



**Florida Department of Environmental Protection  
CITIZEN SUPPORT ORGANIZATION  
2021 LEGISLATIVE REPORT  
(pursuant to Section 20.058 Florida Statutes)**

Citizen Support Organization (CSO) Name: **Friends of Fakahatchee (FOF)**

Mailing Address: **PO Box 35- Everglades City FL 34139**

Telephone Number: **239-695-1023**

Website Address (*required if applicable*): **ww.orchidswamp.org**

Check to confirm your Code of Ethics is posted conspicuously on your website.

**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.

**YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS:**

**CSO's Mission:** *Consistent with your Articles and Bylaws*

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

**Describe Last Calendar Year's Results Obtained:** *Brag! List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.*

**FOR FISCAL YEAR 2020**

Due to the COVID 19 Pandemic year 2020 was a very challenging year for the Friends of Fakahatchee (FOF) and unfortunately the position of the Park Manager in transition from April to December created additional challenges, however despite circumstances beyond our control we managed to accomplish the following:

- Donated a Honda ATV to the Park
- Paid for a company to prepare a permit application package for four Wayfinding Kiosks and paid for four County permits all totaling \$6,224. (Kiosks Installation took place in 2021)
- Put a \$21,897 down payment for a Pole barn to protect all park vehicles. Pole Barn will be installed in 2021.
- Continued funding park's need, see 'Program Service Expense' list on this report.

Unfortunately the Pandemic forced us to cancel our tours in March and April 2020 and we refunded \$1,925.00 of ticket sales, we could not resume our tours as usual in the fall to end of year 2020 a revenue loss estimated at \$9,000.00.

**Describe the CSO's Plans for the Next Three Calendar Years:**

**For year 2021-2022-2023**

- Continue commitment to raise funds to support Park staff, according to the specified needs requested by the Park Manager and within the approved FOF Fiscal Year budget.
- Continue seasonal education/interpretation programs and lectures in the community.
- Work with the Park Manager and District in all matters related to the Big Cypress Bend Boardwalk Expansion project. Collier County issued the building permit on 10 April 2019, start of construction is approved for 10 May 2021.
- Fund a documentary video about the historic expansion of the Boardwalk site. \$22,500.00
- Finish the installation of the last of five Wayfinding kiosks, a project funded by the Collier County Tourist Development Council and the FOF totaling \$76,369.00
- Fund the construction of a Pole Barn to shelter park vehicles, project funded by the FOF Annual fund appeal in 2017, 2018, 2020. Total cost of project approx. \$100,000.00
- Fund the restoration of the Visitor Center off of Jane Scenic Drive, cost estimated at \$50,000.00
- Facilitate the management of the Oil Well Road parcel with the purchase of an airboat at \$65,510 to access the parcel. FOF cost are defrayed by the Fish and Wildlife Foundation of Florida General Fund.
- Continue financial support for the Orchid restoration project.
- Continue financial support to keep the approx. 50 year old Boardwalk in good repair.

**CSO's LAST CALENDAR YEAR STATISTICS:**

**Total Number of CSO General Membership: 351**

**Total Number of Board of Directors: Seven Board members in 2020**

**Total Volunteer Hours for the Board of Directors (*Hours from VSys. Work with your parks' volunteer manager*): 789.40**

**PARK & CSO RELATIONSHIP:**

*Keep the summary simple. Save time. Don't duplicate by describing accomplishments and contributions in the summary. Brag in the above Results Obtained. Describe the relationship here.*

**Park Manager's Comments on the CSO & Park Relationship and Support:**

*Provide your perspective on*

- *Changing developments of the park provided by the CSO.*
- *Effectiveness of the organization in fulfilling their purpose to support the park(s).*
- *Effectiveness of the Board of Directors in completing their Annual Program Plan.*
- *The relationship between the park and CSO. What went well? Are there areas of improvement?*

The welcome I received from the FOF upon my arrival here at Fakahatchee was amazing. We are building a great relationship with the same focus on the Park and providing our visitors an amazing experience. An area for improvement is simply increasing the membership to better support the existing member's efforts and increase of park needs. Throughout the year, The FOF have been very involved in listening to and providing the necessary items for the park staff. This has increased the overall morale of the staff in a very trying year. Thank you, FOF!

**CSO President's Comments on the CSO & Park Relationship and Support:**

*Provide your perspective on the relationship between the park and CSO. What went well? Are there areas of improvement?*

The relationship between the CSO Board and the Park was challenging in 2020, mostly because of the sudden departure of Park Manager Steve Houseknecht in April. Fortunately Matt Kruse Park Manager at Collier Seminole was able to take care of matters that needed immediate attention. One pressing matter was the permits that FOF had paid \$1,400 in May 2020 for the installation of Wayfinding kiosks that were at risk of expiring because Mr. Houseknecht had not managed to get his staff to install the kiosks, something he had assured the Board his staff was capable of doing when the kiosks were received in 2019.

Mr. Kruse succeeded in getting an extension for the permits and informed the Board that the installation of the kiosks was beyond park staff capabilities and recommended a general contractor for the installation, this delayed the installation to 2021 at an additional cost to FOF of \$24,000. Aside from unexpected expenses FOF was put in the embarrassing situation of explaining to the Grantor, Collier County Tourism, why in 2020 the FOF still had nothing to show for their generous grant of \$46,719.

In 2020 despite other FOF set-backs while park staff was in a period of transition, the Board of Directors did not waver in its commitment to support the park and remained financially sound. Going forward the future looks promising with Park Manager Allen Murray.

**SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, SPECIFIC PARK(S) SUPPORT:**

**Program Service Expenses** are costs related to providing your organization's programs or services in accordance your mission. For CSO's provide expenses that directly support the park(s). For established nonprofit organizations, program service expenses generally represent most of the overall expense of the organization. For the last calendar year provide totals \$ for each that apply.

Building improvement, construction or renovations	\$23,612
Cultural resources (e.g., historic structure restoration/ renovation)	\$0
Natural resources (e.g., native plants, natural lands restoration)	\$123
Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws)	\$9,396
Other facilities and landscape maintenance	\$0
Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.)	\$4,247
Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.)	\$6,224
Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition)	\$1,081
Big ticket visitor center exhibits or interpretation updates	\$0
Park exhibits, displays, signage	\$0
Park publications, brochures, maps, etc.	\$164
Programing/interpretation support material purchases	\$0
Other program services	\$16,112
<b>Total Program Service Expenses</b>	<b>\$60, 959.00</b>
<b>Total Operating Expenses</b> (Overhead including fees, memberships, postage, rent, utilities, etc.)	<b>\$3,099</b>

**Visitor Services Revenue**

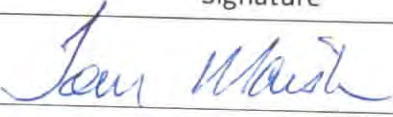

Park gift shops, craft stores and concession sales	\$0
Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.)	\$1,600
Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.)	\$35,511
Vending (e.g., drink machines, penny press, laundry, Wifi, etc.)	\$
Rentals (e.g., bikes, canoe, kayak, SUPs, etc.)	\$0
In-park donation boxes	\$19,552
Other visitor services revenue	\$14,016
<b>Total Visitor Services Revenue</b>	<b>\$70,679</b>
<b>Net Assets</b>	<b>\$475,382</b>

**CSO AUDIT:**

**Total of Last Calendar Year's Expenses (including grants) \$ 106,536**

Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards ([U.S. GAO Yellow Book](#)) when the CSOs annual expenses are \$300,000 including grants. The audit is **due by September 1** (9 months after the CSO's calendar year ends) to the Florida Auditor General and to the Department.

This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes

Title	Name	Signature	Date
CSO President	Tom Maish		17 MAY 2021
Park Manager	Allen Murray		18 May 2021

- CSO's Code of Ethics is attached
- CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N Receipt. All IRS Form 990's must be *complete* with Part III Program Service and *all* appropriate Schedules (A, O and others as appropriate). If filing an IRS extension, attach the IRS 8868 receipt and the most recent 990 and schedules.



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## CODE OF ETHICS POLICY

The Board of Directors of the Friends of Fakahatchee Inc. adopted the following **Code of Ethics Policy** on 12<sup>TH</sup> 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.




## ARTICLE VIII

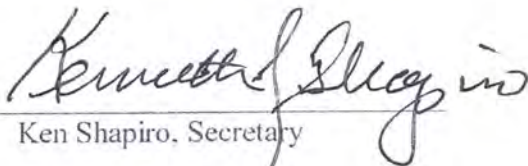
### ~~Conflicts Involving Authorized FOF Concessionaire Sub-contractors.~~

~~Should any Board Member, Officer or Employee of the FOF, during the period of their term of office or employment, develop or seek to develop a personal or business relationship with the FOF, such person(s) shall immediately notify the Board in writing of such developments and shall immediately be deemed to have resigned from any position they may hold as a Member of the Board, Officer or Employee of the FOF, if such person: a) is, or seeks to become, an authorized sub-contractor of the FOF pursuant to the Concessionaire Agreement between the FOF and the State of Florida ("authorized FOF sub-contractor"); or b) holds any financial or equitable interest in an authorized FOF sub-contractor; or, c) is an employee, officer or agent of an authorized sub-contractor; or, d) is related by blood or marriage to any person described in sub-paragraphs a) - c); above.~~

### Conflicts of Interest

Should any Board Member, Officer or Employee of the FOF, during the period of their term of office or employment, develop or seek to develop a personal or business relationship of a type prohibited by the FOF's Policy and Procedure Manual - Policy 027-2020, such person(s) shall immediately notify the Board in writing of such developments and shall immediately be deemed to have resigned from any position(s) they may hold as a Member of the Board, Officer or Employee of the FOF.

  
Glen Stacell, President

  
Ken Shapiro, Secretary

AMENDED November 1, 2020



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

On the 18<sup>th</sup> November 2018

The Board of Directors of the Friends of Fakahatchee Inc. resolved 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.

Patrick Higgins, President

Ken Shapiro

**Short Form**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

▶ Do not enter social security numbers on this form, as it may be made public.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2020 calendar year, or tax year beginning** , 2020, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization FRIENDS OF FAKAHATCHEE INC.		<b>D</b> Employer identification number 59-3511352
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number 2396951023
	PO BOX 35		<b>F</b> Group Exemption Number ▶
	City or town, state or province, country, and ZIP or foreign postal code EVERGLADES CITY, FL 34139		

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I Website:** ▶ [www.orchidswamp.org](http://www.orchidswamp.org)

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

**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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 117,712.

**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 . . . . .

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	29,323.
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	19,889.
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	24,554.
	<b>4</b> Investment income . . . . .	<b>4</b>	3,143.
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</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) . . . . .	<b>6b</b>	26,787.	
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	964.	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	25,823.	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	14,016.	
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	5,528.	
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>	8,488.	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	111,220.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	36,629.
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	675.
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	4,128.
	<b>16</b> Other expenses (describe in Schedule O) . . . . . See Line 16. Stmt . . . . .	<b>16</b>	65,104.
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	106,536.	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	4,684.
	<b>19</b> 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) . . . . .	<b>19</b>	470,698.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	475,382.

**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
<b>22</b> Cash, savings, and investments . . . . .	455,967.	<b>22</b> 470,547.
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	14,731.	<b>24</b> 4,835.
<b>25</b> Total assets . . . . .	470,698.	<b>25</b> 475,382.
<b>26</b> Total liabilities (describe in Schedule O) . . . . .		<b>26</b>
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	470,698.	<b>27</b> 475,382.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Part III Stmt

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

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

<b>28</b> THE FRIENDS OF FAKAHATCHEE INC, A 501 (c) 3 NOT FOR PROFIT CORPORATION, IS THE CITIZEN SUPPORT ORGANIZATION (CSO) OF THE FAKAHATCHEE STRAND PRESERVE STATE PARK, THE LARGEST CYPRESS STRAND SWAMP IN THE WORLD AND THE DEEPEST SLOUGH IN THE GREATER EVERGLADES. (Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	60,242.
<b>29</b> _____ _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> _____ _____ (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .	<b>32</b>	60,242.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GLEN STACELL PRESIDENT	5.00	0.	0.	0.
FRANCINE STEVENS EXECUTIVE DIRECTOR	35.00	33,000.	0.	0.
PHIL MCGUIRE TREASURER	3.00	0.	0.	0.
ANDREW TYLER VP	5.00	0.	0.	0.
DON LEONARD DIRECTOR	8.00	0.	0.	0.
JOHN KAISER DIRECTOR	5.00	0.	0.	0.
KEN SHAPIRO SECRETARY	3.00	0.	0.	0.
TOM DESFOSSES DIRECTOR	2.00	0.	0.	0.
TOM MAISH DIRECTOR EX OFFICIO	6.00	0.	0.	0.

	<b>Yes</b>	<b>No</b>
<b>46</b> 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	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

	<b>Yes</b>	<b>No</b>
<b>47</b> 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	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	X
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	
<b>50</b> Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

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

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

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

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

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

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  **Yes**  **No**

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

<b>Sign Here</b>	▶ Signature of officer	03/21/2021
	PHIL MCGUIRE, TREASURER	Date
	▶ Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARK CURTIS	Preparer's signature MARK CURTIS	Date 05/01/2021	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00741497
	Firm's name ▶ MARK CURTIS CPA	Firm's EIN ▶ 59-3547540			
	Firm's address ▶ 2280 SANTA BARBARA BLVD UNIT B, NAPLES, FL 34116	Phone no. (239) 455-2235			

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

**Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Line 16: Other Expenses**

**Continuation Statement**

Description	Amount
ADMINISTRATIVE	3,099.
MEMBERSHIP	494.
BOARDWALK EXPANSION	3,283.
PARK SUPPORT	51,516.
TOURS & EDUCATION	1,062.
Depreciation	5,650.
<b>Total</b>	<b>65,104.</b>

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Part III: Purpose**

**Continuation Statement**

Organization's Primary Exempt Purpose
THE FRIENDS OF FAKAHATCHEE INC PROVIDE FINANCIAL AND
VOLUNTEER SUPPORT TO PRESERVE THE UNIQUE ECOLOGY
AND CULTURAL HERITAGE OF THE FAKAHATCHEE STRAND PRESERVE
STATE PARK AND TO EDUCATE THE PUBLIC ABOUT ITS IMPORTANCE.



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>Name of the organization</b> FRIENDS OF FAKAHATCHEE INC.	<b>Employer identification number</b> 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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62,402.	86,894.	77,725.	53,146.	61,142.	341,309.
<b>2</b> 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 . . . .	10,408.	27,756.	65,574.	96,324.	53,427.	253,489.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	72,810.	114,650.	143,299.	149,470.	114,569.	594,798.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						594,798.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . . .	72,810.	114,650.	143,299.	149,470.	114,569.	594,798.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,493.	2,124.	3,392.	7,593.	3,143.	17,745.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	1,493.	2,124.	3,392.	7,593.	3,143.	17,745.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	74,303.	116,774.	146,691.	157,063.	117,712.	612,543.
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	97.1 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	97.41 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	2.9 %
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	2.59 %

**19a 33 1/3% support tests—2020.** 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—2019.** 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 O  
(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

FRIENDS OF FAKAHATCHEE INC.

59-3511352

Pt I, Line 16:

Description: ADMINISTRATIVE \$3,099

Description: MEMBERSHIP \$494

Description: BOARDWALK EXPANSION \$3,283

Description: PARK SUPPORT \$51,516

Description: TOURS & EDUCATION \$1,062

Description: Depreciation \$5,650

Pt II, Line 24:

Description: NET ASSETS Beginning of Year: \$14,731 End of Year: \$4,835

Name as Shown on Return  
FRIENDS OF FAKAHATCHEE INC.

Employer Identification No.  
59-3511352

<b>Line 24 - Other Assets:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
NET ASSETS	14,731.	4,835.
<b>Totals to Form 990-EZ, Part II, line 24.</b> . . . . .	14,731.	4,835.

<b>Line 26 - Total Liabilities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
<b>Totals to Form 990-EZ, Part II, line 26.</b> . . . . .		

**Additional information from your 2020 Federal Exempt Tax Return****Form 990-EZ: Short Form Return of Organization Exempt from Income Tax****ProgramSrvAccomplishmentGrp (1)****Line 28, Expenses****Itemization Statement**

Description	Amount
boardwalk expansion	3,283.
park support	55,897.
tours & education	1,062.
<b>Total</b>	<b>60,242.</b>