

## Florida Department of Environmental Protection

# CITIZEN SUPPORT ORGANIZATION 2018 REPORT

(pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: <u>Paynes Creek Preservation Alliance Inc</u>							
Mailing Address: 888 Lake Branch Rd. Bowling Green Florida 33834	_						
Telephone Number: <u>863-781-7217</u> Website Address (if applicable): <u>n/a</u>							
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 help in the projects of the park and to supply needs as well as volunteers as necessary							
Brief Description of the CSO's Results Obtained:							
The CSO has been successful in projects in the past, although our projects have been limited in 2017 due to							
unavoidable circumstances. CSO was also able to assist in equipment repairs for the park.							
Brief Description of the CSO's Plans for Next Three Fiscal Years:							
W							
We are constantly in need of WORKERS and not just members, so our goal is to improve that. The CSO is							
looking to recruit more interest from board members, CSO members, and the local community.							
☑ 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

\* Current
and has changed

## 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.

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.

 $_{\text{Form}} 990\text{-EZ}$ 

# 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)

2017

OMB No. 1545-1150

Open to Public Inspection

Form **990-EZ** (2017)

Department of the Treasury Internal Revenue Service 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.

ΑF	or the 2	2017 calenda	ar year, or tax year beginning Jan.	2017,	and ending	D	ecember	, 20	17	
<b>B</b> c	heck if app	plicable:	C Name of organization			D Emp	loyer ider	ntification numb	er ?	
	Address c	change	Paynes Creek Preservation Alliance				04-3595962			
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)	?	Room/suite	E Telep	hone num	ber		
	Initial retu		888 Lake Branch Rd							
$\overline{}$	Final retur Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		1	<b>F</b> Grou	ıp Exem	ption		
=		n pending	Bowling Green, Florida 33834				nber ►			
G	Account	ting Method:	LuCash		— Н	Check	▶ ☐ if t	the organizatio	n is <b>no</b> ¹	
ı١	Vebsite	e: •						h Schedule B	?	
JТ	ax-exer	<b>npt status</b> (ch	eck only one) —  501(c)(3) □ 501(c) () ◄ (insert no.) □ 4947	(a)(1)	or $\square_{527}$			EZ, or 990-PF)	).	
		-	Corporation Trust Association	Other					_	
			7b to line 9 to determine gross receipts. If gross receipts are \$200,00							
_			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ.				\$			
Р	art I		e, Expenses, and Changes in Net Assets or Fund B		•			for Part I) 👔	١ _	
_			the organization used Schedule O to respond to any ques							
	1		ons, gifts, grants, and similar amounts received						10,400	
1	2		ervice revenue including government fees and contracts							
1	3		ip dues and assessments	• •			3			
1	4	Investment					4			
	5a		ount from sale of assets other than inventory	5a						
			r other basis and sales expenses	5b	<u> </u>		_			
		•	s) from sale of assets other than inventory (Subtract line 5b f	rom	line 5a) .		5c			
	6		nd fundraising events ome from gaming (attach Schedule G if greater than							
ø	а	GIUSS IIICC	\$15,000)	۱.۰	I					
Z.		0	•	6a						
Revenue	b		ome from fundraising events (not including \$aising events reported on line 1) (attach Schedule G if the	_ 0	of contribution	ons				
8			ch gross income and contributions exceeds \$15,000)	l ch	1					
			-	6b	-					
	C d		ct expenses from gaming and fundraising events e or (loss) from gaming and fundraising events (add lines 6	6c	16b and si	uhtract				
	u			a an	J OD ANG SI	ubliaci	64			
		,	sales of inventory, less returns and allowances	70			6d			
	b			7a 7b						
	C		of goods sold				7c			
	_	· ·		•			_			
	8		nue (describe in Schedule O)						40.404	
	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9 10		10,400	
	11		d similar amounts paid (list in Schedule O)aid to or for members				11			
w	12		ther compensation, and employee benefits				12			
se	13						13			
en	14	Professional fees and other payments to independent contractors					14			
Expenses	15	Printing, publications, postage, and shipping					15			
	16	Other expenses (describe in Schedule O)					16		E 244	
									5,312	
	17	Evenes or	enses. Add lines 10 through 16	•		•	18			
ets	18 19		s or fund balances at beginning of year (from line 27, colum				10			
Net Assets	13	end-of-vea	ar figure reported on prior year's return)	··· ( <i>\</i> \/)	, tiliust agie	O WILLI	10			
	20		nges in net assets or fund balances (explain in Schedule O)							
	21		or fund balances at end of year. Combine lines 18 through 2				21		5 088	

Form 990-EZ (2017) Page 2 Balance Sheets (see the instructions for Part II) 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 22 Cash, savings, and investments . . 23 23 24 Other assets (describe in Schedule O) . . 24 25 25 Total assets . . . . . . . . . 26 26 Total liabilities (describe in Schedule O) 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 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 **Expenses** (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, 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. ) If this amount includes foreign grants, check here 28a 29 ) If this amount includes foreign grants, check here . . . . (Grants \$ 29a ) If this amount includes foreign grants, check here . . . . (Grants \$ 30a (Grants \$ ) If this amount includes foreign grants, check here . . . . 31a 32 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 compensation contributions to employee (e) Estimated amount of (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 **Emogene Gilmore** president 0 0 0 0 Frankie Larramore 0 **Treasurer** n **Beth Gilmore** 0 0 Secretary 0 **Carla Gonzales** Director 0 0

Part					•
	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 detailed description of each activity in Schedule O	33	Yes	No	
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 activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u> </u>	
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? <i>If "No," provide an explanation in Schedule O</i> 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	35b 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		_	?
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a				
	Did the organization file Form 1120-POL for this year?	37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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	-			
39 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities 39b	-			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	-			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V	2
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, 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		<b>/</b>	
41	List the states with which a copy of this return is filed ► Florida				_
42a	The organization's books are in care of ► Frankie Larramore 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)?	42b	Yes	No ✓	
	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).	4.0			
С	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		<i>\</i>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041—</b> Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		. '	· 🗆	_
			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	110			
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	44a			
	·	44b		1	
c d	, , , , , , , , , , , , , , , , , , , ,	44c		~	
	explanation in Schedule O	44d		/	ı
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>/</b>	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the				

45b	~

-orm 99	0-EZ (20	J17)							age 4
46		ne organization engage, directly or inc ndidates for public office? If "Yes," co				n oppositio	n <b>46</b>	Yes	No 🗸
Part '	VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sch	s only s must answer que	stions 47–49b a	nd 52, and co	mplete the	e tables fo	or line	
47								Yes	No
<ul> <li>48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li> <li>49a Did the organization make any transfers to an exempt non-charitable related organization?</li> </ul>									<b>V</b>
50		<b>b</b> If "Yes," was the olete this table for the organization's oyees) who each received more than		ated employees (d	ther than offic	ers, directo	rs, trustee		<b>✓</b> d key
	(a)	(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) Estimate other com			
f <sup>-</sup> 51	Comp	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ	s five highest compe		nt contractors	who each	received i	more	than
	(a)	Name and business address of each independent	ent contractor	(b) Type of service (c) Co				on	
d	Total	number of other independent contract	etors each receiving	over \$100,000					
52	Did th	the organization complete Schedule A	•		ations must att	ach a	☐ <u>Ye</u>	<u>!</u>	No
		of perjury, I declare that I have examined this red d complete. Declaration of preparer (other than					wledge and b	elief, it	is
Sign Here	?	Signature of officer  For worksheet copy only (for Department)	rtment of Environmen	tal Protection purpo	Dat Dses)	е			
Paid		Print/Type preparer's name	Preparer's signature		Date	Check self-employ	if PTIN		
Prepa Use (		Firm's name ► Firm's address ►				n's EIN ►	•		
May th	e IRS	discuss this return with the preparer	shown above? See i	instructions			► ☐ Yes		No