smount shown on the copy of the       organization's selectronic return. I consent to allow my intermediate service provider, transmitter, or electronic territor orginator (ERO)       to send the organization's return or organization's declarity from the ISR (a) an acchowledgement of forecipt or reason for reglection of       the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any return(.if applicable, I       authorize the U.S. Treasury and the tax preparation software for payment of the accontex the U.S. Treasury and the electronic payment of the asyment, I mate soa owed on this       return, and the electronic payment of the asyment, I mate contact the U.S. Treasury and the electronic payment of the asy apprent, I mate solve confidential information necessary to answer inquiries and       resolve issues related to the payment of taxes to receive confidential information necessary to answer inquiries and       resolve issues related to the payment of taxes to receive confidential information neurosciency to maxer for paylicable, I       as on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is       being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aformentioned       ERO Imm asse       con the organization's tax year 2016 electronically filed return. If I have indicated withi		- Form 990-PF, Part VI, line 5)	4b	
Under penatties of peiny. I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount II Part I above since the source with the source of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's electronic return. It onesent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's electronic return by the financial institution account indicated in the tax preparation software for payment of the organization's fundition account indicated in the tax preparation software for payment of the organization's fundition account indicated in the tax preparation software for payment of the organization's fundition account indicated in the tax preparation software for payment of the organization's fundition account indicated in the tax preparation's consent to electronic funds withdrawal (direct debit) entry to the financial institutions to debit the entry to this account. To revoke a payment, I must also authorize the financial institutions are resolve issues related to the payment. I have solected as personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.  Officer's PIN: check one box only  I authorize <u>Waddsworth, Humphress &amp; Hollar PA</u> to enter my PIN <u>65260</u> as my signature ERO itm name  ERO itm name  Of the return PIN on the return's disclosure consent screen.  Can officer of the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(leg) regulating charities as part of the IRS Fed/State program, I al	5a Form 6600 check here	Balance Due (Form 8868, line 3c)		
Under penatties of peiny. I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount II Part I above since the source with the source of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's electronic return. It onesent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's electronic return by the financial institution account indicated in the tax preparation software for payment of the organization's fundition account indicated in the tax preparation software for payment of the organization's fundition account indicated in the tax preparation software for payment of the organization's fundition account indicated in the tax preparation software for payment of the organization's fundition account indicated in the tax preparation's consent to electronic funds withdrawal (direct debit) entry to the financial institutions to debit the entry to this account. To revoke a payment, I must also authorize the financial institutions are resolve issues related to the payment. I have solected as personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.  Officer's PIN: check one box only  I authorize <u>Waddsworth, Humphress &amp; Hollar PA</u> to enter my PIN <u>65260</u> as my signature ERO itm name  ERO itm name  Of the return PIN on the return's disclosure consent screen.  Can officer of the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(leg) regulating charities as part of the IRS Fed/State program, I al	Part II Declaratio	an and Signature Authorization of Officer		
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are fue, correct, and complete. I further declare that the amount in Pari i above is the amount shown on the copy of the increased in the organization's electronic relum. I consent to allow my intermediate service provider, transmitter, or electronic future origination (ERO) to send the organization's return to the INS and to receive from the INS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (b) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the electronic payment of the apyment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessity to any signature for the organization's detated to the payment. I have selected a parsonal information necessity to any signature for the organization's detate in any signature for the organization's detate in any signature for the organization's detate into any signature for the organization's axy set 2016 electronically filed return. The electronic payment, the selected a parsonal identification number (PNI) as my signature for the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  Mass an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return.  Mass an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electro	organization's 2016 electroni	c return and accompanying schedules and statements and to the best of my knowled	y of the	
organization's electronic refurm. I consent to allow my intermediate service provider, transmitter, or electronic refurm organization's entry to the NS and to receive from the INS (a) an acknowledgement of receipt or rescent for rejection of the transmission, (b) the reason for rejection of the transmission, (c) the reason for rejection of the date of any refund. If applicable, I authorize the U.S. Treasury end lis designeted Financial Agent to initiate an electronic funds withdrawal (dired debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this financial institution account indicated in the tax preparation of the regeneration interface of the set of the organization's federal taxes owed on this face and the financial institution to the payment to the payment of the organization's federal taxes owed on the financial institutions and the financial institution to the payment to the payment (Estimene) (date to a subnizite the financial institutions and the entry of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. In we selected a presonal identification number (FIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.  Officer's PIN: check one box only  I authorize MadSworth, HUMphress & Hollar PA ERO fime name on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return.  FI have indicated adwith in its return that a copy of the return is being filed with a state agency(les) r	are true, correct, and comple	te. I further declare that the amount in Part I above is the amount shown on the conv	of the	
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refurm, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-886-83-453 row later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only	financial institution account in	ind its designated Financial Agent to initiate an electronic funds withdrawal (direct de	bit) entry to the	
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<pre>reference issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.</pre> Officer's PIN: check one box only          I authorize       Wadsworth, Humphress & Hollar PA       to enter my PIN       65260       as my signature         ERO firm name       ERO firm name       Enter five numbers, but do not enter all zeros         on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned         ERO to enter my PIN on the return's disclosure consent screen.       As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.         Officer's signature       If Certification and Authentication         Part III       Certification and Authentication         ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.       59548068050         do not enter all zeros       certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization ndicated above. I confirm that I am submitting this return in accordance with the requireme	involved in the processing of	the electronic payment of taxes to receive confidential information necessary to answ	ver inquiries and	
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ERO firm name     ERO firm name     ERO firm name     Enter five numbers, but     do not enter all zeros     on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is     being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned     ERO to enter my PIN on the return's disclosure consent screen.     As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return.     If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of     the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.     Officer's algnature     Part III     Certification and Authentication     ERO's EFIN/PIN. Enter your six-digit electronic filing identification     number (EFIN) followed by your five-digit self-selected PIN.     Selected above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF)     FO's signature     ERO for Submit This Form To the IRS Unless Requested To Do So	Officer's PIN: check one bo	x only		
ERO firm name     ERO firm name     ERO firm name     Enter five numbers, but     do not enter all zeros     on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is     being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned     ERO to enter my PIN on the return's disclosure consent screen.     As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return.     If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of     the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.     Officer's algnature     Part III     Certification and Authentication     ERO's EFIN/PIN. Enter your six-digit electronic filing identification     number (EFIN) followed by your five-digit self-selected PIN.     Selected above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF)     FO's signature     ERO for Submit This Form To the IRS Unless Requested To Do So	X Lauthorize Wad	sworth, Humphress & Hollar PA	65260	
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