

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2020 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

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

Mailing Address: 100 Savannah Blvd. Micanopy, FL 32667

Telephone Number: 352-377-6329 Website Address (if applicable): www.prairiefriends.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

We support the mission, programs and goals of Paynes Prairie Preserve State Park through fundraising outreach, education and volunteerism. We work with the Park staff to promote Paynes Prairie by means of community activities, resource management, education and visitor services.

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

- Volunteers provided information and support to over 24,000 visitors, as well as managing the Visitor Center, providing information to highlight the visitor experience.
- We have provided support for park programs such as Yoga in the Park, Earth day Activities, LaChua Trail Interpretive Trailer, community festival support and our annual photo contest
- VC interpretative display renovation and exhibit development \$8,000.
- A major upgrade of sales in the Visitor center including redesigned T-shirts, hats and other items helps promote the Park.
- Friends provided direct support for Park facilities including drinking fountains in the Visitor center and Hawthorne trail head and bike repair stations for the Hawthorne Trail. \$6,000
- We additionally funded Park interpretive programs and livestock maintenance.
- Membership has remained robust at nearly 550 total members.
- We redesigned and upgraded our website to provide information to visitors and members.

Description of the CSO's Plans for the Next Three Fiscal Years: Expand section as necessary to be complete See 2020 goals attached.

We will continue to assist the park as the final phase of Visitor center exhibit restoration is completed. Additionally, we are focused on fundraising through the sale of park related memorabilia to further the visitor experience. We plan the development of on-line sales. We continue to adjust our messaging to encompass and attract a greater diversity of members, which includes an intensive presence on social media, increase membership to include local business support and a presence at and support for park events. In addition, we are and continue to plan for the support of the Gainesville Hawthorne Trail and Prices Scrub. These efforts will focus on visitor safety, interpretation and the general needs of park management and include items such as bike repair stations, water bottle filling stations and the support of park resources management with equipment and supplies.

 \[
 \text{CSO's Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously. \[
 \text{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.

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.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

▶ 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

		0010 colored	ar year, or tax year beginning January 1 , 2	010 and anding	Dec	ember 3	21 00 10		
_		-	ar year, or tax year beginning January 1 , 2 C Name of organization 22	019, and ending			,		
B Check if applicable: C Name of organization							D Employer identification number 592968339		
=	Address c Name cha		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	□ Tolon				
$\overline{}$	Initial retur		100 Savannah Blvd	1 toom/suite	E Telep	hone nun	iber		
=		n/terminated							
	Amended	return	City or town, state or province, country, and ZIP or foreign postal code Micanopy, FL 32667		F Group Exemption				
	Application	n pending	Num	ber ►	?? help				
		ting Method:	✓ Cash				the organization is not		
	Vebsite		prairiefriends.org				ch Schedule B		
_			eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a)	(1) or □527	Form 99	90, 990-	EZ, or 990-PF).		
			✓ Corporation ☐ Trust ☐ Association ☐ Oth						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000		assets				
_			5500,000 or more, file Form 990 instead of Form 990-EZ			\$			
P	art I		e, Expenses, and Changes in Net Assets or Fund Bal	•			· —		
		Check if	the organization used Schedule O to respond to any quest	ion in this Part I		<u> </u>			
??	- 1	Contribution	ons, gifts, grants, and similar amounts received			1	11504.20		
??	2	Program s	ervice revenue including government fees and contracts .			2	0.00		
??	3	Membersh	ip dues and assessments		[3	8189.00		
??	- 4	Investmen	income		[4	32.41		
	5a	Gross amo	unt from sale of assets other than inventory	5a					
	b	Less: cost	or other basis and sales expenses						
	С		ss) from sale of assets other than inventory (subtract line 5b from		5c				
	6	Gaming ar	d fundraising events:						
	а	Gross inc	ome from gaming (attach Schedule G if greater than						
ne		\$15,000)							
Revenue	b	Gross inco	me from fundraising events (not including \$	s					
Şe.			aising events reported on line 1) (attach Schedule G if the						
_			h gross income and contributions exceeds \$15,000)	6b 2	533.41				
	С	Less: direc	t expenses from gaming and fundraising events	6c 1	542.36				
	d		e or (loss) from gaming and fundraising events (add lines 6a	tract					
		line 6c)				6d	991.05		
	7a	Gross sale	s of inventory, less returns and allowances	7a 28	930.02	-			
	b		of goods sold		461.82	_			
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a			7c	13458.20		
	8		nue (describe in Schedule O)			8			
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	34174.86		
	10		I similar amounts paid (list in Schodula ())		. ,	10	0		
	11		aid to or for members		11	0			
S	12		ther compensation, and employee benefits 22		12	0			
Expenses	13		al fees and other payments to independent contractors		13	7725.00			
)en	14		/, rent, utilities, and maintenance		14	1125.08			
X	15		ublications, postage, and shipping		15	136.54			
_	16		enses (describe in Schedule O)		16	20386.86			
	17					17	29373.48		
	18	Evenes or	Inses. Add lines 10 through 16		. •	18	4801.37		
ets	19	Net assets		10	4001101				
SS	13			10	132485.90				
Net Assets	20	=	r figure reported on prior year's return)			19 20	102400.90		
Se	20		• • • • • • • • • • • • • • • • • • • •				137287.27		
	21		or fund balances at end of year. Combine lines 18 through 20		. 🚩	21	Form 990-EZ (2019)		
ror	raperv	work Keduci	ion Act Notice, see the separate instructions.	Cat. No. 10642I			FUHI 330-EA (2019)		

Form 990-EZ (2019) Page 2 Balance Sheets (see the instructions for Part II) ⊪e₽art II Check if the organization used Schedule O to respond to any question in this Part II (B) End of year (A) Beginning of year 129932.15 22 134451.28 22 Cash, savings, and investments 23 23 Land and buildings 2553.75 24 2835.99 24 Other assets (describe in Schedule O) 25 25 Total assets 26 Total liabilities (describe in Schedule O) 26 132485.90 137287.27 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) -**P**art III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? Spuuort Paynes Prairie Preserve State Park FL 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) 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. Visitors Center renovations (See Sched O Details) (Grants \$) If this amount includes foreign grants, check here 28a 8025.68 Visitors center operational expenses (See Sched O Details) 29a 7264.08 (Grants \$) If this amount includes foreign grants, check here Suppport of park management operations and programs (See Sched O Details) 6222.18 (Grants \$) If this amount includes foreign grants, check here 30a Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 31a Total program service expenses (add lines 28a through 31a) 21511.94 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 (c) Reportable ?? (d) Health benefits, (b) Average (e) Estimated amount of compensation contributions to employee (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation **Christine Zamora, President** 8 Jeffrey Forbes, Vice President -0 James P. Ross, Secretary 8 Jeffrey Hocutt, Treasurer -0-Robert Lash, director 4 Frank Saier, director and registered agent -0-Dorothy Smijanich, director 4 Patricia Kromer-Parsons, director -0 Martin Main, director 4 Layla Ruffino, director -0-**Bubba Earl Scales, director** 4 Fairlie Bagley, director -0-

Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	V . Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		res	NO
	detailed description of each activity in Schedule O	33		~
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			_
35a	change on Schedule O. See instructions	34		/
SSA	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/
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		~
С	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	00		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a]	36		~
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		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	_		
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	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	401		
_		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			
е	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		.,
41	List the states with which a copy of this return is filed ► Florida	406		•
42a	The organization's books are in care of ▶ J.P. Ross Telephone no. ▶	352-37	7-632	9
	Located at ► 1807 SW 63 Ave Gainesville, FL 32608 ZIP + 4 ►	326	808	
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)? If "Yes," enter the name of the foreign country ▶	42b		~
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here			▶ □
	and enter the amount of tax-exempt interest received of accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		100	140
	completed instead of Form 990-EZ	44a		٧
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		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		-
u	explanation in Schedule O	44d		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
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-FZ. See instructions	45h		

Page 3

Form 990-EZ (2	019)						P	age 4
40 Dista		allon allon in a little all a				ti	Yes	No
	he organization engage, directly or ir indidates for public office? If "Yes," o							/
Part VI	Section 501(c)(3) Organizations		, , , , , , , , , , , , , , , , , , , ,	· · · ·		. 40		
	All section 501(c)(3) organization		stions 47-49b an	d 52. and	complete th	e tables fo	or line	es
	50 and 51.			,				
	Check if the organization used Scl	nedule O to respond	I to any question in	n this Part \	/			
							Yes	No
	the organization engage in lobbying				ct during the	tax		
•	? If "Yes," complete Schedule C, Par					. 47		~
	e organization a school as described in					. 48		~
	he organization make any transfers to		_					<u> </u>
	es," was the related organization a se plete this table for the organization's					. 49b	e an	d key
	oyees) who each received more than							
<u>.</u>	,	(b) Average	(c) Reportable	(d) Hea	alth benefits,			
(a)	Name and title of each employee	hours per week	compensation	hanafit nla	ons to employee ns, and deferred	(e) Estimate other com		
		devoted to position	(Forms W-2/1099-MIS	(:)	pensation	04.10. 00.11	por.out	
	number of other employees paid ov				-			
51 Com	plete this table for the organization',000 of compensation from the orga	s five highest compenies in	ensated independe	nt contract	ors who each	n received	more	than
(a)	Name and business address of each independ	lent contractor	(b) Type of s	ervice	(c) Compensation	on	
			-					
			1					
d Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶				
	the organization complete Schedu	ile A? Note: All se	ection 501(c)(3) or	ganizations	must attacl	h a_	_	
						.► <u>∨</u> Yes		No
	s of perjury, I declare that I have examined this in and complete. Declaration of preparer (other than					nowledge and	belief,	it is
	A property of property (other than							
Sign	Signature of officer		Date					
Here _	Jeffrey Forbes, President Friends	of Paynes Prairie Inc.						
??	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature		Date	Check if PTIN			
Preparer						self-employed		
Use Only	Firm's name ►				Firm's EIN ▶			
May the IDS	Firm's address ► discuss this return with the prepare	shown above? See	inetructions		Phone no.	▶ □ ∨₂ -		Na.
iviay lile INO	, alocaoo illio retarri with the preparel	SHOWIT ADOVE! SEE	แจนนบนบทอ			Yes	_ I [No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

► Attach to Form 990 or Form 990-EZ.

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Friends of Paynes Prairie Inc.

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

Insp

Employer identification number
592968339

	rt I Reason for Public Cha						ns.	
The o	organization is not a private founda		,	,	,	,		
1	A church, convention of church							
2	A school described in section							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							
4	hospital's name, city, and state	e:						
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 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				the general pul	blic
8	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
9	An agricultural research organi or university or a non-land-gra university:							е
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fu t income and un	nctions—subject to c related business taxal	ertain exc ole incom	ceptions, ne (less se	and (2) no more tha ection 511 tax) from	n 331/3% of its	3
11	☐ An organization organized and				-	•		
12	☐ An organization organized and	operated exclus	sively for the benefit o	f, to perfo	orm the fu	unctions of, or to car	ry out the purpo	ses
	of one or more publicly support the box in lines 12a thro							
а	Type I. A supporting organithe supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	ajority of t			ng
b	Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same				∍d
С	Type III functionally integ its supported organization(ally integrated wi	th,
d	Type III non-functionally integrated that is not functionally integrated requirement (see instructionally integrated in the control of the co	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an		
е	_ ` ` `	ization received	a written determination	on from t	he IRS th	at it is a Type I, Type	e II, Type III	
f	Enter the number of supported of	• •			-	ЮП.		
a q	Provide the following information	-						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the d	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	e
				Yes	No	-		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota								

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.)

Secti	on A. Public Support			, 1	1	,	_
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28350	37993.73	148123.29	39453.63		
2	Gross receipts from admissions, merchandise	20350	3/993./3	146123.29	39455.03		
_	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	36402	27580.68	26147.90	21619.12		
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	4077	1753	1550	1650		
6	Total. Add lines 1 through 5	68829	69774.41	175821.19	62722.75		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
с 8	Add lines 7a and 7b						0
	line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	68829	69774.41	175821.19	62722.75		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	354	78.07	1005.56	687		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	254	78.07	1005.56	687		
11	Net income from unrelated business activities not included in 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.)	69083	69852.48	176826.75	63409.75		
14	First five years. If the Form 990 is for the organization, check this box and stop her	ne organization	n's first, secon	d, third, fourth			
Secti	on C. Computation of Public Suppor						· · · _
15	Public support percentage for 2019 (line 8			13. column (fl)		15	%
16	Public support percentage from 2018 Sch					16	99.4 %
	on D. Computation of Investment Inc	come Percei	ntage			1 -0	,,
17	Investment income percentage for 2019 (by line 13, colu	mn (f))	17	%
18	Investment income percentage from 2018			·-		18	.01 %
19a	331/3% support tests-2019. If the organi	ization did not	check the box	on line 14, ar	nd line 15 is m		
	17 is not more than 331/3%, check this box	_	_			_	
b	33 ¹ / ₃ % support tests—2018. If the organiz						
	line 18 is not more than 331/3%, check this b	_	=		· · ·		
20	Private foundation. If the organization di	d not check a	box on line 14.	. 19a. or 19b. c	heck this box	and see instru	ctions > \

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Friends of Paynes Prairie Inc.592

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

592968338

Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)() (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 331/3% 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, 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

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
Friends of Paynes Prairie Inc.

Employer identification number 59-2968338

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	Jack and Irma Hoornstra Foundation S. Gulden & N. Stinton Trust 4518 NW 35 st Gainesville, FL 32605	\$8000.00	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

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 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization Friends of Paynes Prairie Inc.	Employer identification number 592968338						
<u> </u>	I.						
Sched 990-EZ Part I line 16 Other Expenses							
Visitors Center renovation. Display exhibits \$8025.68 (Also Sched 990-EZ Part III line 28a)							
Bank processing fees & service fees, Paypal fees(\$1381.28 + \$253.91) (Also Sched 990-EZ Part III line 30a	a)						
Office supplies, software, subscriptions, website & database developement \$169.94 (Also Sched 990-EZ							
Park management supplies, Publice education (\$4351.05 + \$66.00) (Also Sched 990-EZ Part III line 30a)							
Website & database development \$6139.00 (Also Sched 990-EZ Part III line 29a)							
Visitors center operational expenses line 14							
Wireless service for visitors center \$772.79 Also Sched 990-EZ Part III line 29a							
Cost of city water \$352.29 Also Sched 990-EZ Part III line 29a							
Sched 990-EZ Part II line 24							
Resale inventory, books, t-shirts \$2835.99							