

#### Florida Department of Environmental Protection

# CITIZEN SUPPORT ORGANIZATION 2016 REPORT

(Pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: <u>Paynes Creek Preservation Alliance</u>							
Mailing Address: P.O. Box 1190 Bowling Green FL. 33834							
Telephone Number: 863-375-4717 Website Address (if applicable): N/A							
Statutory Authority: Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.							
Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.							
Brief Description of the CSO's Mission:							
To promote and assist Paynes Creek Historic State Park in their effort to provide quality visitor services through resource-based recreation, preservation and interpretation while restoring of Florida's natural and cultural resources.							
Brief Description of the CSO's Results Obtained:							
Hosted the an Family Fun Day event in July, Christmas event in December and Supported the park with its annual Reenactment with CSO volunteers and financial assistance for the event							
Brief Description of the CSO's Plans for Next Three Fiscal Years:							
Our goals remain basic, we will continue to work at re-evaluating special events and try to increase the number of events with seasonal holidays as a guide. Increase membership and establish additional fundraising events							

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

#### CSO Code of Ethics – June 2016

#### PAYNES CREEK PRESERVATION ALLIANCE, INC.

#### **CODE OF ETHICS**

#### **PREAMBLE**

- (1) It is essential to the proper conduct and operation of Paynes Creek Preservation Alliance, Inc. (herein "CSO") 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 Paynes Creek Preservation Alliance, Inc. 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 CSO board members, officers, and employees.

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

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

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

No CSO 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 CSO board member, officer, or employee was expected to participate in his or her official capacity.

#### 3. Salary and Expenses

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

#### CSO Code of Ethics – June 2016

#### 4. Prohibition of Misuse of Position

A CSO 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.

### (1) **Prohibition of Misuse of Privileged Information**

No CSO 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.

#### (2) Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO 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.

#### (3) Prohibition of Employees Holding Office

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

#### (4) Requirements to Abstain From Voting

A CSO 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 CSO 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 CSO 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.

#### (5) Failure to Observe CSO Code of Ethics

Failure of a CSO 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 CSO to observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the CSO.

## **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. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	For the	2015 calend	ar year, or tax year beginning Jan , 2015, and ending	De	, 20 15				
В	Check if ap	pplicable:	C Name of organization	Employer id	entification number				
	Address o	change	04-3595962						
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E	E Telephone number					
_	Initial retu		888 Lake Branch Road, P.O. Box 1190						
=	Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	Group Exemption					
-		on pending		Number ▶					
G	Account	ting Method:		eck ▶ ☐ i	f the organization is not				
	Nebsite	~			ach Schedule B				
JT	ax-exen	mpt status (che			)-EZ, or 990-PF).				
			☐ Corporation ☐ Trust ☐ Association ☐ Other Non profit						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets					
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ						
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the ins		for Part I)				
			the organization used Schedule O to respond to any question in this Part I .						
	1		ons, gifts, grants, and similar amounts received		2829.00				
	2		ervice revenue including government fees and contracts	. 2	0				
	3	_	ip dues and assessments	. 3	0				
	4	Investment		4	0				
	5a		ount from sale of assets other than inventory   5a	o					
	b		or other basis and sales expenses	0					
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	n				
	6	Gaming and fundraising events							
	а	Gross income from gaming (attach Schedule G if greater than							
ne		\$15,000)							
Revenue	b								
è		from fundr	RE-L						
			th gross income and contributions exceeds \$15,000)   6b	o Fair					
	C	Less: direc	t expenses from gaming and fundraising events 6c	0					
	d	Net incom	ict						
		line 6c) .		. 6d	0				
	7a	Gross sale	s of inventory, less returns and allowances	0					
	b		of goods sold	0					
	С	Gross prof	. 7c	0					
	8	Other reve	. 8	0					
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	2829.00				
Expenses	10	Grants and	I similar amounts paid (list in Schedule O)	. 10	0				
	11		aid to or for members	. 11	0				
	12		ther compensation, and employee benefits	. 12	0				
	13	Profession	al fees and other payments to independent contractors	. 13	0				
	14		y, rent, utilities, and maintenance	. 14	0				
	15	Printing, pu	. 15	64.00					
	16		. 16	3714.72					
	17	Total expe	enses (describe in Schedule O)		3778.72				
Net Assets	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	. 18	0				
	19		or fund balances at beginning of year (from line 27, column (A)) (must agree w						
		end-of-yea	r figure reported on prior year's return)	. 19					
et	20	Other char	. 20						
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	1,188.14				

Pa	art II Balance Sheets (see the instruc					RW V
	Check if the organization used Sc	hedule O to respond to a		100		🗆
				(A) Beginning of year	(B) End	d of year
22	Cash, savings, and investments				22	1188.14
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of				27	1188.14
Par	rt III Statement of Program Service A				-	
	Check if the organization used Sc		any question in this F	Part III	Exp Required fo	enses or section
Wha	at is the organization's primary exempt purpo	ose?			501(c)(3) an	
as n	cribe the organization's program service ac measured by expenses. In a clear and con sons benefited, and other relevant informatio	ncise manner, describe th		ogiani odiviodo,	organization others.)	ns; optional for
28						
			******************			
			**********************			
	(Grants \$ ) If this a	amount includes foreign gr	ants, check here .	▶ 🗆	28a	0
29						
	(Grants \$ ) If this a	amount includes foreign gr	ants, check here .	. , , ▶ □	29a	0
30	***************************************		***************************************			
	***************************************		***********	********		
		amount includes foreign gr			30a	0
31	, ,					
	(Grants \$ ) If this a	amount includes foreign gr	ants, check here .	▶ 🔲	31a	0
	Total program service expenses (add line	The state of the s			32	
Par	rt IV List of Officers, Directors, Trustees,		1.5.10			2
	Check if the organization used Sc	hedule O to respond to a				🗆
	(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-)	<ul> <li>(d) Health benefits, contributions to employe benefit plans, and deferred compensation</li> </ul>		ated amount of ompensation
Emo	ogene Gilmore					
Pres	sident	5	0			0
Fran	kie Larramore					
Trea	surer	3	0			0
Beth	n Gilmore					
Secr	retary	2	0			0
Mars	shall Larramore					
Dire		2	0			0
Carl	a Gonzales					
Dire	ctor	2	0	(		0
	***************************************					
	1/2					
	*********************					
		**************************************				
	***************************************					
					1	
	***************************************	***************************************				

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	ne	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	_	Yes	No
33	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 change on Schedule O (see instructions)	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34	-	
	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		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
00	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		-
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	ETT.	1 2. 97	10511
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b	000	Militer
Jua	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	N. S.	3/3-2	ELER
39	Section 501(c)(7) organizations. Enter:	Being		5-17
a	Initiation fees and capital contributions included on line 9		思數	
40a	Gross receipts, included on line 9, for public use of club facilities		San.	25
40a	section 4911 ► ; section 4912 ► ; section 4955 ►		11	
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		1
С	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,			DEST.
	4955, and 4958			S I
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line		50	
	40c reimbursed by the organization	1005		and the
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	A STATE OF		
41	List the states with which a copy of this return is filed Florida	40e		✓
42a	The organization's books are in care of ▶ Frankie Larramore  Telephone no. ▶			
	I ocated at			
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		<b>/</b>
	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			E LAS
	Financial Accounts (FBAR).		10/200	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	0=0=0	1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	) e : ; ; ;		▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
114	Did the examination maintain any dense addiced funds during the company of the co		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	DATE:	1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44d		1
	completed instead of Form 990-EZ	44b		1
	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	NS)		
AE-	explanation in Schedule O	44d		1
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	10.30	1
D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	5 × 5	150	
		45b		1

		ne organization engage, directly or in						163	1
Part V		Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s only s must answer que	estions 47–49b an	d 52, and	d complete th		for lin	es
		Check if the organization used Scl	nedule O to respond	d to any question in	n this Part	: VI	£ 4. 4		
48   49a   b   50 (	year? s the Did th f "Ye Comp	ne organization engage in lobbying If "Yes," complete Schedule C, Par organization a school as described in the organization make any transfers to s," was the related organization a seplete this table for the organization's byees) who each received more than	t II		te Schedul nization?  other than	e E	47 48 49a 49b tors, trusto	ees ar	√ √ √ hd key
	(a) Name and title of each employee		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	lealth benefits, tions to employee lans, and deferred empensation	(e) Estimat other co		
	1555255		¥						
51 (	Comp	number of other employees paid ovolete this table for the organization 000 of compensation from the orga	s five highest comp	ensated independe	ent contrac	ctors who each	n received	d more	e than
*********	(a) Name and business address of each independ		lent contractor	<b>(b)</b> Type of s	service	(c	) Compensa	tion	
52 [	Did t	number of other independent contra the organization complete Scheduleted Schedule A	-	ection 501(c)(3) or			h a . <b>▶ Ye</b>	s 🗆	No
		of perjury, I declare that I have examined this r d complete. Declaration of preparer (other than					nowledge ar	d belief	, it is
Sign Here	n Signature of officer					Date	0-20	16	
Paid Prepa	parer		Preparer's signature Date			Check ☐ if self-employed			
Use O		Firm's address ▶				Phone no.			
May the	IRS	discuss this return with the preparer	shown above? See	instructions			► TYe	S	No