

## 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.  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the **2016** calendar year, or tax year beginning **10/01**, 2016, and ending **9/30**, 2017

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	Miami Beach Garden Conservancy 2000 Convention Center Drive Miami Beach, FL 33139	65-0811036
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		3056737256
<input type="checkbox"/> Final return/terminated		<b>G</b> Gross receipts \$
<input type="checkbox"/> Amended return		521,906.
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer:	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Same As C Above	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)

<b>I</b> Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) ( ) (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶
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<b>J</b> Website: ▶ <u>mbgarden.org</u>	<b>L</b> Year of formation: 1996	<b>M</b> State of legal domicile: FL
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**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>Provide free public access to attractive botanical garden, create environmental education programs for children and adults, preserve green space, and promote green living.</u>		
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a).....	<b>3</b>	14
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b).....	<b>4</b>	0
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a).....	<b>5</b>	9
	<b>6</b>	Total number of volunteers (estimate if necessary).....	<b>6</b>	10
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12.....	<b>7a</b>	0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34.....	<b>7b</b>	0.
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h).....	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g).....	252,130.	239,373.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	3,439.	2,417.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	22.	22.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	171,033.	174,626.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	426,624.	416,438.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4).....		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	246,520.	283,781.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e).....		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>77,889.</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	151,767.	155,307.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	398,287.	439,088.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12.....	28,337.	-22,650.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16).....	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26).....	258,554.	340,635.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20.....	69,304.	174,035.
			189,250.	166,600.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date
	Sandy Shapiro <small>Type or print name and title</small>	Executive Director

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	Jarret Kaplan	Jarret Kaplan			P00580568	
	Firm's name	Jarret W. Kaplan PA			Firm's EIN ▶	20-8263075
	Firm's address	1815 Purdy Ave Miami, FL 33139			Phone no.	7862714228

May the IRS discuss this return with the preparer shown above? (see instructions).....  Yes  No