



Florida Department of Environmental Protection

**CITIZEN SUPPORT ORGANIZATION  
2019 LEGISLATIVE REPORT  
(pursuant to Section 20.058 Florida Statutes)**

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

Mailing Address: 137 Coastline Dr. Copeland FL 34139

Telephone Number: 239-695-1023                      Website Address (if applicable): www.orhicswamp.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.

**CSO's Mission:** *Consistent with 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.

**Description of the CSO's Results Obtained:** *Expand section as necessary to be complete*

**2018 Major accomplishment**

FOF's bid proposal for a Concessionaire Agreement was accepted by DEP and the Agreement contract was executed in August 2018. FOF implemented a permit system effective November 2018 for all tour operators wishing to continue conducting their tour business in the Park. The FOF in its Concessionaire capacity was instrumental in assisting the Park Manager to capture control of the Park in addition to produce a significant increase in Park admission revenue that will be reflected in the 2019 fiscal year report.

**2018 Park improvements**

-Thanks to a \$13,000 grant from Naples Garden Club a 14' X 20' Chickee Hut was erected at the start of the Big Cypress Bend Boardwalk, this structure serves as an "Outdoor Classroom" and is part of the Boardwalk Expansion project.

-Thanks to a \$2,500 grant from Lee County Electric Cooperative (LCEC), the Janes Scenic visitor center was equipped with a display cabinet to showcase a natural history collection, an outdoor message board, and a generous supply of brochures and maps, improving volunteers' capacity to inform and orient visitors for their journey on Jane Scenic, hikes on trails and visits to the Boardwalk.

### **Fundraising efforts and accomplishments**

- FOF educational tours program; swamp walks, tram tours, group tours & lectures generated a \$25,000 revenue.
- Funded the Orchid restoration program/expedition to Cuba. \$940.
- Funded a helicopter for a prescribe burn. \$2,970.00
- Funded Boardwalk repairs. \$4,637
- Funded repairs and maintenance for the Park. \$16,000
- Funded the Annual Volunteer Appreciation picnic.
- For a second year FOF's Annual Fund Appeal raised funds for a Pole Barn, generating a grand total of \$20,292.00
- Thanks to a \$46,720 grant from Collier County Tourist Development Council FOF funded six Wayfinding kiosks to be installed in the park in 2019.

**In the year 2018** the Friends of Fakahatchee (FOF) volunteers were essential to assist Park staff, thousands of hours were devoted to the following:

- Ongoing maintenance and repair of the Big Cypress Bend Boardwalk
- Ongoing maintenance of the unpaved Janes Scenic drive.
- Clearing of hiking trails
- Environmental data collection, habitat survey, exotic plant control and removal.
- Preparation of all trails for the Annual Everglades Ultra 50 mile Marathon in February, including support on the day of the marathon before sunrise and late into the evening.
- Volunteers began clearing a new trail for visitors called "Loop trail" at gate 2 just 2.4 miles from Janes Scenic entrance.

**2018 ended in celebratory note** with a groundbreaking ceremony for the Boardwalk Expansion project followed by the FOF 20<sup>th</sup> Anniversary luncheon.

### **Description of the CSO's Plans for the Next Three Fiscal Years: *Expand section as necessary to be complete***

#### **For fiscal year 2019-20-21**

**Continue commitment to raise funds to support Park staff and provide volunteer manpower for the maintenance of the Park, its facilities, equipment and vehicles in accordance with the specified needs requested by the Park Manager and within the approved FOF Fiscal Year budget.**

- Continue the FOF Annual Fund Appeal, seasonal education/interpretation programs and lectures in the community.

**-Support the Orchid Restoration project.**

**-Work closely with the Park Manager and District in all matters related to the Big Cypress Bend Boardwalk Expansion project. Phase I and II of this project is funded and Collier County issued a building permit on 10 April 2019, start of construction is unknown at this time.**

**-Work closely with Park Manager, in all matters related to the FOF'S role and responsibility as the Concessionaire in the Park.**

**- Assist the Park with the installation of the Wayfinding kiosks, a project funded by the Collier County Tourist Development Council. This is a Concessionaire Capital Improvement.**

**-With the Park Manager, carry through with the construction of a Pole Barn to shelter park vehicles, project funded by the FOF Annual fund appeal. This is a Concessionaire Capital Improvement.**

**-With the Park Manager begin the project of closing the current Boardwalk entrance including landscaping, funded by Boardwalk Expansion donations. This is a Concessionaire Capital Improvement.**

**-Continue assisting Park staff with the creation of the new Loop Trail.**

**- Subject to DEP approval, pursue a RAMSAR designation for the Fakahatchee and or a Wetland of Distinction designation.**

- CSO's Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously.**
- CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. If filing the 990-N the Department requires the 990 or 990-EZ as a worksheet. All IRS Form 990's must be complete with Part III Program Service and all appropriate Schedules (See attached instructions).**



OrchidSwamp.org

## 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.

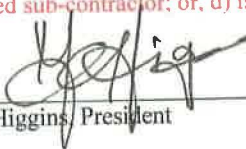
1. Each director, principal officer and member of a committee with governing board-delegated powers shall annually sign a statement which affirms such person:
  - a. Has received a copy of the Code of Ethics Policy.
  - b. Has read and understands the Policy.
  - c. Has agreed to comply with the Policy, 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.

  
Patrick Higgins, President

  
Ken Shapiro, Secretary

**AMENDED 18<sup>th</sup> NOVEMBER 2018**

**Short Form**

**Return of Organization Exempt From Income Tax**

**2018**

**Open to Public Inspection**

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.

▶ 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 2018 calendar year, or tax year beginning **2018**, 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 <b>FRIENDS OF FAKAHATCHEE INC.</b>		<b>D</b> Employer identification number <b>59-3511352</b>
	Number and street (or P.O. box, if mail is not delivered to street address) <b>PO BOX 35</b>	Room/suite	<b>E</b> Telephone number <b>(239) 695-1023</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>EVERGLADES CITY, FL 34139</b>		<b>F</b> Group Exemption Number ▶
	<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		

**I** Website: ▶ **N/A**

**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 . . . . . ▶ \$ **152,689.**

**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>	<b>78,993.</b>	
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	<b>44,017.</b>	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	<b>21,557.</b>	
	<b>4</b>	Investment income . . . . .	<b>4</b>	<b>3,400.</b>	
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	<b>4,722.</b>	
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	<b>8,841.</b>	
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	<b>-4,119.</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>		
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>			
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>			
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>			
<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>			
<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>	<b>143,848.</b>		
<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>	<b>31,539.</b>	
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<b>1,073.</b>	
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<b>6,217.</b>	
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>1,823.</b>	
	<b>16</b>	Other expenses (describe in Schedule O) . . . . . See Line 16. Stmt . . . . .	<b>16</b>	<b>121,289.</b>	
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	<b>161,941.</b>		
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<b>-18,093.</b>	
	<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>	<b>440,477.</b>	
	<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>	<b>422,384.</b>	



**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	402,761.	<b>22</b> 401,396.
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe in Schedule O)	37,716.	<b>24</b> 20,988.
<b>25</b> <b>Total assets</b>	440,477.	<b>25</b> 422,384.
<b>26</b> <b>Total liabilities</b> (describe in Schedule O)		<b>26</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	440,477.	<b>27</b> 422,384.

**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>	61,464.
<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> <b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	61,464.

**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
PATRICK HIGGINS PRESIDENT	25.00	0.	0.	0.
FRANCINE STEVENS EXECUTIVE DIRECTOR	30.00	29,000.	0.	0.
SCOTT GELTEMEYER TREASURER	1.50	0.	0.	0.
THOMAS MAISH DIRECTOR	6.00	0.	0.	0.
BRUCE BUNCH DIRECTOR	3.00	0.	0.	0.
ANDREW TYLER DIRECTOR	3.50	0.	0.	0.
GAYLE NORTON DIRECTOR	2.00	0.	0.	0.
DON LEONARD DIRECTOR	4.50	0.	0.	0.
CHRIS GAIR DIRECTOR	0.50	0.	0.	0.
KEN SHAPIRO DIRECTOR	4.00	0.	0.	0.
GLEN STACELL DIRECTOR	4.00	0.	0.	0.

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of FRANCINE STEVENS Telephone no. (239) 695-1023 Located at 27423 PELICAN RIDGE CIRCLE, BONITA SPRINGS FL ZIP + 4 34135		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	X



		Yes	No
<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 . . . . .	<b>46</b>	<b>X</b>

**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 . . . . .

		Yes	No
<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 . . . . .	<b>47</b>	<b>X</b>
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	<b>X</b>
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	<b>X</b>
<b>b</b>	If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	
<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	03/01/2019
	SCOTT GELTEMEYER, TREASURER	Date
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	MARK CURTIS	MARK CURTIS	03/12/2019		P00741497
	Firm's name ▶ MARK CURTIS CPA	Firm's EIN ▶ 59-3547540		Phone no. (239) 455-2235	
	Firm's address ▶ 2280 SANTA BARBARA BLVD UNIT B, NAPLES, FL 34116-5438				

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
ADVERTISING/PROMOTION	2,206.
BANK CHARGE	872.
REPAIRS & MAINTENANCE	80,948.
AUTOMOBILE & TRUCKS	7,497.
DUES	388.
OFFICE EXPENSE	2,595.
EVENTS	10,503.
INSURANCE	276.
CONSULTING	431.
TOURS	135.
PARK SUPPLIES	870.
MERCHANDISE	409.
MISCELLANEOUS	56.
OUTSIDE SERVICES	1,750.
Depreciation	12,353.
<b>Total</b>	<b>121,289.</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

**2018**

**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 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five 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>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	124,742.	116,548.	62,402.	86,894.	77,725.	468,311.
<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 . . . .	1,139.	29,911.	10,408.	27,756.	65,574.	134,788.
<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 . . . .	125,881.	146,459.	72,810.	114,650.	143,299.	603,099.
<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.) . . . .						603,099.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 . . . .	125,881.	146,459.	72,810.	114,650.	143,299.	603,099.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .	2,164.	2,081.	1,493.	2,124.	3,392.	11,254.
<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 . . . .	2,164.	2,081.	1,493.	2,124.	3,392.	11,254.
<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.) . . . .	128,045.	148,540.	74,303.	116,774.	146,691.	614,353.
<b>14 First five 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 2018 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	98.17 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . .	<b>16</b>	98.82 %

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	1.83 %
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	1.64 %
<b>19a 33 1/3% support tests—2018.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . .	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support tests—2017.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . .	<input type="checkbox"/>	
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . .	<input type="checkbox"/>	

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		



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

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A— Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B— Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C— Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

<b>Section D – Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E – Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013 . . . . .			
<b>b</b> From 2014 . . . . .			
<b>c</b> From 2015 . . . . .			
<b>d</b> From 2016 . . . . .			
<b>e</b> From 2017 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: <span style="float: right;">\$</span>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014 . . . . .			
<b>b</b> Excess from 2015 . . . . .			
<b>c</b> Excess from 2016 . . . . .			
<b>d</b> Excess from 2017 . . . . .			
<b>e</b> Excess from 2018 . . . . .			





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

OMB No. 1545-0047

**2018**

Name of the organization <b>FRIENDS OF FAKAHATCHEE INC.</b>	Employer identification number <b>59-3511352</b>
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**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>FRIENDS OF FAKAHATCHEE INC.</b>	Employer identification number <b>59-3511352</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JANET AND BRUCE BUNCH CHARITABLE FUND  20789 MYSTIC WAY  NORTH FORT MYERS FL 33917	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COLLIER COUNTY TOURISM DEPT  2660 N HORSESHOE DR STE 105  NAPLES FL 34104	\$ 32,183.	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.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FRIENDS OF FAKAHATCHEE INC.</b>	Employer identification number <b>59-3511352</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>FRIENDS OF FAKAHATCHEE INC.</b>	Employer identification number <b>59-3511352</b>
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**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 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

(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 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.

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

FRIENDS OF FAKAHATCHEE INC.

Employer identification number

59-3511352

Pt I, Line 16:

Description: ADVERTISING/PROMOTION \$2,206

Description: BANK CHARGE \$872

Description: REPAIRS & MAINTENANCE \$80,948

Description: AUTOMOBILE & TRUCKS \$7,497

Description: DUES \$388

Description: OFFICE EXPENSE \$2,595

Description: EVENTS \$10,503

Description: INSURNACE \$276

Description: CONSULTING \$431

Description: TOURS \$135

Description: PARK SUPPLIES \$870

Description: MERCHANDISE \$409

Description: MISCELLANEOUS \$56

Description: OUTSIDE SERVICES \$1,750

Description: Depreciation \$12,353

### Additional information from your 2018 Federal Exempt Tax Return

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

Line 16: Other Expenses (1)

Line 16, Amount

Itemization Statement

Description	Amount
	227.
	52.
	1,927.
<b>Total</b>	<b>2,206.</b>

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

Line 16: Other Expenses (2)

Line 16, Amount

Itemization Statement

Description	Amount
	515.
	367.
	-10.
<b>Total</b>	<b>872.</b>

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

Line 16: Other Expenses (3)

Line 16, Amount

Itemization Statement

Description	Amount
	4,638.
	15,240.
	-394.
	61,464.
<b>Total</b>	<b>80,948.</b>

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

Line 16: Other Expenses (4)

Line 16, Amount

Itemization Statement

Description	Amount
	787.
	6,710.
<b>Total</b>	<b>7,497.</b>

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

Line 16: Other Expenses (5)

Line 16, Amount

Itemization Statement

Description	Amount
	256.



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

Line 16: Other Expenses (5)

Line 16, Amount

Itemization Statement

Description	Amount
	132.
<b>Total</b>	<b>388.</b>

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

Line 16: Other Expenses (6)

Line 16, Amount

Itemization Statement

Description	Amount
	718.
	417.
	119.
	1,341.
<b>Total</b>	<b>2,595.</b>

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

Line 16: Other Expenses (7)

Line 16, Amount

Itemization Statement

Description	Amount
	110.
	6,311.
	1,082.
	1,000.
security deposits	2,000.
<b>Total</b>	<b>10,503.</b>

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

Line 16: Other Expenses (=)

Line 16, Amount

Itemization Statement

Description	Amount
	65.
	118.
	100.
	-227.
<b>Total</b>	<b>56.</b>

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

Line 1

Itemization Statement

Description	Amount
	13,259.
	29,331.
	2,950.

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

**Line 1**

**Itemization Statement**

Description	Amount
	32,185.
TRANSFER FROM RESTRICTED EQUITY	1,268.
<b>Total</b>	<b>78,993.</b>

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

**Line 2**

**Itemization Statement**

Description	Amount
	1,442.
	3,204.
	12,610.
	2,920.
	24,110.
	-269.
<b>Total</b>	<b>44,017.</b>

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

**Line 4**

**Itemization Statement**

Description	Amount
	3,392.
	8.
<b>Total</b>	<b>3,400.</b>

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

**Line 5a**

**Itemization Statement**

Description	Amount
	2,970.
	1,752.
<b>Total</b>	<b>4,722.</b>

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

**Line 5b**

**Itemization Statement**

Description	Amount
	2,970.
	4,377.
	1,494.
<b>Total</b>	<b>8,841.</b>

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

**Line 12**

**Itemization Statement**

Description	Amount
	29,000.

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

Line 12

Itemization Statement

Description	Amount
	2,450.
	278.
	-189.
<b>Total</b>	<b>31,539.</b>

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

Line 13

Itemization Statement

Description	Amount
	600.
	246.
	227.
<b>Total</b>	<b>1,073.</b>

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

Line 14

Itemization Statement

Description	Amount
	962.
	1,540.
	1,081.
	2,634.
<b>Total</b>	<b>6,217.</b>

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

Line 15

Itemization Statement

Description	Amount
	120.
	161.
	758.
	1,390.
	-842.
	81.
	155.
<b>Total</b>	<b>1,823.</b>