



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 O'Leno, Inc.

Mailing Address: PO Box 2879, High Springs, Fl. 32655

Telephone Number: 386-454-1853

Website Address (if applicable): friendsofoleno.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*

It is our mission to support O'Leno and River Rise Preserve by fundraising, conducting recreational and educational events, by promoting academic and archeological research, and by helping to maintain natural, cultural and historic resources.

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

- Continued to support park's annual events: Race the Tortoise 5K, Chili Cook-off and Springs Festival, Literacy Day and Book Fair, National Public Lands Day, High Springs City-wide Yard Sale, and Poker Chip Ride (new event to draw visitors and CSO members)
- Support park interpretive programs by volunteering, promoting and providing materials for programs throughout the year.
- Continued to maintain the feeding cost for the animals and miscellaneous needs of the Nature Center.
- Help support the park by purchasing a "Limb Ninja" mower for clearing and maintaining trails for hikers and equestrians.
- Purchased a log splitter for firewood for camp guests.
- Assisted with the promotion of the park by purchasing ads in several publications throughout the year, including the Lake City Reporter regional tourist publication and participating with the Gainesville Tourism Development Council.
- Assist with the maintenance of the equestrian trails at River Rise Preserve with the purchase of a small tractor and wagon for the several workdays planned and general maintenance.

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

1. Continue annual events
2. Continue support of Nature Center activities
3. Continue to fundraise for Nature Center improvements
4. Support the park's prescribed fire programs
5. Host work days at River Rise barn area for annual maintenance of the horse stalls
6. Expand outreach activities in order to attract new members through various methods including our website presence and facebook postings.

Our plans for the next three years will include the events and programs above and a watchful focus on future opportunities.

- 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).**

Model CSO Code of Ethics – June 2014

Friends of O’Leno, Inc. CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of the Friends of O’Leno, 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 the Friends of O’Leno, 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, reward, 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.

Model CSO Code of Ethics – June 2014

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.

5. 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.

6. 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.

7. Prohibition of Employees Holding Office

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

8. 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.

9. 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.

Adopted August 15, 2014.

[Home](#) > [Tax Exempt Organization Search](#) > Friends Of Oleno Inc

[< Back to Search Results](#)

Friends Of Oleno Inc

EIN: 59-3035729 | High Springs, FL, United States

Publication 78 Data

Organizations eligible to receive tax-deductible charitable contributions. Users may rely on this list in determining deductibility of their contributions.

On Publication 78 Data List: Yes

Deductibility Code: PC

Form 990-N (e-Postcard)

Organizations who have filed a 990-N (e-Postcard) annual electronic notice. Most small organizations that receive less than \$50,000 fall into this category.

> **Tax Year 2018 Form 990-N (e-Postcard)**

Tax Period:

2018 (01/01/2018 - 12/31/2018)

EIN:

59-3035729

Legal Name (Doing Business as):

Friends Of Oleno Inc

Mailing Address:

PO Box 2879
High Springs, FL 32655
United States

Click on the question-mark icons to display help windows.
 The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

OMB No. 1545-1150

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

2018

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

Department of the Treasury
 Internal Revenue Service

A For the 2018 calendar year, or tax year beginning January 1, 2018, and ending December 31, 20 18

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **ht**
Friends of O'Leno, Inc.

Number and street (or P.O. box, if mail is not delivered to street address) **ht** Room/suite
PO Box 2879

City or town, state or province, country, and ZIP or foreign postal code
High Springs FL 32655

D Employer identification number **ht**
593035729

E Telephone number
386-454-1853

F Group Exemption Number ▶ **ht**

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ _____

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 ▶ \$ _____

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) **ht**
 Check if the organization used Schedule O to respond to any question in this Part I

		1		2		3		4		5c		6d		7c		8		9		10		11		12		13		14		15		16		17		18		19		20		21	
Revenue	1	Contributions, gifts, grants, and similar amounts received																		1,858.29																							
	2	Program service revenue including government fees and contracts																		-00																							
	3	Membership dues and assessments																		604.32																							
	4	Investment income																		-00																							
	5a	Gross amount from sale of assets other than inventory																		-00																							
	5b	Less: cost or other basis and sales expenses																		-00																							
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																		-00																							
	6	Gaming and fundraising events:																																									
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																		-00																							
	6b	Gross income from fundraising events (not including \$ 1365.00 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																		8,796.46																							
6c	Less: direct expenses from gaming and fundraising events																		5,166.89																								
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																		3,629.57																								
Revenue	7a	Gross sales of inventory, less returns and allowances																		704.00																							
	7b	Less: cost of goods sold																		634.35																							
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																		69.65																							
	8	Other revenue (describe in Schedule O)																		297.00																							
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																		6,458.83																							
	Expenses	10	Grants and similar amounts paid (list in Schedule O)																		-00																						
		11	Benefits paid to or for members																		-00																						
12		Salaries, other compensation, and employee benefits ht																		-00																							
13		Professional fees and other payments to independent contractors ht Web hosting																		108.00																							
14		Occupancy, rent, utilities, and maintenance Cell Phone-annual plan																		108.89																							
15		Printing, publications, postage, and shipping																		30.01																							
16		Other expenses (describe in Schedule O) ht																		13,385.10																							
17		Total expenses. Add lines 10 through 16																		13,632.00																							
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																		-7,173.17																							
	19	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)																		18,012.32																							
	20	Other changes in net assets or fund balances (explain in Schedule O)																		-00																							
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																		10,839.15																							

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
22 Cash, savings, and investments	18,012.32	10,039.15
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	18,012.32	10,039.15
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,012.32	10,039.15

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? **Support of O'Leno and River Rise Preserve State Parks**

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

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.

28 All income and expense directly relates to support of O'Leno and River Rise Preserve State Parks. No grants given. No persons benefited other than visitors to the parks.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

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
Edward J. Bisch, President PO Box 840, Bell, FL 32619	10	0	0	0
Jean Shaw, 1st Vice President 20393 S Hwy 441, High Springs, FL 32643	3	0	0	0
Jane McNaughton, Secretary 234 SW Bay Pl, Ft White FL 32038	5	0	0	0
Cathy Falconer, Treasurer 254 Serenity Lane, High Springs FL 32643	10	0	0	0
Karen McLain, Director 655 SE Diamondback Gln, High Springs, FL 32643	10	0	0	0
Harriet Walsh, Director 19146 NW 235th St, High Springs FL 32643	1	0	0	0
Dru Travis, Director 15337 NW 214th Ter, High Springs FL 32643	1	0	0	0
June Thon, Director 656 SE Old Bellamy Rd, High Springs FL 32643	1	0	0	0
Terry Stidham, Director 193 SW Gopher Ct, Ft White FL 32038	1	0	0	0
Mildred Russin 25705 NW 173rd Ave, High Springs, FL 32643	1	0	0	0
Joan Lomas 429 SW Buck Ct, Ft White, FL 32038	1	0	0	0
Deborah Darwin 258 SE Cataldo Gln, High Springs, FL 32643	1	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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ _____ Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
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).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 ▶ _____		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

46 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

	Yes	No
46		<input checked="" type="checkbox"/>

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

47 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

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		<input checked="" type="checkbox"/>

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		<input checked="" type="checkbox"/>

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		<input checked="" type="checkbox"/>

50 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

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."

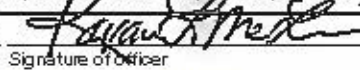
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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.

Sign Here  April 30, 2019
 Signature of officer Date
 Karen McLain, Director
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
 Firm's name Firm's EIN
 Firm's address Phone no.

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

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

2018

Open to Public Inspection

Name of the organization
Friends of O'Leno, Inc.

Employer identification number
59-3035729

Line 8: Other Income

Park Host Laundry Fees (restricted fund) \$145.00

Recycle Receipts (restricted fund-park equipment) \$152.00

Total Other Income: \$297.00

Line 16: Other Expenses

Park Support - Nature Center \$1458.92

Park Support - Equipment purchases:

-Limb Ninja Batwing Trimmer \$3150.00

-Log Splitter \$699.99

CSO Equipment - purchases & repairs:

-Tractor \$4599.39

-Flatbed \$376.39

-Chainsaw & Safety Gear \$422.78

Laundry Fund - Repairs & New Washer \$833.15

Change fund at Ranger Station for CSO Sales \$70.00

Lake City Reporter Visitors Guide - O'Leno Ad \$695.00

Food costs for misc. CSO sponsored functions \$243.74

CSO Function - Thanksgiving Lunch at RR \$150.00

Administrative:

Florida State Parks Foundation membership \$100.00

PO Box Rental - annual \$144.00

Sam's Club membership - expires 3/2021 \$90.00

Office Supplies, Software & Tools \$205.16

Gifts - Bereavement Arrangements (2) \$121.00

Florida Sales Tax filed for 2018 \$25.58

Total Other Expenses: \$13,385.10