

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2015 REPORT

(pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name:_Salt Springs Alliance, Inc						
Mailing Address:	9120 Old Po	ost Road, Port Richey, FL 34668				
Telephone Number:	_(727) 816-1890	Website Address (if applicable):	_saltspringsalliance.com			

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:

Our goal is simple; to support our park in the fulfillment of its mission. This mission, as set forth by the Florida Park Service, is to provide resource based recreation while preserving, interpreting and restoring natural, cultural and historical resources.

Brief Description of the CSO's Results Obtained:

Salt Springs Alliance has existed for more than 10 years ... far longer than Werner-Boyce Salt Springs State Park has been officially opened. We have been instrumental in promoting public support and resources (both monetary and material) to help open our park to the public. We have tried to provide many, many items needed by the park staff to efficiently carry on their duties. We have also financed and constructed a remote shelter and camp area at Hope Bayou in the park. We tried to help provide public access to the park through an ongoing program of events; canoe/kayak trips and nature hikes.

Brief Description of the CSO's Plans for Next Three Fiscal Years:

Salt Springs Alliance is looking to fund and support the creation of a bicycle trail along the southern edge of Werner-Boyce Salt Springs State Park. Until we see action from the park management and/or resumption of the construction there is not much else that we can or will be doing.

- ☑ 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

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.

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. 1545-1150

2014

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.

~	ror the	2014 Calenda	ar year, or tax year beginning 1/1/2014 ,	2014, and ending	9	12/31	, 20 14		
В	Check if a	pplicable:	C Name of organization		D Emp	loyer ic	lentification number		
	Address of	change	Salt Springs Alliance, Inc.			20-0543879			
닏	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telep	E Telephone number			
H	Initial retu		P.O. Box 295			727-816-1890			
H	Amended	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Gro		emption		
Ħ		on pending	Port Richey, FL 34673			Number ►			
G			✓ Cash		H Check	▶П	if the organization is not		
	Website		/SaltSpringsAlliance.com				ach Schedule B		
			eck only one) — ✓ 501(c)(3)	(a)(1) or 527	1000 CA - 1000 CA - 1000 CA		0-EZ, or 990-PF).		
			✓ Corporation ☐ Trust ☐ Association ☐ C						
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,0	The state of the s	otal assets				
(Pa	art II, col	umn (B) below	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ ¢	<u>.</u>		
-	art I		e, Expenses, and Changes in Net Assets or Fund Ba			ctions	s for Part I)		
S. Company			the organization used Schedule O to respond to any que						
	1		ons, gifts, grants, and similar amounts received			1			
	2		ervice revenue including government fees and contracts			2	286.00		
	3	AND 1889 - 1891 - 1891 - 1891 - 1891 - 1891 - 1891 - 1891 - 1891 - 1891 - 1891 - 1891 - 1891 - 1891 - 1891 - 1				3	812.05		
	4		ip dues and assessments	* * * * *		4	1105.00		
		Investment		15-1		4	0.00		
	5a		ount from sale of assets other than inventory	5a	0.00				
	b		or other basis and sales expenses	5b	0.00				
	6 6		ss) from sale of assets other than inventory (Subtract line 5b to dudraising events		5c	0.00			
<u>e</u>	а	Gross inco \$15,000) .	ome from gaming (attach Schedule G if greater than	l c- l					
nu	L			6a	0.00				
Revenue	b		me from fundraising events (not including \$	0.00 of contribut	ions				
8			th gross income and contributions exceeds \$15,000)	Ch					
	_			6b	0.00				
	C		t expenses from gaming and fundraising events	6c	0.00				
	d	line 6c) .	e or (loss) from gaming and fundraising events (add lines 6	ba and ob and	Subtract	0.1	ANY EL SOLITO DE		
				1-1		6d	0.00		
	7a		s of inventory, less returns and allowances	7a	0.00				
	b		of goods sold	7b	0.00				
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7			7c	0.00		
	8		nue (describe in Schedule O)			8			
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		>	9	2203.05		
	10		similar amounts paid (list in Schedule O)			10	0.00		
	11		aid to or for members		* * *	11	0.00		
Expenses	12		ther compensation, and employee benefits			12	0.00		
	13		al fees and other payments to independent contractors			13	0.00		
	14		/, rent, utilities, and maintenance			14	0.00		
			ublications, postage, and shipping		15	26.48			
	16		enses (describe in Schedule O)		16	1619.64			
	17	Total expe	nses. Add lines 10 through 16	▶	17	1646.12			
ts	18		deficit) for the year (Subtract line 17 from line 9)			18	556.93		
set	19		or fund balances at beginning of year (from line 27, column						
As			r figure reported on prior year's return)			19	10370.73		
Net Assets	20		ges in net assets or fund balances (explain in Schedule O) .			20	0.00		
	21	Net assets	or fund balances at end of year. Combine lines 18 through 2	0	▶	21	10927.66		

Form 990-EZ (2014) 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 Cash, savings, and investments 10370.73 22 10927.66 23 Land and buildings 0.00 23 0.00 24 Other assets (describe in Schedule O) 0.00 24 0.00 25 10370.73 25 10927.66 26 Total liabilities (describe in Schedule O) 0.00 26 0.00 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 10370.73 27 10927.66 Part 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 Citizen support organization for Werner-Boyce State Park What is the organization's primary exempt purpose? 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 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. Visitor services: Operate park tours, hiking and kayaking events. Several hundred people participated during the year. (Grants \$ 0.00) If this amount includes foreign grants, check here 28a 297.98 Park maintenance: Help do trail maintenance and removal of invasive species. 29a 0.00 30 (Grants \$ 0.00) If this amount includes foreign grants, check here 30a 0.00 31 Other program services (describe in Schedule O) (Grants \$ 0.00) If this amount includes foreign grants, check here 31a 0.00 32 297.98 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 (d) Health benefits, (c) Reportable (b) Average contributions to employee (e) Estimated amount of compensation (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 Paul Herman President 8 0.00 0.00 0.00 Carol Goodrich 0.00 0.00 0.00 Treasurer Susan Herman 0.00 0.00 Secretary 0.00 Burt Golub Director 0.00 0.00 0.00 Doug Cassidy 0.00 0.00 0.00 Director Greg Abbott Director 0.00 0.00 0.00 Alan Cribb Director 0.00 0.00 0.00 Ed Caum Director 0.00 0.00 0.00 Pat Brophy 0.00 0.00 0.00 Director Ken Anderson Director 0.00 0.00 0.00 Bruce Pearson

Director

0.00

0.00

0.00

Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ne	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	T	
22	Did the association association in the size of the siz		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	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33	 	V
	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		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			١,
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b	-	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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		_
•	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 0.00	PERSONAL PROPERTY.		,
ь 38а	Did the organization file Form 1120-POL for this year?	37b		1
oou	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	583		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9		1	
b 40a	Gross receipts, included on line 9, for public use of club facilities			
40a	section 4911 ► 0.00 ; section 4912 ► 0.00 ; section 4955 ► 0.00			
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	and the same	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,			
	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	10-		,
41	List the states with which a copy of this return is filed	40e		✓
42a		727-96	7-3528	 B
		34653	3-2066	
b	Located at ▶ P.O. Box 2066, New Port Richey, FL ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	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	MRE	1
	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 U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
440	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
44a	completed instead of Form 990-EZ	44a		1
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		1
С	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 explanation in Schedule O	44-1		
45a	explanation in Schedule O	44d 45a		1
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	TJa		
_	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)	45b		1

orm 99	0-EZ (20	114)						p	age 4
01111 00	0 12 (20	71-9)		9.6 (3.4 (3.4 (3.4 (3.4 (3.4 (3.4 (3.4 (3.4	700000000000000000000000000000000000000			Yes	
46		ne organization engage, directly or includates for public office? If "Yes," co							1
Part \	VI :	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	only s must answer que	estions 47–49b ar	nd 52, and co	omplete the		or line	es \Box
47		ne organization engage in lobbying a	e in lobbying activities or have a section 501(h) election in effect during the tax					No	
48 49a b 50	Is the Did th If "Ye: Comp	organization a school as described in ne organization make any transfers to s," was the related organization a se- plete this table for the organization's	section 170(b)(1)(A)(i an exempt non-chaction 527 organization five highest comper	i)? If "Yes," comple aritable related orga on? asated employees (te Schedule E unization? . other than off		48 49a 49b ors, truste	es an	
		oyees) who each received more than Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health contributions benefit plans	n benefits,	(e) Estimate other con	ed amou	unt of
f 51	Comp	number of other employees paid over plete this table for the organization's 000 of compensation from the organ	s five highest comp	ensated independe	ent contractor	s who each	received	more	thar
-27-10-200-1-20	(a)	Name and business address of each independent	ent contractor	(b) Type of s	service	(c) (Compensat	ion	2010/2014
lone									
				-					
d 52	Did t	number of other independent contra the organization complete Schedu pleted Schedule A		ection 501(c)(3) or			a ▶□ Yes	s 🗆 I	No
		of perjury, I declare that I have examined this red complete. Declaration of preparer (other than					owledge and	d belief,	it is
Sign Here			surer		Da 5/6	ite //2015			
Paid	oror	Type or print name and title Print/Type preparer's name	Preparer's signature		Date	Check Self-employ			

Preparer Use Only

Firm's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Salt Springs Alliance, Inc.	20-0543879
Part I, Line 16 - Other Expenses	
Bank fees: \$46.50	
Computer software: 399.99	
Event expenses: 297.98	
Website expenses: 647.17	
Travel and meetings: 228.00	
TOTAL OTHER EXPENSES: 1619.64	

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number