



Florida Department of Environmental Protection

**CITIZEN SUPPORT ORGANIZATION
2014 REPORT**

IMPLEMENTATION OF COMMITTEE SUBSTITUTE SENATE BILL 1194

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

Telephone Number: 239-495-6744 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:

Fiscal year 2012-13

Volunteer assistance:

- Ongoing maintenance of Big Cypress Bend Boardwalk and Jane Scenic drive trams/trails in park
- Environmental data collection, exotic plant control, facilities maintenance, development of interpretive material and public outreach.
- Guided tours for visitors of Big Cypress Bend Boardwalk, Fakahatchee Island cruises, GhostRider tram rides on Jane Scenic, swamp walk excursions.

Financial assistance:

- Launch of first FOF Annual fundraiser campaign for Direct Park support.
- Purchase of a tram to increase visitation on Jane Scenic the GhostRider tram is an instant success for both education in preservation and increase of financial support for the park.
- Fundraiser event to support the Fakahatchee Orchid restoration project.
- For prescribe burns
- For improvement of visitor office at park entrance by Janes Scenic drive
- Recipient of a grant for signs and graphics in the park

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

Annually FOF Board of directors develops and approves the organization's Fiscal Year CSO goal.

Projected for year 2015 to 2017 is the continued commitment to raise and provide funding as well as manpower for the maintenance of the park its facilities equipment and vehicles and in accordance with the Board of director's approved annual Fiscal Year budget.

To build an orchid house already funded by donations and continue FOF's support of the orchid restoration project.

Continue the FOF Annual Fundraiser and seasonal interpretation programs.

Continue supporting the Big Cypress Bend Boardwalk project consisting of re-locating the parking area and construction of bathrooms and a visitor pavilion, FOF will continue to assist and collaborate in the development of a Master Interpretation Plan for the extension of the Big Cypress Bend Boardwalk experience as per the Unit Management Plan and in concert with DEP approval.

x 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**

Model CSO Code of Ethics – June 2014

Friends of Fakahatchee, Inc.

CODE OF ETHICS

Note: FOF has a Conflict of Interest Policy but not a Code of Ethics Policy, the Board at this time is not in a position to approve the "model " code of Ethics Policy because quite a few travel in the summer time, I expect it will be possible to get the code of ethics approved for either August Board meeting or Sept Board meeting - Francine Stevens

PREAMBLE

- (1) It is essential to the proper conduct and operation of the Friends of Fakahatchee, Inc. (FOF) (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 Fakahatchee, 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

Model CSO Code of Ethics – June 2014

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 **990-EZ**

Change of Accounting Period

Short Form**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2012**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

| | |
|---|--|
| A For the 2012 calendar year, or tax year beginning <u>5/01</u> , 2012, and ending <u>3/31</u> , 2013 | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C <u>Friends of Fakahatchee, Inc.</u> <u>P.O. Box 35</u> <u>Everglades City, FL 34139</u> |
| D Employer identification number <u>59-3511352</u> | |
| E Telephone number <u>239-695-1023</u> | |
| F Group Exemption Number: _____ | |
| G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____ | |
| I Website: <u>friendsoffakahatchee.org</u> | |
| 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 type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). | |

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 129,334.

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 | 36,406. |
| | 2 | Program service revenue including government fees and contracts | 2 | 44,603. |
| | 3 | Membership dues and assessments | 3 | 20,558. |
| | 4 | Investment income | 4 | 2,534. |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less: cost or other basis and sales expenses | 5b | |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 | Gaming and fundraising events | | |
| | 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| EXPENSES | 6b | 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 | 18,892. |
| | 6c | Less: direct expenses from gaming and fundraising events | 6c | 4,324. |
| | 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 14,568. |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | 6,341. |
| | 7b | Less: cost of goods sold | 7b | 3,807. |
| | 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 2,534. |
| | 8 | Other revenue (describe in Schedule O) | 8 | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. | 9 | 121,203. |
| | ASSETS | 10 | Grants and similar amounts paid (list in Schedule O) | 10 |
| 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 | 550. |
| 14 | | Occupancy, rent, utilities, and maintenance | 14 | |
| 15 | | Printing, publications, postage, and shipping | 15 | 891. |
| 16 | | Other expenses (describe in Schedule O) <u>See Schedule O</u> | 16 | 46,690. |
| 17 | | Total expenses. Add lines 10 through 16. | 17 | 48,131. |
| 18 | | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 73,072. |
| NET ASSETS | 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 | 278,656. |
| | 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 | 351,728. |

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

Form 990-EZ (2012)

Part II Balance Sheets. (see the instructions for 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 | 278,780. | 22 338,247. |
| 23 | Land and buildings | | 23 |
| 24 | Other assets (describe in Schedule O) See Schedule O | | 24 14,231. |
| 25 | Total assets | 278,780. | 25 352,478. |
| 26 | Total liabilities (describe in Schedule O) See Schedule O | 124. | 26 750. |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 278,656. | 27 351,728. |

| | |
|-----------------|--|
| Part III | Statement of Program Service Accomplishments (see the instrs 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 and section 4947(a)(1) trusts; optional for others.)

| | | | |
|----|---|--------------------------|------|
| 28 | See Schedule O | | |
| | (Grants \$) If this amount includes foreign grants, check here | <input type="checkbox"/> | 28 a |
| 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 |

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.

[illegible]

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 activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O. | | 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) | | X |
| 35 a 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)? | | 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. | | |
| 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. | | 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. | | X |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37 a 0. | | |
| b Did the organization file Form 1120-POL for this year? | | X |
| 38 a 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? | | X |
| b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. | 38 b N/A | |
| 39 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on line 9. | 39 a N/A | |
| b Gross receipts, included on line 9, for public use of club facilities. | 39 b N/A | |
| 40 a 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) and 501(c)(4) 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. | 40 b | X |
| c Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ 0. | | |
| 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. | 40 e | X |
| 41 List the states with which a copy of this return is filed ▶ <u>None</u> | | |
| 42 a The organization's books are in care of ▶ <u>Marya Repko</u> Telephone no. ▶ <u>239-695-2905</u> Located at ▶ <u>102 East Broadway Everglades City FL</u> ZIP + 4 ▶ <u>34139</u> | | |
| 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)? | 42 b | X |
| If 'Yes,' enter the name of the foreign country: _____ | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42 c | 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 <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A | | |
| 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. | 44 a | 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. | 44 b | X |
| c Did the organization receive any payments for indoor tanning services during the year? | 44 c | 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. | 44 d | |
| 45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? | 45 a | 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) | 45 b | 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

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

b If 'Yes,' was the related organization a section 527 organization? 49b

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 paid more than \$100,000 | (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 address of each independent contractor paid more than \$100,000 | (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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. X 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 Type or print name and title. | President | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Prepare | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Rosa Marino-Scola | Rosa <i>Marino Scola</i> | 10/30/2013 | | P00364326 |
| | Firm's name ▶ MARINO & SCOLA CONSULTING INC. | | | | |
| | Firm's address ▶ 771 S BARFIELD DR MARCO ISLAND, FL 34145-5948 | Firm's EIN ▶ 26-2694808 | Phone no. (239) 293-0989 | | |

May the IRS discuss this return with the preparer shown above? See instructions X 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. ► See separate instructions.

OMB No. 1545-0047

2012

**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 11, 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.)
- 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | Yes | No |
|------------|-----|----|
| 11 g (i) | | |
| 11 g (ii) | | |
| 11 g (iii) | | |

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? | | (v) Did you notify the organization in column (i) of your support? | | (vi) Is the organization in column (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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 IV.) | | | | | | |
| 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 2012 (line 6, column (f) divided by line 11, column (f)). | 14 | % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14. | 15 | % |
| 16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the 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 – 2011. 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 – 2012. 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 IV 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 – 2011. 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 IV 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 9 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 yr beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) | 11,528. | 15,154. | 60,056. | 67,547. | 101,567. | 255,852. |
| 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. | 29,016. | 56,701. | 73,638. | 12,550. | 25,233. | 197,138. |
| 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. | 40,544. | 71,855. | 133,694. | 80,097. | 126,800. | 452,990. |
| 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.) | | | | | | 452,990. |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | 40,544. | 71,855. | 133,694. | 80,097. | 126,800. | 452,990. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 3,782. | 1,735. | 2,722. | 3,031. | 2,534. | 13,804. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | 0. |
| c Add lines 10a and 10b. | 3,782. | 1,735. | 2,722. | 3,031. | 2,534. | 13,804. |
| 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 IV.) | | | | | | 0. |
| 13 Total support. (Add lns 9, 10c, 11, and 12.) | 44,326. | 73,590. | 136,416. | 83,128. | 129,334. | 466,794. |

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**. ▶ ☐**Section C. Computation of Public Support Percentage**

| | | |
|--|-----------|---------|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). | 15 | 97.04 % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15. | 16 | 96.18 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--------|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | 2.96 % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | 3.82 % |

19a 33-1/3% support tests – 2012. 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 – 2011.** 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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

This image shows a full page of a handwriting practice worksheet. It consists of multiple sets of three horizontal dashed lines, providing a guide for letter height and placement. The lines are evenly spaced across the entire page, which is otherwise blank and white.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2012

Name of the organization

Friends of Fakahatchee, Inc.

Employer identification number

59-3511352

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA 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) (2012)

Name of organization

Employer identification number

Friends of Fakahatchee, Inc.

59-3511352

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|---|-------------------------------|--|
| 1 | Naples Zoo 1590 Goodlette-Frank Road Naples, FL 34102 | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Employer identification number

59-3511352

Part II

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| | N/A | \$ | |
| | | | |
| | | | |
| | | | |
| | | | |
| (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 |
| | | \$ | |
| | | | |
| | | | |
| | | | |
| | | | |
| (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) (2012)

Employer identification number

59-3511352

organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... ▶ \$ N/A
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|--|--|
| _____ | N/A | | |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee | |
| | | | |
| _____ | | | |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee | |
| | | | |
| _____ | | | |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee | |
| | | | |
| _____ | | | |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee | |
| | | | |

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2012

Open to Public Inspection

Friends of Fakahatchee, Inc.

59-3511352

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total.....▶

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

[illegible]

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| REVENUE | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|---|-----------------------------------|---------------------------------------|-------------------------------|-------------------------------------|
| | | <u>Tram Tours</u> (event type) | <u>Coastal Cruise</u> (event type) | <u>None</u> (total number) | (add column (a) through column (c)) |
| | 1 Gross receipts..... | 9,805. | 9,087. | | 18,892. |
| | 2 Less: Charitable contributions..... | | | | |
| | 3 Gross income (line 1 minus line 2)..... | 9,805. | 9,087. | | 18,892. |
| DIRECT EXPENSES | 4 Cash prizes..... | | | | |
| | 5 Noncash prizes..... | | | | |
| | 6 Rent/facility costs..... | | | | |
| | 7 Food and beverages..... | | | | |
| | 8 Entertainment..... | | | | |
| | 9 Other direct expenses..... | 838. | 3,486. | | 4,324. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d)..... | | | | 4,324. |
| | 11 Net income summary. Combine line 3, column (d), and line 10..... | | | | 14,568. |

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| REVENUE | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming |
|-----------------|--|---|---|---|-------------------------------------|
| | | | | | (add column (a) through column (c)) |
| | 1 Gross revenue..... | | | | |
| DIRECT EXPENSES | 2 Cash prizes..... | | | | |
| | 3 Non-cash prizes..... | | | | |
| | 4 Rent/facility costs..... | | | | |
| | 5 Other direct expenses..... | | | | |
| | 6 Volunteer labor..... | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d)..... | | | | |
| | 8 Net gaming income summary. Combine lines 1, column (d) and line 7..... | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: _____

- | | | | |
|-----------|---|------------------------------|-----------------------------|
| 11 | Does the organization operate gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity operated in: | | |
| a | The organization's facility | 13 a | % |
| b | An outside facility | 13 b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name ▶

Address ▶

- 15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If 'Yes,' enter name and address of the third party: _____

Name ▶

Address ►

- 16** Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor

- ## 17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? _____ ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Friends of Fakahatchee, Inc.

Employer identification number

59-3511352

Scholarship grant

Recipient applies for the scholarship by choosing three out of four essay questions to respond. Academic performance is also a factor in receiving the scholarship.

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

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 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 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 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

Friends of Fakahatchee, Inc.

59-3511352

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

| | | |
|--------------------------------|-----------|----------------|
| Administrative..... | \$ | -600. |
| Administrative..... | | 6,020. |
| Advertising and Promotion..... | | 95. |
| Annual Fund Costs..... | | 264. |
| Awards..... | | 417. |
| Bank Fees..... | | 1,323. |
| Boardwalk..... | | 297. |
| Contract..... | | 2,165. |
| Depreciation..... | | 625. |
| Dinners & Picnics..... | | 1,708. |
| Dinners & Picnics..... | | 410. |
| Dues & Subscriptions..... | | 325. |
| Elkam Expenses..... | | 4,713. |
| Insurance..... | | 2,825. |
| Office Expenses..... | | 310. |
| Other General..... | | 85. |
| Other Program..... | | 125. |
| Park Support..... | | 18,478. |
| Reservations Service..... | | 5,294. |
| Swamp Walks..... | | 1,421. |
| Website..... | | 390. |
| Total | \$ | 46,690. |

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

| | <u>Beginning</u> | <u>Ending</u> |
|------------------|------------------|-------------------|
| Automobiles..... | \$ 0. | \$ 11,875. |
| Inventories..... | 0. | 2,356. |
| Total | \$ 0. | \$ 14,231. |

Form 990-EZ, Part II, Line 26
Total Liabilities

| | <u>Beginning</u> | <u>Ending</u> |
|--|------------------|----------------|
| Accounts Payable and Accrued Expenses..... | \$ 124. | \$ 750. |
| Total | \$ 124. | \$ 750. |

Friends of Fakahatchee, Inc.

59-3511352

Form 990-EZ, Part IV

List of Officers, Directors, Trustees, and Key Employees

| Name and Address | Average Hours Per Week Devoted | Compensation | Health Benefits & Contrib- ution to EBP & DC | Expense Account & Other Allowances |
|--|-----------------------------------|--------------|--|---|
| Tom Maish-ended 4/2012 Director | 0 | \$ 0. | \$ 0. | \$ 0. |
| Dennis Giardina-prior 4/2011 Director | 0 | 0. | 0. | 0. |
| Shaun Floyd-started 4/2012 Director | 0 | 0. | 0. | 0. |
| Frank Denninger-prior to 4/2011 Director | 0 | 0. | 0. | 0. |
| Howard Lubel-ended 4/2012 President | 0 | 0. | 0. | 0. |
| Ray Carroll-ended 3/2013 President | 0 | 0. | 0. | 0. |
| Glen Stacell-ended 4/2012 Vice President | 0 | 0. | 0. | 0. |
| Francine Stevens-ended 4/2013 Secretary | 0 | 0. | 0. | 0. |
| Dino Barone-ended 11/2012 Treasurer | 0 | 0. | 0. | 0. |
| Jimene Rinehart-ended 3/2013 Vice President | 0 | 0. | 0. | 0. |
| Bruce Bunch-started 4/2012 Director | 0 | 0. | 0. | 0. |
| John Kaiser-started 2/2012 Director | 0 | 0. | 0. | 0. |
| Howard Lubel-started 4/2012 Director | 0 | 0. | 0. | 0. |
| Cynthia Peters-ended 4/2013 Director | 0 | 0. | 0. | 0. |
| Charles Wright-ended 4/2013 Director | 0 | 0. | 0. | 0. |
| Glen Stacell-started 4/2012 Director | 0 | 0. | 0. | 0. |

Friends of Fakahatchee, Inc.

59-3511352

Form 990-EZ, Part IV (continued)

List of Officers, Directors, Trustees, and Key Employees

| Name and Address | Average Hours Per Week Devoted | Compen- sation | Health Benefits & Contrib- ution to EBP & DC | Expense Account & Other Allowances |
|---|-----------------------------------|-------------------|--|---|
| Julie Gardenas-ended 1/2012 Director | 0 | \$ 0. | \$ 0. | \$ 0. |
| Kathleen da Silva-started 1/13 Treasurer | 0 | 0. | 0. | 0. |
| Jimene Rinehart-ended 4/2012 Director | 0 | 0. | 0. | 0. |
| Total | | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

Friends of Fakahatchee, Inc.

59-3511352

Contributions, Gifts, and Grants
Other contributions, gifts, grants, etc.

| | | |
|------------------------|----|----------------|
| Annual Fund..... | \$ | 8,303. |
| General Fund..... | | 10,811. |
| Signage..... | | 15,000. |
| Dinners & Picnics..... | | 1,764. |
| Dinners & Picnics..... | | 528. |
| Total | \$ | <u>36,406.</u> |