



Florida Department of Environmental Protection
CITIZEN SUPPORT ORGANIZATION
2015 REPORT
(pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: Friends of Fakahatchee Inc

Mailing Address: 137 Coastline drive, Copeland FL 34137

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 1 April 2014 -31 March 2015

Volunteer assistance working under the direction of Park manager for:

- **Ongoing maintenance of Big Cypress Bend Boardwalk and Jane Scenic drive, trams/trails in park**
- **Environmental data collection, habitat survey and maintenance, exotic plant control, equipment maintenance, development of interpretive material and public outreach.**
- **Guided educational tours for visitors at Big Cypress Bend Boardwalk, Fakahatchee Island cruises, GhostRider tram educational tours on Jane Scenic and swamp walk excursions.**
- **The Kids Fishing clinic.**
- **The Everglades Ultra 50 mile race in the Park.**

Financial assistance:

- **Launch of third Annual fundraiser campaign to increase Direct Park support, funds dedicated for new interpretation signs at Big Cypress Bend Boardwalk.**

- **Recipient of three grants: Website technical support- Professional accounting services-Boardwalk Expansion Project**
- **Volunteer appreciation Picnic.**
- **Provide Port O Let at Big Cypress Bend Boardwalk.**
- **Park equipment maintenance and repair**
- **Master interpretation prospectus for Boardwalk Expansion project.**

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

Projected for year 2016 to 2019:

- **Continued commitment to raise funds to support the Park as well as provide 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.**
- Obtain permitting to build an orchid house already funded by donations and continue FOF's support of the orchid restoration project.**
- Continue the FOF Annual Fundraiser, seasonal interpretation programs and lectures in the community.**
- 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.**

- Copy of the CSO's Code of Ethics attached (*Model provided; see CSO 2014 instructions*)**
- Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement**

Friends of 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.

website: www.orchidswamp.org

The Board of Directors of the Friends of Fakahatchee Strand State Preserve, Inc., (the "Organization") adopted the following Code of Ethics Policy on this 12 day of October, 2014.

ARTICLE I. Purpose

The purpose of the Code of Ethics Policy is to protect this tax-exempt Organization's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the Organization or might result in a possible excess benefit transaction. This policy is intended to supplement, but not replace, any applicable state and federal laws governing conflict of interest applicable to non-profit and charitable organizations.

ARTICLE II Definitions

- 1. Interested Person.** Any director, principal officer, or member of a committee with governing board-delegated powers who has a direct or indirect financial interest, as defined below, is an interested person.
- 2. Financial Interest.** A person has a financial interest if the person has, directly or indirectly, through business, investment, family, and/or domestic partner
 - a. An ownership or investment interest in any entity with which the Organization has a transaction or arrangement.
 - b. A compensation arrangement with the Organization or with any entity or individual with which the Organization has a transaction or arrangement.
 - c. A potential ownership or investment interest in, or compensation arrangement with any entity or individual with which the Organization is negotiating a transaction or arrangement.
- 3. Compensation** includes direct and indirect remuneration, reimbursement for expenses, as well as gifts or favors valued in excess of \$25.

ARTICLE III. Procedures

- 1. Duty to Disclose** In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board-delegated powers considering the proposed transaction or arrangement.

2. Determining Whether a Conflict of Interest Exists After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

3. Procedures for Addressing the Conflict of Interest.

- a. An interested person may make a presentation at the board or committee meeting, but after the presentation the person shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
- b. The chairperson of the board shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- c. After exercising due diligence, the board shall determine whether the Organization can obtain with reasonable efforts, a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- d. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the board shall determine, by a majority vote of the disinterested directors whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

4. Violations of the Code of Ethics Policy.

- a. If the board has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
- b. If, after hearing the member's response and after further investigation as warranted by the circumstances, the board determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate action.

ARTICLE IV. Records of Proceedings

1. Minutes. The minutes of the board shall contain:

- a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the board's decision as to whether a conflict of interest in fact existed.
- b. The names of the persons who were present for discussions and votes relating to the transaction or arrangement and a record of any votes taken in connection with the proceedings.

ARTICLE V. Compensation

1. A voting member of the board who receives compensation or reimbursement for expenses, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.


2. A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation or reimbursement for expenses, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.
3. No voting member of the board or any committee whose jurisdiction includes compensation matters and who receives compensation or reimbursement for expenses, directly or indirectly, from the Organization, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

ARTICLE VI. Annual Statements.

1. Each director, principal officer and member of a committee with governing board-delegated powers shall annually sign a statement which affirms such person:
 - a. Has received a copy of the Code of Ethics Policy.
 - b. Has read and understands the Policy.
 - c. Has agreed to comply with the Policy, and
 - d. Understands the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

ARTICLE VII. Use of Outside Experts.

In administering the above Code of Ethics Policy, the Organization may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the board of its responsibility for ensuring that periodic reviews are conducted.



Francine Stevens, President



John Kaiser, Secretary

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

PRACTICES IN ESTABLISHING COMPENSATION FOR OFFICERS, DIRECTORS, EMPLOYEES AND CONTRACTORS.

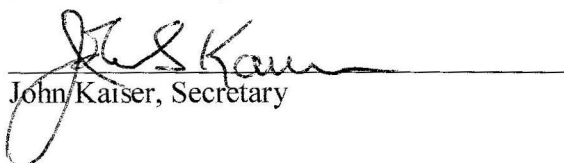
The Board of Directors of the Friends of Fakahatchee Strand State Preserve, Inc., resolved on

this 12 OCT. day of OCT, 2014, that

- a. The individuals who approve compensation arrangements will follow a **Code of Ethics Policy**.
- b. The Board will approve compensation arrangements in advance of paying compensation.
- c. The Board will document in writing the date and terms of approved compensation arrangements.
- d. The Board will record in writing the decision made by each individual who decided or voted on compensation arrangements.
- e. The Board will approve compensation arrangements based on information about compensation paid by similarly situated taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations.
- f. The Board will record in writing both the information on which it has relied to base its decision and its source.



Francine Stevens, President



John Kaiser, Secretary

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

2013

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.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 4/01, 2013, and ending 3/31, 2014

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 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) 695-4593

F Group Exemption Number: _____

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: www.orchidswamp.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association 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. ▶ \$ 157,342.

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 <input checked="" type="checkbox"/>	
REVENUE	1 Contributions, gifts, grants, and similar amounts received 1 65,790.
	2 Program service revenue including government fees and contracts 2 50,193.
	3 Membership dues and assessments 3 17,075.
	4 Investment income 4 2,335.
	5a Gross amount from sale of assets other than inventory 5a
	b Less: cost or other basis and sales expenses 5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c
	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 20,090.	
c Less: direct expenses from gaming and fundraising events 6c 5,207.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 14,883.	
7a Gross sales of inventory, less returns and allowances 7a 1,859.	
b Less: cost of goods sold 7b 1,142.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 717.	
8 Other revenue (describe in Schedule O) 8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶ 9 150,993.	
EXPENSES	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 1,258.
	14 Occupancy, rent, utilities, and maintenance 14
	15 Printing, publications, postage, and shipping 15 1,257.
	16 Other expenses (describe in Schedule O) See Schedule O 16 79,383.
17 Total expenses. Add lines 10 through 16. ▶ 17 81,898.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 69,095.	
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) 19 351,728.
	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. ▶ 21 420,823.

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

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 [X]

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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 [X]

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.)

Table with 3 columns: Description, Expense amount, and sub-row label (e.g., 28a, 29a, 30a, 31a). Rows include See Schedule O, Grants, and Total program service expenses.

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 [X]

Table with 5 columns: (a) Name and Title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 shows See Schedule O with 0.00 in compensation columns.

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]

Table with columns for question number, description, and Yes/No columns. Rows include questions 33 through 41 regarding organizational activities, financials, and reporting.

42a The organization's books are in care of Marya Repko Telephone no. (239) 695-2905 Located at 102 East Broadway Everglades City FL ZIP + 4 34139

Table with columns for question number, description, and Yes/No columns. Rows include questions 42b and 42c regarding foreign accounts and offices.

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

Table with columns for question number, description, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

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. 46 Yes No 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. 47 Yes No X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 Yes No X
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No X
b If 'Yes,' was the related organization a section 527 organization? 49b Yes No

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.'

Table with 5 columns: (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. All rows contain '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.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows contain '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: Jinny Ball, Date, Treasurer

Paid Preparer Use Only Print/Type preparer's name: Scot A. Shepard, CPA, Preparer's signature: Scot A. Shepard, CPA, Date, Check self-employed, PTIN: P00103309, Firm's name: Rogers Wood Hill Starman & Gustason, P.A., Firm's address: 606 Bald Eagle Drive Suite 400 Marco Island, FL 34145-2766, Firm's EIN: 59-1362099, Phone no.: (239) 394-7502

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization Friends of Fakahatchee, Inc.	Employer identification number 59-3511352
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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?

	Yes	No
(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?.....	11 g (i)	
(ii) A family member of a person described in (i) above?.....	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?.....	11 g (iii)	

(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									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test – 2013. 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 – 2012. 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 – 2013. 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 – 2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	15,154.	60,056.	67,547.	101,567.	133,058.	377,382.
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.	56,701.	73,638.	12,550.	25,233.	21,949.	190,071.
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.	71,855.	133,694.	80,097.	126,800.	155,007.	567,453.
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.)						567,453.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.	71,855.	133,694.	80,097.	126,800.	155,007.	567,453.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,735.	2,722.	3,031.	2,534.	2,335.	12,357.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	1,735.	2,722.	3,031.	2,534.	2,335.	12,357.
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.)	73,590.	136,416.	83,128.	129,334.	157,342.	579,810.

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 2013 (line 8, column (f) divided by line 13, column (f)).	15	97.87 %
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	97.04 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)).	17	2.13 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17.	18	2.96 %

19a 33-1/3% support tests – 2013. 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 – 2012. 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.

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**
▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization Friends of Fakahatchee, Inc.	Employer identification number 59-3511352
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Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 501(c)(3) exempt private foundation
- 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 its Form 990-PF, Part I, line 2, 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, 990EZ, Schedule **B** (Form 990, 990-EZ, or 990-PF) (2013)
or 990-PF.

Name of organization Friends of Fakahatchee, Inc.	Employer identification number 59-3511352
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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	Wildlife Foundation of Florida Miti P.O. Box 11010 Tallahassee, FL 32302	\$ 15,886.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Ebert Charitable Foundation 89101 Old Hwy Taverner, FL 33070	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Tom Maish 3629 Olde Cottage Lane Bonita Springs, FL 34134	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Friends of Fakahatchee, Inc.	Employer identification number 59-3511352
---	---

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

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

Name of organization: Friends of Fakahatchee, Inc. Employer identification number: 59-3511352

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) 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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Friends of Fakahatchee, Inc.

Employer identification number

59-3511352

Part I 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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- 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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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.

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
		Tram Tours (event type)	(event type)	None (total number)	(add column (a) through column (c))
1	Gross receipts.....	15,436.			15,436.
2	Less: Charitable contributions.....				
3	Gross income (line 1 minus line 2).....	15,436.			15,436.
DIRECT EXPENSES	4	Cash prizes.....			
	5	Noncash prizes.....			
	6	Rent/facility costs.....			
	7	Food and beverages.....			
	8	Entertainment.....			
	9	Other direct expenses.....	1,998.		
10	Direct expense summary. Add lines 4 through 9 in column (d).....				1,998.
11	Net income summary. Subtract line 10 from line 3, column (d).....				13,438.

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	Noncash prizes.....			
	4	Rent/facility costs.....			
	5	Other direct expenses.....			
6	Volunteer labor.....	Yes _____ % No	Yes _____ % No	Yes _____ % No	
7	Direct expense summary. Add lines 2 through 5 in column (d).....				
8	Net gaming income summary. Subtract line 7 from line 1, column (d).....				

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? Yes 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? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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. 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 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.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Friends of Fakahatchee, Inc.

Employer identification number

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 egologically 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

Client 69068

Friends of Fakahatchee, Inc.

59-3511352

8/18/14

07:39AM

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

Administrative.....	\$	6,085.
Administrative - Training.....		2,381.
Advertising and Promotion.....		723.
Annual Fund Costs.....		475.
Awards.....		190.
Bank Fees.....		1,107.
Boardwalk.....		5,245.
Depreciation.....		8,247.
Dinners.....		4,527.
Dues & Subscriptions.....		325.
Insurance.....		4,268.
Licenses & Permits.....		200.
Lost and Found in Cuba.....		1,078.
Office Expenses.....		507.
Park Support.....		35,095.
Picnics.....		374.
Reservations Service.....		5,590.
Scholarships.....		2,000.
Swamp Walks.....		816.
Website.....		150.
Total	\$	<u>79,383.</u>

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

	<u>Beginning</u>	<u>Ending</u>
Automobiles.....	\$ 11,875.	\$ 30,975.
Inventories.....	2,356.	2,162.
Machinery and Equipment.....	0.	11,009.
Total	<u>\$ 14,231.</u>	<u>\$ 44,146.</u>

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

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 750.	\$ 212.
Total	<u>\$ 750.</u>	<u>\$ 212.</u>

Client 69068

Friends of Fakahatchee, Inc.

59-3511352

8/18/14

07:39AM

Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Title</u>	<u>Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Health Benefits & Contrib- ution to EBP & DC</u>	<u>Estimated Amount Of Other Compen.</u>
Jimene Rinehart Vice President	8	\$ 0.	\$ 0.	\$ 0.
Dennis Giardina Director	0	0.	0.	0.
Glen Stacell Vice President	8	0.	0.	0.
Kathy DaSilva Treasurer	13	0.	0.	0.
Bruce Bunch Director	7	0.	0.	0.
Frank Denninger Director	1	0.	0.	0.
Shaun Floyd Director	0	0.	0.	0.
Francine Stevens President	21	0.	0.	0.
Howard Lubel Director	6	0.	0.	0.
Tina Streeter Director	0	0.	0.	0.
John Kaiser Director	2	0.	0.	0.
Jinny Ball Secretary	7	0.	0.	0.
Rose Flynn Director	3	0.	0.	0.
Patrick Higgins Director	12	0.	0.	0.
Tony Marx Director	4	0.	0.	0.
Ken Shapiro Director	1	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.

CSO Statement on Value of Contributed Services

Park Staff Support – Five full-time employees, work coded to OCA-U2430
(474 man hours @ 15.00hr) **\$7110.00**

Park Facilities Support - Storage of FOF supplies in air-conditioned building
(\$10.00 a month x 12 months) **\$120.00**

In-Kind Support – additional services outside the park staff contributed hours
(Nothing to report) **\$0.00**

List of Program Services:

Program	Visitors Served	Sessions or Days	Total Expenses	Total Revenue
Swamp Walks*	54	6	\$ 100	Gross 5,760
Tram Rides*	260	22	\$ 6,748	Gross 15,436
Interpretive Talks*	Do not keep record as this is on request basis and not scheduled tours.	n/a	n/a	Gross 6,081
Everglades Ultras	380	1	\$0	\$3000
Fundraisers*	44 Orchid restoration	1	1,078	Gross 2,279
Island Cruise*	60	3	\$ 3,209	Gross 4,654
			* \$5,817 is an additional common expenses to all CSO tours.	
Swamp Walks*	54	6	\$ 100	Gross 5,760

Total Program Services:

Expense: \$17,052.00	Revenue:\$42,970.00
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