

# Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2023 LEGISLATIVE REPORT (pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name:	
Mailing Address:	
Telephone Number:	
Website Address (required if applicable):	

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)

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

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

## CSO's LAST CALENDAR YEAR STATISTICS:

**Total Number of CSO General Membership:** 

Total Number of Board of Directors:

Total Volunteer Hours for the Board of Directors (From VSys - Work with your parks' volunteer manager):

#### PARK & CSO RELATIONSHIP:

Do not duplicate by describing accomplishments and contributions in the summary. <u>Brag</u> in the above Results Obtained. Below, describe the <u>relationship</u>.

#### 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?

### 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?

## SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, DIRECT PARK(S) SUPPORT & REVENUES:

**Program Services** are costs related to providing your organizations' programs or services in accordance with your mission. Describe and provide expenses that <u>directly support the park(s)</u>. For established nonprofit organizations, program service expenses generally represent most of the overall expenses of the organization. For the last calendar year provide the total \$ for each that apply. Do not use commas.

- Building improvement, construction, or renovations \$
- Cultural resources (e.g., historic structure restoration/ renovation) \$
  - Natural resources (e.g., native plants, natural lands restoration) \$
- Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws) \$
  - Other facilities and landscape maintenance \$
  - Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.) \$
- Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.) \$
- Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition) \$
  - Big ticket visitor center exhibits or interpretation updates \$
    - Park exhibits, displays, signage \$
    - Park publications, brochures, maps, etc. \$
    - Programing/interpretation support material purchases \$
      - Other program services \$

### Total Program Service Expenses \$

Visitor Services Revenue are revenues and the sources generated from fundraising on park property. Do not use commas.

- Park gift shops, craft stores, and concession sales \$
- Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$
- Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$
  - Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$
    - Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$
      - In-park donation boxes \$
      - Other visitor services revenue \$
      - Total Visitor Services Revenue \$

### NET ASSETS: \$

Organizations end of last year's <u>Total Assets minus Total Liabilities</u>. This is <u>not</u> the above's Visitor Service Revenue minus Program Service Expenses.

### **CSO AUDIT THRESHOLD:**

## Last Calendar Year's Total Expenses (including grants) \$

Are the CSO's annual total expenses \$300,000 including grants? Then Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards (U.S. GAO Yellow Book). 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.

### **CONFIRM ATTACHMENTS:**

### Code of Ethics

The most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. All IRS Form 990's must be <u>complete</u> with Part III Program Service and <u>all</u> appropriate Schedules (A, O, and others as appropriate). If filing an IRS extension, attach the IRS 8868 receipt and the most recent complete 990 and schedules.

# 2023 CSO Legislative Report Acknowledgement This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes

Signature: Jeffrey L. Forbes Date: 2023.06.05 12:42:12 - 04'00'

Print Name: \_\_\_\_\_\_\_\_\_L. Forbes

\_\_\_\_, CSO President , Inc.

\_, Park Manager

Friends of Paynes Prairie Date: 6/5/2023

Signature: Kevin G. Patton Digitally signed by Kevin G. Patton Date: 2023.06.05 16:26:55 -04'00'

Print Name: Kevin G. Patton

Date: 6/5/2023

# FOPP Code of Ethics – Adopted by the board September 2014

# FRIENDS OF PAYNES PRAIRIE INC. CODE OF ETHICS

# PREAMBLE

- (1) It is essential to the proper conduct and operation of Friends of Paynes Prairie Inc. (herein "FOPP") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of FOPP board members, officers, and employees in the performance of their official duties.

## **STANDARDS**

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Fla. Stat., to be observed by FOPP board members, officers, and employees.

### 1. Prohibition of Solicitation or Acceptance of Gifts

No FOPP board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the FOPP board member, officer, or employee would be influenced thereby.

### 2. Prohibition of Accepting Compensation Given to Influence a Vote

No FOPP board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the FOPP board member, officer, or employee was expected to participate in his or her official capacity.

### 3. Salary and Expenses

No FOPP board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a FOPP board member or officer, as provided by law.

# FOPP Code of Ethics – Adopted by the board September 2014

## 4. Prohibition of Misuse of Position

A FOPP board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

### 5. Prohibition of Misuse of Privileged Information

No FOPP board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

### 6. Post-Office/Employment Restrictions

A person who has been elected to any FOPP board or office or who is employed by a FOPP may not personally represent another person or entity for compensation before the governing body of the FOPP of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

### 7. Prohibition of Employees Holding Office

No person may be, at one time, both a FOPP employee and a FOPP board member at the same time.

### 8. Requirements to Abstain From Voting

A FOPP board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the FOPP board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the FOPP board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

### 9. Failure to Observe FOPP Code of Ethics

Failure of a FOPP board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position. Further, failure of the FOPP to observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the FOPP.

	990-E	7
Form	330-L	

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

OMB No. 1545-0047 2022

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 for instructions and the latest information.

Open to Public Inspection

Depa Inter	artment on nal Reve	bo not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.		Inspection
AF	or the	2022 calendar year, or tax year beginning 01/01/2022 and ending	12/31/202	2
-	heck if a Address o			entification number 9-2968338
	Name cha nitial retu Final retu		2-377-6329	
		on pending Micanopy, FL 32667	Group Exer Number	
IW	/ebsite	e: www.prairiefriends.org requ	uired to atta	organization is <b>not</b> ach Schedule B
KF	orm of	mpt status (check only one)	m 990). ets	
(Par	t II, col	lumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	123,219
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst Check if the organization used Schedule O to respond to any question in this Part I.		
	1	Contributions, gifts, grants, and similar amounts received	. 1	73,073
	2	Program service revenue including government fees and contracts	. 2	0
	3	Membership dues and assessments	. 3	7,825
	4	Investment income	. 4	658
	5a	Gross amount from sale of assets other than inventory 5a	0	
	b	Less: cost or other basis and sales expenses	0	
	с 6	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events:	. 5c	0
ne	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	0	
Revenue	b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 6b	568	
	c d	그가 잘 많은 것은 것으로 한 것을 것 같아. 이는 것을 많은 것을 만들어야 한 것 것을 알 때 가지 않는 것 같아. 이는 것 않아. 이는 것 않아.	991	5,577
	7a	Gross sales of inventory, less returns and allowances	A CONTRACTOR OF	ojuri
	b	Less: cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		5,100
	8	Other revenue (describe in Schedule O)		64
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		92,297
	10	Grants and similar amounts paid (list in Schedule O)	. 10	17,435
	11	Benefits paid to or for members	. 11	3,342
ŝ	12	Salaries, other compensation, and employee benefits	. 12	0
Expenses	13	Professional fees and other payments to independent contractors	. 13	8,172
be	14	Occupancy, rent, utilities, and maintenance	. 14	2,157
ŵ	15	Printing, publications, postage, and shipping		758
	16	Other expenses (describe in Schedule O)	. 16	5,459
	17	Total expenses. Add lines 10 through 16	. 17	37,323
Net Assets	18 19	Excess or (deficit) for the year (subtract line 17 from line 9)	. 18 th	54,974
As	1	end-of-year figure reported on prior year's return)		160,394
Vet	20	Other changes in net assets or fund balances (explain in Schedule O)		0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	. 21	215,368
For	Paper	work Reduction Act Notice, see the separate instructions. Cat. No. 106421		Form 990-EZ (2022)

-	90-EZ (2022)					Page 2
Par		and the second				
_	Check if the organization used Schedul	e O to respond to a			• •	
	0.1			(A) Beginning of year	00	(B) End of year
22	Cash, savings, and investments			154,126		215,608
23	Land and buildings		· · · · · · · · -		23	0
24	Other assets (describe in Schedule O)			6,268		0
25				160,394	_	215,608
26	Total liabilities (describe in Schedule O)				26	240
27	Net assets or fund balances (line 27 of colum			160,394	27	215,368
Part	그는 것 같은 것 같					Expenses
	Check if the organization used Schedul				(Rec	quired for section
What	is the organization's primary exempt purpose?	Support Paynes Pra	irie State Park, Florid	a		(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompl easured by expenses. In a clear and concise r ons benefited, and other relevant information for e	manner, describe the	f its three largest pr e services provided	ogram services, the number of	orga	anizations; optional for ers.)
28	We supported the park management of Paynes Pra	irie Preserve State par	k. We purchased nee	ded	11	
	equipment, rented needed equipment, Repaired equipment					
	(Continued on Schedule O. Statement 1)					
		t includes foreign gra	nts, check here .	🔲	28a	17,435
29		0.0			-	
1000						
						10
	(Grants \$ ) If this amoun	t includes foreign gra	nts. check here		29a	
30		r niena see nereigin gre				
				*******************		
1.1				********************		
1.6	(Grants \$ ) If this amoun	t includes foreign gra	nts check here		30a	
	Other program services (describe in Schedule O)				000	
		t includes foreign gra			31a	
	Total program service expenses (add lines 28a	through 31a)	ints, check here .	· · · · · · ·	32	
Part			and the second se			
Fait	Check if the organization used Schedul					
_	Check if the organization used Schedul			arriv	÷	••••
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	1	Estimated amount of other compensation
Jeffre	ey Forbes	6.00	0	3	0	0
Presi						
Jean	nie Bobroff	6.00	0	1	0	0
Vice-	President					
Jame	es P Ross	6.00	0	1	0	0
Treas						
	k Saier	2.00	0	1	0	0
	tor and registered agent	-				
	thy Smiljanich	4.00	0	<u> </u>	0	0
Direc		-				
A	n Main	2.00	0		0	0
Direc		-			Ĭ	
	cia Kromer	4.00	0	S	0	0
			0		"	
Direc		2.00	0		0	0
	n Ruffino	2.00	0		"	U
Direc			······································	£		
	a Earl Scales	6.00	0		0	0
Direc				1	-	
	e Bagley	6.00	0		0	0
Direc					-	
(Con	tinued on Schedule O, Statement 2)	-		1		

-	90-EZ (2022)			age 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
-		2 r circ	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
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	00		Y
	change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		1
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		1
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b			1
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			1
b	Gross receipts, included on line 9, for public use of club facilities		η.	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911: 0; section 4912: 0; section 4955: 0			Q 1
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	S		8
	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		-	1
		40b		~
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	in I	1
41	List the states with which a copy of this return is filed:	1.0000	-	
42a	그렇게 선생님이는 정말 것과 지금 정말, 그가 마련되었는 것과 것에 다섯 것이 것이다. ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	352-37	7-632	9
	Located at: 1807 sw 63 ave, Gainesville, FL 32608 ZIP + 4	326	608	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		1
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	9.9	• •	E
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
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		1
с	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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	2	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	1
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			1
	Form 990-EZ. See instructions	45b		1

Form 990-EZ (2022)

Form 990	)-EZ (2	022)							F	Page 4
		ne organization engage, directly or in							Yes	No
Part V	/1	ndidates for public office? If "Yes," c Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51.	s <b>Only</b> s must answer que	estions 47–49b an	d 52, a	and cor	-	-	for lin	es
		Check if the organization used Sch	nedule O to respon	d to any question ir	n this F	Part VI	a - a - a -			
		he organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec					Yes	No
48 49a b 50	Is the Did th If "Ye Comp	organization a school as described in ne organization make any transfers to s," was the related organization a se plete this table for the organization's pyees) who each received more than	section 170(b)(1)(A)( an exempt non-cha ction 527 organization five highest comper	(ii)? If "Yes," complet aritable related orga on?	e Sche nization	edule E n? 	ers, directo	. 48 . 49a . 49b ors, truste	es, an	✓ ✓
1	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS 1099-NEC)	cont		o employee nd deferred	(e) Estimate other cor		
None								_		
	~~~									
						_				
		number of other employees paid ove			nt cont	tractors	who each	received	more	tha
	\$100	000 of compensation from the organ	ization. If there is no	one, enter "None."						
None	(a)	Name and business address of each independe	ent contractor	(b) Type of s	ervice	-	(0)	Compensat	ion	
						-				
				-		-				
				-						
-00000				-						
52	Did t	number of other independent contra the organization complete Schedu leted Schedule A	le A? Note: All se					and the second se	. 🗆 1	No
		of perjury, I declare that I have examined this re d complete. Declaration of preparer (other than						owledge and	d belief,	it is
Sign		Signature of officer				Date			_	
Here		Jeffrey Forbes, President								
Paid		Type or print name and title Print/Type preparer's name	Preparer's signature		Date		Check Check Check			
Prepa Use C		Firm's name				Firm's				
0300	iny	Firm's address				Phon	e no.			
May the	e IRS	discuss this return with the preparer	shown above? See	instructions	5 5	1.11	2-2-2-	. 🗌 Yes	; 🗆 I	No

SCHEDULE A	
(Form 990)	

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

De

(D)

(E) Total 20 -lie

OMB No. 1545-0047

	al Revenue Service Go	to www.irs.gov/Fa	orm990 for instructions a	nd the late	st informa	tion.	Inspection
Name	of the organization					Employer identification	number
1.1.1.1	NDS OF PAYNES PRAIRIE INC				1.11	59-29	LE BR C.
Par							ons.
The of 1 2 3 4	<ul> <li>A church, convention of church</li> <li>A school described in section</li> <li>A school described in section</li> <li>A hospital or a cooperative ho</li> <li>A medical research organization</li> <li>hospital's name, city, and state</li> </ul>	hes, or associat <b>170(b)(1)(A)(ii)</b> . spital service or on operated in c e:	tion of churches descr (Attach Schedule E (F ganization described i conjunction with a hosp	ibed in se form 990) In <b>section</b> pital desc	ection 17 .) n 170(b)(1 ribed in s	10(b)(1)(A)(i). 1)(A)(iii). section 170(b)(1)(A)(	
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6	A federal, state, or local gover	nment or govern	nmental unit described	in sectio	on 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)		the second se	port from	a gover	nmental unit or from	the general public
8	A community trust described i	n section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-gra university:						
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and ur	unctions, subject to ce prelated business taxa	rtain exce	eptions; a le (less s	and (2) no more than ection 511 tax) from	331/3% of its
11	An organization organized and	operated exclu	sively to test for public	c safety. S	See sect	ion 509(a)(4).	
12	An organization organized and one or more publicly supported the box on lines 12a through 12	d organizations of	described in section 5	09(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check
а	<b>Type I.</b> A supporting organ the supported organization supporting organization. <b>Y</b>	n(s) the power to	regularly appoint or e	elect a ma	jority of t	a second s	
b	<ul> <li>Type II. A supporting orga control or management of organization(s). You must</li> </ul>	the supporting of	organization vested in	the same			
c	Type III functionally integ its supported organization						Illy integrated with,
d	Type III non-functionally that is not functionally inte requirement (see instructionally)	grated. The orga	anization generally mu	st satisfy	a distribu	ution requirement an	
e	functionally integrated, or	Type III non-fund	ctionally integrated sup	pporting o	organizat		II, Type III
f	The real state is an interest of the state of the				* * *		
g	Provide the following informatio	n about the sup	ported organization(s).		2.5		Sector Sector
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization Ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)						1	
(B)	A	· · · · · ·					
(C)							

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

#### Schedule A (Form 990) 2022

Socti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,454	11,504	23,784	29,125	80,898	184,765
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	21,619	28,939	13,469	32,648	39,590	136,265
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	1,650	1,700	1,700	3,078	3,500	11,628
6	Total. Add lines 1 through 5.	62,723	42,143	38,953	64,851	123,988	332,658
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons	0	0	0	0	120/000	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	20,000	3,000	8,000	18,000	34,600	83,600
c	Add lines 7a and 7b	20,000	3,000	8,000	18,000	34,600	83,600
8	Public support. (Subtract line 7c from line 6.)						249,058
	on B. Total Support		a second a				14
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .	62,723	42,143	38,953	64,851	123,988	332,658
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0			0		0
с	Add lines 10a and 10b	687	32	22	39	722	1,502
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	63,410	42,175	38,975	64,890	124,710	334,160
14	First 5 years. If the Form 990 is for the organization, check this box and stop her	organization's	first, second,	third, fourth,	or fifth tax yea		501(c)(3)
Secti	on C. Computation of Public Support						
15	Public support percentage for 2022 (line 8	, column (f), div	vided by line 1	3, column (f))		15	74.53 %
16	Public support percentage from 2021 Sch	edule A, Part II	l, line 15 .	e e e a a se	a acara	16	57.26 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2022 (I					17	0.45 %
18 19a	Investment income percentage from 2021 33 <sup>1</sup> / <sub>3</sub> % support tests – 2022. If the organi 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box a	zation did not o	check the box	on line 14, and	d line 15 is mo		
	33 <sup>1</sup> / <sub>3</sub> % support tests – 2021. If the organize						

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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

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

Go to www.irs.gov/Form990 for the latest information.



Employer identification number

59-2968338

# FRIENDS OF PAYNES PRAIRIE INC

Form 990-EZ, Part I, Line 8 - Bank Interest

Form 990-EZ, Part I, Line 10 - Support provided to Paynes Prairie Preserve State Park. Direct expenses for park management, equipment, veterinary and livestock supplies, public education. Full itemized details available.

Form 990-EZ, Part I, Line	16 - Bank charges for credit card sales \$2059 Investment loss \$2136 Sales tax to State of Florida on gross sales
\$1264	
Form 990-F7 Part II Lin	26 - unpaid Cost of goods sold expense carried forward

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### Schedule O, Statement 1

Form: Form 990-EZ (2022)

Page: **2** 

#### First Program Service Accomplishments Description

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#### Description

Operated a visitors center with volunteer staff, provided operational expenses, provided inventory and volunteers. Maintained website, member services, and social media sites.

FRIENDS OF PAYNES PRAIRIE INC

EIN: 59-2968338

Part III, Line 28

Schedul	e O, Statement 2	FRIE	NDS OF PAYNES	PRAIRIE INC	
Form: Fo	orm 990-EZ (2022)		EIN	1: 59-2968338	
Page: <b>2</b>					Part IV
	Officers, Directors	s, Trustees and Key Employees Cor	npensation		
		Hours	Compensation	Benefits	Expense
Name Title	George DeLoach Director	6.00	0	0	0
Name Title	Christine Denny Director	2.00	0	0	0

#### S

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