



Friends of Fakahatchee, Inc.

a 501(c)(3) not-for-profit Citizen Support Organization

providing financial and volunteer support to preserve the unique ecology and cultural heritage of Fakahatchee Strand Preserve State Park and to educate the public about its importance.

P.O. Box 35, Everglades City, FL, 34139

website: www.orchidswamp.org

16 June 2017

Steve Houseknecht

Park Manager

Fakahatchee Strand Preserve State Park, Copeland FL

Re: CSO cover letter to the 2017 Annual Financial report

This Annual report covers a short fiscal year from April 2016 to December 2016.

The FOF transitioned to a Calendar year beginning January 1st 2017.

The Friends of Fakahatchee continued their support for the Big Cypress Bend Boardwalk Expansion project (BCBB):

- Funded to completion the Interpretive Sign Plan; \$20,000 to Acorn Group Inc.
- Funded to completion the Exhibits Plan, \$20,000 to Acorn Group Inc.
- Continued to fund G. F. Young Inc. \$42,460 for wetland determination and survey expected to be completed in 2017.

The BCBB receives over 80,000 visitors yearly. FOF continued to fund all repairs to the 30 year-old BCBB. Repairs are done by a small group of dedicated volunteers. FOF also funded the Port-O-Let toilets at the BCBB site up until July 2016.

Repairs, maintenance and addition to Park equipment was facilitated through a contribution by FOF of \$8,019. FOF contributed \$5,062 to the Park's Controlled Burn program. An aerial survey was also funded by FOF in the amount of \$3,324. Additionally the orchid restoration program was funded at \$1000.

In addition to the generosity of our donors, financial support is provided to the Park as a direct result of a group of dedicated FOF volunteers and naturalists who manage and deliver FOF's education and tour program. FOF Schedules its tour program each fall which is subject to the Park Manager's approval.

These regularly scheduled tours are conducted from October through mid-April. As many as 70 tours are scheduled per season. These are monitored by the Park Manager and the Park Biologist to assure a minimum impact on the environment. The public's favorable reviews of FOF's tours on TripAdvisor help generate the interest of others in visiting the Fakahatchee and learning about its unique environment. FOF's daytime tram tours continue in popularity and our Moon-lit tram tours quickly sell out. Additionally FOF conducts an average of 6 educational outreach programs at various public venues and club meetings during the season.

Our combined tram tour and introductory swamp walk encourages the more timid to experience the Fakahatchee. FOF also conducts extended swamp walks for the more adventurous. Demand for our tours and programs is increasing from clubs and other groups. FOF tailors programs to these groups' specific needs and interests.

Park entry fees for all tour participants are paid to the DEP by FOF.

FOF's Fifth Annual Appeal was launched in the fall to purchase an ATV to transport volunteers and Park Staff in the Park.

Janes Scenic Drive, the main artery through the Park, is also the route for the FOF's tram rides and provides hikers and cyclists access to the Park's extensive trail system. The most popular of these trails are kept passable thanks to a specialized group of FOF volunteers assisting Park Staff. These volunteers are also involved in the removal and control of exotics, which is a constant battle.

The Board of directors devoted 3,324 hours to the business of managing the organization for the nine month period April to December 2016, and because this report covers only nine months. It does not reflect FOF's busiest months which are January through March.

District reported to FOF that in the Park's fiscal year 10,000 volunteer hours were recorded.

FOF's Board of Directors experienced a Park Management transition. Matt Kruse of Lovers Key State Park was appointed as the Fakahatchee's acting Park Manager while District conducted their search for a full time Park Manager. During this transition the Board of Directors remained focused on their mission of supporting the Park and worked very closely to assist Park staff.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'P. Higgins', with a long horizontal flourish extending to the right.

Patrick Higgins
President
Friends of Fakahatchee, Inc.



Florida Department of Environmental Protection

**CITIZEN SUPPORT ORGANIZATION
2017 REPORT
(pursuant to Florida Statute 20.058)**

Citizen Support Organization (CSO) Name: FRIENDS OF FAKAHATCHEE INC.

Mailing Address: 137 COASTLINE DR. COPELAND FL 34137

Telephone Number: 239-695-1023 Website Address (if applicable): WWW.ORCHIDSWAMP.ORG

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:

Provide financial and volunteer support to preserve the unique ecology and cultural heritage of Fakahatchee Strand Preserve State Park and educate the public about its importance.

Brief Description of the CSO's Results Obtained:

This report represents a short fiscal year: 1 April 2016 to 31 Dec 2016

FOF volunteers were essential to assist Park Staff, in a DEP fiscal year the FOF reported 10,000 volunteer hours, hours devoted to the following:

- Ongoing maintenance and repair of the Bid Cypress Bend Boardwalk, park equipment and facilities.**
- Environmental data collection, habitat survey, exotic plant control and removal.**
- Endless maintenance of the unpaved Janes Scenic Drive, bridges and culverts, all Park trail.**

-Preparation of all trail for the February Everglades Ultra 50 mile marathon race, the sixth marathon event in the park.

Fundraising efforts and accomplishments:

-FOF guided educational tours program for: Big Cypress Bend Boardwalk (BCBB) and Janes Scenic Drive, swamp walks excursions and special group tours, all tours were in designated locations approved by the Park manager.

-Funded the Orchid Restoration project.

-Funded the purchase of an ice machine for Park Staff and Volunteers.

-Funded a CCTV system for Park security surveillance.

-Continued to fund the Port O lets at the BCBB thru July 2016.

-Funded an Aerial Invasive Survey by helicopter.

-Funded control burn.

-Purchase a HONDA ATV for Park Biologist and Park staff with 4th Annual Fund Appeal.

-Funded all repairs for the Big Cypress bend Boardwalk.

-In October 2016 launched the 5th Annual Fund Appeal to purchase an all-terrain vehicle to transport Park Staff and volunteers in the Park.

-Funded to completion the Interpretive Sign Plan for the Big Cypress Bend Boardwalk Expansion Project, with Acorn Group Inc.

-Funded to completion the Exhibit Plan for the Big Cypress bend Boardwalk Expansion Project, with Acorn Group Inc.

-Accepted DEP's request to fund and manage the severing of the BCBB current entrance in conjunction with the new entrance and parking site construction.

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

Projected for 2018-19-20

- Continue commitment to raise funds to support Park staff and provide volunteer manpower for the maintenance of the Park, its facilities, equipment and vehicles in accordance with the specified needs requested by the Park manager and within the approved FOF Fiscal Year budget.
- Continue the FOF Annual Fund Appeal, seasonal interpretation programs and lectures in the community.
- Work closely with the Park manager and District in all matters related to the Big Cypress Bend Boardwalk Expansion project. Phase one and two of project is now funded and construction is anticipated to begin in 2017/18.
- Pending a signed Concessionaire agreement between DEP and FOF, work closely with Park Manager, District and DEP in all matters related to the FOF'S role and responsibility as the Concessionaire in the Park.

- ☒ 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

Citizen Support Organization Statement of Accomplishments and Goals

This statement is part of the Citizen Support Organization's (CSO's) Annual Financial Report (see Chapter 5: Section 7) of the 2014 CSO Handbook. The primary purpose of the Annual Financial Report is to provide a summary of the most relevant information to the Department and Division, and to meet the common interests of donors, members, creditors, and others who provide resources to the not for profit organization. Report the accomplishments for the CSO's past fiscal year and goals for the upcoming year.

Name of the CSO Friends of Fakahatchee Inc.

CSO Address PO BOX 35

City, State, Zip Code Everglades City FL 34139

A summary of CSO accomplishments from the period of (Beginning 1 April 2016) through (December 2016) A SHORT FISCAL YEAR report is as follows:

Estimated Total Volunteer Hours (See Park record)

Total Membership (300)

Total Volunteer Hours: Include CSO officers, board members, and general members.

Board directors and officer hours for NINE months: 3,324 hours, all other general volunteer hours are kept on record by Park.

Total Membership: The current number of members in good standing at the end of the CSO's fiscal year including officers, board members, and general members. When totaling the number of members in the CSO, typically individuals and corporate members are counted as "one (1)" member. Family, patron, or not for profit organization members are counted as "two (2)" members.

List of CSO Board Members

Attach a current list of board members' and officers' names, addresses, phone numbers, and email addresses in order of position title.

-ATTACHED

Summary of Accomplishments (Attach additional pages as needed)

Provide a report of the CSO's short term and long term accomplishments for the past year, according to the Annual Program Plan. These accomplishments will support the CSO's mission statement and will illustrate support of the park's expressed needs.

-ATTACHED CSO ANNUAL REPORT APRIL 2016 TO DECEMBER 2016

Summary of Goals or Priorities for the Upcoming Fiscal Year (Attach additional pages as needed)

Build on the accomplishments from the CSO's past reporting year and include new goals voted on by the board and approved by the Park Manager for the upcoming year. Projected time frames for multiple year projects, like Partnership in Parks projects, will be provided. The CSO should attach the CSO's signed Annual Program Plan for the upcoming year to this statement.

ATTACHED:

-CSO GOALS FOR APRIL 2016 TO DECEMBER 2017

-CSO PROGRAM PLAN FOR 2017

FOF Mission: *Provide Financial and volunteer support to preserve the unique ecology and cultural heritage of Fakahatchee Strand preserve State Park and educate the public about its importance.*

State Park Mission: *provide resource based recreation while preserving, interpreting and restoring natural and cultural resources.*

Friends of Fakahatchee CSO GOALS

Fiscal Year Ending December 2017

- Provide funding and manpower for the maintenance of Park facilities, equipment and vehicles, in accordance with Board approved budget.
- Provide financial and volunteer support to remove and control exotics and maintain trails.
- Provide funding for various prescribed fire methods.
- Announce the 5th Annual Appeal Fundraiser for Direct Park support.
- Support the Lost Orchid restoration program.
- Support training opportunities for Park staff and Volunteers.
- Develop a Park trail map.
- Develop an effective donation program.
- Host fundraiser and awareness programs.
- Continue efforts to launch a Capital campaign for the Boardwalk Expansion Project.
- Pursue Legislative funding.
- Develop a program to enhance the esthetics and bio-diversity of the Park
- Advocate the development of a maintenance and restoration plan for Janes Scenic Drive.
- Assist the Park in obtaining a RAMSAR designation.
- Develop a plan to survey the entire old growth forest at Big Cypress Bend Boardwalk.



Florida Department of Environmental Protection
CSO ANNUAL PROGRAM PLAN

Required Signatures: Adobe Signature

Name of CSO: Friends of Fakahatchee Inc.

For CSO Fiscal Year: 2016/2017

	Description of Annual Projects	Resources Needed	Sources of Resources	Agency Approval Needed Y/N
1	Swamp Walks	Naturalist Guides and Drivers	FOF BOARD AND VOLUNTEERS	Y
2	Tram Ride and Swamp Walk Combos	Naturalist Guides and Drivers	FOF BOARD AND VOLUNTEERS	Y
3	Tram Rides (Daytime)	Naturalist Guides and Drivers	FOF BOARD AND VOLUNTEERS	Y
4	Moonlight Tram Rides	Naturalist Guides and Drivers	FOF BOARD AND VOLUNTEERS	Y
5	Boardwalk Tours	Naturalist Guides	FOF BOARD AND VOLUNTEERS	Y
6	Various Guided Hikes and Interpretive Programs in the Park	Naturalist Guides	FOF BOARD AND VOLUNTEERS	Y
7	Various Talks and Educational Presentations about Fakahatchee	Naturalists and Topical Experts	FOF BOARD AND VOLUNTEERS	Y
8	Annual Everglades Ultra Race	50+ Volunteers	FOF BOARD AND VOLUNTEERS	Y
9	Annual Appeal Fundraiser	Board Committee Members	FOF BOARD AND MEMBERSHIP	Y
10				

Submitted by CSO President: J. Scerens

Date: 3 Oct 2016

Park Manager Approval: Houseknecht_S

Date: 10/3/2016

Digitally signed by Houseknecht_S
DN: cn=Houseknecht_S, o=Fakahatchee Strand Preserve State Park,
ou=Florida Dept of Environmental Protection,
email=Steve.Houseknecht@dep.state.fl.us, c=US
Date: 2016.10.03 16:28:07 -0400

Friends of Fakahatchee Board of Directors to April 2018

Revised 11 May 2017

13 Board members

-President, Patrick Higgins patrick@tropicbirdsailing.com Tel # 239-595-4828

1036 Tivoli lane Naples 34104

-Vice president, John Kaiser jskaiser@maine.edu Tel # 239-949-6934

3431 Lakemont dr. Bonita Springs FL 34135

-Treasurer, Scott Geltemeyer scott@dlcmhc.com Tel #239-451-6202

78 Burnt Pine Dr. Naples 34119

Secretary, Ken Shapiro, shaptalk@gmail.co Tel # 202-445-5048

1405 st. NW # 600, Washington DC 20009

-Jinny Ball virginiaball@comcast.net Tel # 239-793-7063

6224 Shadowood cir Naples FL 34112

-Ted DeGroot ted@all-florida.com Tel #239-248-8788

231 Palmetto Dunes Cir. Naples 34113

Chris Gair, cag@allabouttrust.com Tel# 239-600-0150

1373 Shadow lane Ft Myers 33901

Donald Leonard irefgr8@aol.com Tel# 309-838-4733

PO Box 548 Copeland FL 34137

-Howard Lubel lubel@aol.com Tel# 305-371-6836

801 N. Venetian dr. Miami 33139

-Tom Maish tommaish44@gmail.com Tel # 239-992-5963

3629 Olde Cottage lane Bonita Springs FL 34135

-Gayle Norton keywestgayle@yahoo.com Tel# 305-304-6605

PO Box 5026 Everglades City FL 34139

-Glen Stacell gstcaell@comcast.net Tel # 239-348-3455

1860 Randall Blvd Naples FL 34120

Stacey Wolfe, smwolfe24@gmail.com Tel # 954-673-6647

1029 Harrison street, Hollywood FL 33109

Citizen Support Organization Statement on Value of Contributed Services

This statement reports on services provided to the Citizen Support Organization (CSO) from park staff support and in-kind support for the past fiscal year. The statement is part of the CSO's Annual Financial Report described in Chapter 5: Section 7 of the 2014 CSO Handbook. The primary purpose of the Annual Financial Report is to provide a summary of the most relevant information to the Department and Division, and to meet the common interests of donors, members, creditors, and others who provide resources to the not for profit organization.

This Value of Contributed Services for a park is provided to the CSO by the park or District through the Park Programs Development Specialist. Note, the Division of Recreation and Parks operates on a cash-based method of accounting.

Park Name: FAKAHATCHEE STRAND PRESERVE STATE PARK

Park Address: 137 Coastline Drive Copeland FL34137

Name of the CSO: FRIENDS OF FAKAHATCHEE

A summary of contributed services from the period of (APRIL 2016) through (DECEMBER 2016) is as follows:

Park Staff Support

The total number of hours contributed in staff support services converted to a monetary amount.

The park contributed a total of \$ * in staff support services to the CSO.

Park Facilities Support

The total amount of water, electric, and utility expenses used to support CSO events, concessions, etc.

** will be provided by
Park manager.
7 Screens*

The CSO received a total of \$ * in park facilities support.

In-Kind Support

The CSO receives additional services outside of the park staff contributed hours called in-kind services. In-kind services are a type of charitable giving in which, instead of money, a person contributes some kind of service, good, or commodity. Examples are professional services of a lawyer, accountant, or any professional or the estimated value of a good or commodity.

The CSO received a total of \$ NA in in-kind support services.

List of Program Services

Federal charitable 501(c)(3) organizations are required to report total expenses and revenue for each program service. According to the IRS, a program service is any activity by the organization which accomplishes its charitable purposes.

4/2

For *each* program service provide a description, total expense, and total revenue. For *each* program service description, clearly and concisely describe the accomplishments through specific measurements such as visitors served, days of an event, number of sessions or events held, publications issued, etc. (add pages as appropriate).

Program Service Description: TRAM TOURS

Total Expense \$618.00
Total Revenue \$5,119.00 (net)

Program Service Description: SWAMP WALKS

Total Expense \$618.00
Total Revenue \$2,112.00 (net)

Program Service Description: WET WALKS (tram ride & swamp walk introduction)

Total Expense \$618.00
Total Revenue \$1,242.00 (net)

Program Service Description: TOURS AND TALKS (at Big Cypress Bend Boardwalk)

Total Expense \$0.00
Total Revenue \$80.00 (net)

Program Service Description: All tours are to educate the public about the importance of conservation and the unique ecology of the Preserve.

Total Program Services

Provide a total amount for all program expenses and a total amount for all program revenue.

CSO total program service expenses \$ 1,854.00 _____
CSO total program service revenues \$8,553.00 (net) _____

426 visitors participate to the FOF tours program

CLIENT 21395

SOLDAVINI & CALDWELL, CPA PA
5455 JAEGER RD
NAPLES, FL 34109-5805
(239) 591-4747

April 5, 2017

FRIENDS OF FAKAHATCHEE, INC.
P.O. BOX 35
EVERGLADES CITY, FL 34139

Dear Client:

Enclosed is your 2016 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page four. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2017 to:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Please be sure to call us if you have any questions.

Sincerely,

Desiree Payer

DO NOT FILE

Form **990-EZ**Department of the Treasury
Internal Revenue Service

Change of Accounting Period **Short Form**
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-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2016**Open to Public
Inspection**

A For the 2016 calendar year, or tax year beginning 4/01, 2016, and ending 12/31, 2016	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C FRIENDS OF FAKAHATCHEE, INC. P.O. BOX 35 EVERGLADES CITY, FL 34139
D Employer identification number 59-3511352	
E Telephone number (239) 695-1023	
F Group Exemption Number. ▶	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
I Website: ▶ www.orchidswamp.org	
J Tax-exempt status (check only one) — <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	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 78,497.	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I. ☒

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	59,096.
	2 Program service revenue including government fees and contracts	2	10,408.
	3 Membership dues and assessments	3	
	4 Investment income	4	1,493.
	5a Gross amount from sale of assets other than inventory	5a	7,500.
	b Less: cost or other basis and sales expenses	5b	10,361.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-2,861.
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	68,136.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	3,325.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	4,126.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	505.
	16 Other expenses (describe in Schedule O)	16	82,645.
	17 Total expenses. Add lines 10 through 16	17	90,601.
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-22,465.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	422,443.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	399,978.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	387,661.	22 382,514.
23 Land and buildings		23
24 Other assets (describe in Schedule O) See Schedule O	34,782.	24 17,464.
25 Total assets	422,443.	25 399,978.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	422,443.	27 399,978.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III. ☒

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 See Schedule O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	82,779.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	82,779.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TED DEGROOT Director	4	0.	0.	0.
DENNIS GIARDINA Director	2	0.	0.	0.
GLEN STACELL Director	3	0.	0.	0.
TOM MAISH Director	15	0.	0.	0.
FRANCINE STEVENS President	23	0.	0.	0.
JOHN KAISER Director	4	0.	0.	0.
VIGINIA BALL Secretary	12	0.	0.	0.
PATRICK HIGGINS Vice President	16	0.	0.	0.
KEN SHAPIRO Treasurer	5	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. ☒ **X**

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.	33	X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed ▶ None		

42a The organization's books are in care of ▶ FRANCINE STEVENS Telephone no. ▶ 239-695-2905
 Located at ▶ 27423 PELICAN RIDGE CIR BONITA SPRINGS FL ZIP + 4 ▶ 34135

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If 'Yes,' enter the name of the foreign country: ▶ _____		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c	X
If 'Yes,' enter the name of the foreign country: ▶ _____		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI. ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

48		X
-----------	--	---

49 a Did the organization make any transfers to an exempt non-charitable related organization?

49 a		X
-------------	--	---

b If 'Yes,' was the related organization a section 527 organization?

49 b		
-------------	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.

▶ ☒ Yes ☐ No

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.

Sign Here	Signature of officer		Date	
	FRANCINE STEVENS		President	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Desiree Payer	Desiree Payer		P01276710
	Firm's name ▶	SOLDAVINI & CALDWELL, CPA PA		
	Firm's address ▶	5455 Jaeger Rd Naples, FL 34109-5805		
			Firm's EIN ▶	59-2671667
			Phone no.	(239) 591-4747

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

FRIENDS OF FAKAHATCHEE, INC.

Employer identification number

59-3511352

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ 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: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar 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'.)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar 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'.)	101,567.	133,058.	124,742.	116,548.	62,402.	538,317.
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.	25,233.	21,949.	1,139.	29,911.	10,408.	88,640.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	126,800.	155,007.	125,881.	146,459.	72,810.	626,957.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
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.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						626,957.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.	126,800.	155,007.	125,881.	146,459.	72,810.	626,957.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,534.	2,335.	2,164.	2,081.	1,493.	10,607.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	2,534.	2,335.	2,164.	2,081.	1,493.	10,607.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.					-2,861.	-2,861.
13 Total support. (Add lines 9, 10c, 11, and 12.)	129,334.	157,342.	128,045.	148,540.	71,442.	634,703.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	98.78 %
16 Public support percentage from 2015 Schedule A, Part III, line 15.	16	0.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)).	17	1.67 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17.	18	0.00 %

- 19a 33-1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☒
- b 33-1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part IV 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

	Yes	No
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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	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 prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 how 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 Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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.		Yes	No
a 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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See 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		

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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

BAA

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

BAA

Schedule A (Form 990 or 990-EZ) 2016

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

Part III, Line 12 - Other Income

Nature and Source	2016	2015	2014	2013	2012
GAIN/LOSS ON SALE OF ASSET					
	\$ -2,861.				
Total	<u>\$ -2,861.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

DO NOT FILE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

FRIENDS OF FAKAHATCHEE, INC.

Employer identification number

59-3511352

Form 990-EZ, Part I, Line 5c
Net Gain (Loss) from Noninventory Sales

Other Assets

Description:	KUBOTA RTV		
Date Acquired:	4/16/2014		
How Acquired:	Purchase		
Date Sold:	12/17/2016		
To Whom Sold:			
Gross Sales Price:	7,500.		
Cost or Other Basis:	14,440.		
Basis Method:	Cost		
Depreciation:	4,079.		
		Gain (Loss)	-2,861.

Total Gain (Loss) Other Assets \$ -2,861.

Total Net Gain (Loss) From Noninventory Sales \$ -2,861.

Form 990-EZ, Part I, Line 16
Other Expenses

ATV ANNUAL FUND	\$	7,101.
AWARDS		200.
BANK CHARGES		40.
BOARDWALK REPAIRS & MAINT		396.
BOARDWALK VISION EXPENSE		3,885.
Conferences, Conventions, and Meetings		6,188.
CONTROL BURNS		5,063.
CREDIT CARD PROCESSING		785.
Depreciation		6,957.
DUES & SUBSCRIPTIONS		100.
Fuel		195.
Information Technology		942.
Insurance		528.
Office Expenses		780.
ORCHID RESTORATION PROGRAM		1,091.
Outside Service Contract		36,532.
PARK ENTRANCE FEES		608.
PRESIDENT DESCRECIONARY EXP		225.
REPAIRS & MAINTENANCE		8,120.
TELEPHONE		1,219.
TOILET RENTALS		1,690.
Total	\$	82,645.

Form 990-EZ, Part II, Line 24
Other Assets

	Beginning	Ending
Automobiles	\$ 15,815.	\$ 10,624.
Machinery and Equipment	18,967.	17,201.
Miscellaneous	0.	-10,361.
Total	\$ 34,782.	\$ 17,464.

Name of the organization

Employer identification number

FRIENDS OF FAKAHATCHEE, INC.

59-3511352

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

THE FRIENDS OF FAKAHATCHEE, INC. EXISTS TO PROVIDE FINANCIAL AND VOLUNTEER SUPPORT TO PRESERVE THE UNIQUE ECOLOGY AND CULTURAL HERITAGE OF FAKAHATCHEE STRAND PRESERVE STATE PARK AND TO EDUCATE THE PUBLIC ABOUT ITS IMPORTANCE.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

THE FRIENDS OF FAKAHATCHEE, INC., A 501(c)3 NOT-FOR-PROFIT CORPORATION, IS THE CITIZEN SUPPORT ORGANIZATION OF FAKAHATCHEE STRAND PRESERVE STATE PARK, THE LARGEST CYPRESS STRAND SWAMP IN THE WORLD AND THE DEEPEST SLOUGH IN THE GREATER EVERGLADES. ITS 80,000 ACRES ARE BORDERED BY I-75 (ALLIGATOR ALLEY), US-41 (TAMIAMI TRAIL), SR-29, FAKAHATCHEE BAY AND PICAYUNE STATE FOREST. THE FRIENDS OF FAKAHATCHEE STRIVE TO AID IN THE PRESERVATION OF THIS ECOLOGICALLY UNIQUE AREA AND TO EDUCATE THE PUBLIC ABOUT ITS IMPORTANCE.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

2016

Federal Exempt Organization Tax Summary (EZ)

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Client 21395

FRIENDS OF FAKAHATCHEE, INC.

59-3511352

4/05/17

8:05 AM

FORM 990-EZ REVENUE

Contributions, gifts, and grants.....	59,096
Program service revenue.....	10,408
Investment income.....	1,493
Net gain (loss) - noninv. assets/disp.....	-2,861
Total revenue.....	68,136

EXPENSES

Grants and similar amounts paid.....	3,325
Professional fees/pymt to contractors.....	4,126
Printing, publications, and postage.....	505
Other expenses.....	82,645
Total expenses.....	90,601

NET ASSETS OR FUND BALANCES

Excess or (deficit) for the year.....	-22,465
Net assets/fund bal. at beg. of year.....	422,443
Net assets/fund bal. at end of year.....	399,978

DO NOT FILE

2016

General Information

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Client 21395

FRIENDS OF FAKAHATCHEE, INC.

59-3511352

4/05/17

08:05AM

Forms needed for this return

Federal: 990-EZ, Sch A, Sch O

Carryovers to 2017

None

DO NOT FILE