

# Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2023 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name:
Mailing Address:
Telephone Number:
Website Address (required if applicable):
Check to confirm your Code of Ethics is posted conspicuously on your website.
Statutory Authority: Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.
Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.
YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS: CSO's Mission: (Consistent with your Articles and Bylaws)
<b>Describe Last Calendar Year's Results Obtained:</b> Brag! (List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.)
Describe the CSO's Plans for the Next Three Calendar Years:

#### CSO's LAST CALENDAR YEAR STATISTICS:

**Total Number of CSO General Membership:** 

**Total Number of Board of Directors:** 

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

#### **PARK & CSO RELATIONSHIP:**

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

#### Park Manager's Comments on the CSO & Park Relationship and Support:

Provide your perspective on

- Changing developments of the park provided by the CSO.
- Effectiveness of the organization in fulfilling their purpose to support the park(s).
- Effectiveness of the Board of Directors in completing their Annual Program Plan.
- The relationship between the park and CSO. What went well? Are there areas of improvement?

#### CSO President's Comments on the CSO & Park Relationship and Support:

Provide your perspective on the relationship between the park and CSO. What went well? Are there areas of improvement?

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

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

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

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

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

# **NET ASSETS: \$**

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

# **CSO AUDIT THRESHOLD:**

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

Are the CSO's annual total expenses \$300,000 including grants? Then Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards (<u>U.S. GAO Yellow Book</u>). The audit is **due by September 1** (9 months after the CSO's calendar year ends) to the Florida Auditor General and to the Department.

#### **CONFIRM ATTACHMENTS:**

#### **Code of Ethics**

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

# 2023 CSO Legislative Report Acknowledgement

This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes

Signature: Randy Stephenson Digitally signed by Randy Stephenson Date: 2023.05.26 13:25:28-04'00'

Print name: Randy Stephenson , CSO President Salt Springs Alliance , Inc.

Date: 05/26/2023

Signature: Michael Faustini Digitally signed by Michael Faustini Date: 2023.05.26 13:25:46-04'00'

Print name: Michael Faustini Date: 2023.05.26 13:25:46-04'00'

Date: 05/26/2023

# Salt Springs Alliance, Inc. CODE OF ETHICS

## **PREAMBLE**

1It is essential to the proper conduct and operation of Salt Springs Alliance 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.

1It 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 Salt Springs Alliance 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.

#### **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.

#### **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.

#### 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.

#### **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.

# **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.

# **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.

#### **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.

#### **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.

#### 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.

This Code of Ethics was approved in a regular meeting of the Salt Springs Alliance board of directors held on August 20, 2014.

MERCHANT SERVICES P.O. BOX 246 ALPHARETTA, GA 300090246

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SALT SPRINGS ALLIANCE INC 9120 OLD POST RD SALT SPRINGS ALLIANCE INC PORT RICHEY, FL 34668

#### Instructions for Payee

You have received this form because you have either (a) accepted payment cards for payments, or (b) received payments through a third party network that exceeded \$20,000 in gross total reportable transactions and the aggregate number of those transactions exceeded 200 for the calendar year Merchant acquirers and third party settlement organizations, as payment settlement entities (PSEs), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

See the separate instructions for your income tax return for using the information reported on this form

Payee's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

**Account number.** May show an account number or other unique number the PSE assigned to distinguish your account

**Box 1a.** Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

Box 1b. Shows the aggregate gross amount of all reportable payment transactions made to you through the PSC during the calendar year where the card was not present at the time of the transaction or the card number was keyed into the terminal Typically. This relates on online sales phone sales or catalogue sales. If the box for third party network is checked or if these are third party network transactions, Card Not Present transactions will not be reported.

Box 2. Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form

 $\mbox\,3.$  Shows the number of payment transactions (not including refund transactions) processed through the payment card/third party network

Box 4. Shows backup withholding. Cenerally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9. Request for Taxpayer Identification Number and Certification, and Pub. 505. Include this amount on your income tax return as tax withheld.

**Boxes 5a–5l.** Show the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

Boxes 6-8. Show state and local income tax withheld from the payments

**Future developments.** For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to <a href="https://www.irs.gov/Form1099K">www.irs.gov/Form1099K</a>.

CORRECTED (if checked) OMB No. 1545-2205 FILER'S name, street address, city or town, state or province, country, ZIP FILER'S TIN or foreign postal code, and telephone no. 474257046 **Payment Card and** CYNERGY DATA C/O MERCHANT SERVICES PAYEE'S TIN Third Party 2022 P. O. BOX 246 200543879 Network 30009 ALPHARETTA, GA 1a Gross amount of payment card/third party network **Transactions** transactions Form **1099-K** \$ 405.00 1b Card Not Present 2 Merchant category code Copy B transactions 8398 For Payee Check to indicate if FILER is a (an): Check to indicate transactions 405.00 reported are 3 Payment settlement entity (PSE) X Number of payment Federal income tax Payment card withheld transactions Electronic Payment Facilitator This is important tax 0.00 15 \$ (EPF)/Other third party Third party network information and is being furnished to PAYEE'S name 5a January 5b February the IRS. If you are 150.00 70.00 SALT SPRINGS ALLIANCE INC required to file a return, a negligence 5c March 5d April penalty or other 145.00 0.00 \$ \$ Street address (including apt. no.) sanction may be imposed on you if 9120 OLD POST RD 5e May 5f June taxable income 20.00 0.00 SALT SPRINGS ALLIANCE INC \$ \$ results from this transaction and the 5g July 5h August IRS determines that it 0.00 0.00 City or town, state or province, country, and ZIP or foreign postal code \$ \$ has not been PORT RICHEY, FL 34668 reported. 5i September 5j October 0.00 0.00 \$ PSE'S name and telephone number 51 December SYNOVUS BANK 5k November 20.00 0.00 855-813-5293 \$ 6 State 7 State identification no. 8 State income tax withheld Account number (see instructions) 0.00 FL3899000003892955

Form **1099-K** 

(Keep for your records)

www.irs.gov/Form1099K

Department of the Treasury - Internal Revenue Service

Form 990-N

#### **Electronic Notice (e-Postcard)**

OMB No. 1545-2085

Department of the Treasury Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2022

Open to Public Inspection

A For the 2022 Calendar year, or tax year beginning 2022-01-01 and ending 2022-12-31

B Check if available Terminated for Business

www.saltspringsalliance.org

Gross receipts are normally \$50,000 or less

C Name of Organization: SALT SPRINGS ALLIANCE INC

9120 Old Post Road, Port

D Employee Identification Number 20-0543879

,

Richey, FL, US, 34668

E Website:

F Name of Principal Officer: Randy Stephenson

5606 Work Shop Lane, Port Richey, FL, US, 34668

**Privacy Act and Paperwork Reduction Act Notice:** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

# SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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Name of the organization Salt Spring Alliance INC.		Employer identification number 20-5043879
Sait Spring Amarice INC.		20-3043679
NCOME:		
Amazon Smile	\$33.44	<b>*</b>
Pasco Co. Comissioners	\$4,355.00	
Membership Dues	\$440.00	
Donations	\$80.00	
Scrap Metal	\$709.34	
TOTAL INCOME:	\$5,617.78	
EVENTS: None due to Covid		
-VENTO. None due to dovid		
RECURRING EXPENSES:		
Spectrum	\$1,655.64	
Nild Appricot	\$990.00	
Wild Appricot Fees	\$19.80	
Earth Cam	\$2,700.00	
Florida State Parks Foundation	\$100.00	
TOTAL RECURRING EXPENSES	\$5,465.44	
OPERATING EXPENSE:		
		***************************************
Postage	\$26.20	
Park Supplies	\$23.50	
CSO Supplies	\$20.78	
Mold Removal Interp. Center	\$325.00	
Dollies for Kayak Transporting	\$117.68	
TOTAL OPERATING EXPENSES	\$513.16	