DIPARTMIN DE CHE

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2020 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name: North Florida Springs Alliance

Mailing Address: P.O. Box 1248, High Springs, FL 32655-1248

Telephone Number: (352) 380-0441 Website Address (if applicable): www.northfloridaspringsalliance.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

The function of the North Florida Springs Alliance is to provide support to the following state parks: Wes Skiles-Peacock Springs, Lafayette Blue Springs, Madison Blue Springs, Troy Springs, and Suwannee River State Parks. This is accomplished via volunteering, fund raising, supporting research, community and visitor education, and events.

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

Investigate step and deck maintenance at Orange Grove at Wes Skiles-Peacock Springs SP

Complete the interpretive trail and Lafayette Blue Springs SP (One Sign Remaining)

Promote eco-day projects at parks that allow company employees to support nonprofits

Continue to support research projects, with investigation of grant funds

Community outreach with event/exhibits, as well as projects

Fund raising to meet the budgetary needs of the park

Convert social media interest in the NFSA into actual membership

Perform membership development to leadership roles in the NFSA

Develop networking with other CSOs in the area

Increase community involvement in the NFSA with more specific user groups

Perform trail maintenance

Increase membership in the NFSA with marketing efforts

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

Re-deck the steps, landings, and ramp at Orange Grove in Wes Skiles–Peacock Springs SP

Resolve banking issues with the NFSA's checking and PayPal accounts

Outreach at the NSS-CDS International Conference

Eco-Day at Madison Blue Springs State Park

National Public Lands Day at Wes Skiles-Peacock Springs State Park

Outreach at M2 Blue, Sims Sink and Beaver Springs

Distribution of the DCS Pamphlets at State Parks

Promote eco-day projects at parks that allow company employees to support nonprofits

Continue to support research projects, with investigation of grant funds

Community outreach with event/exhibits, as well as projects

Fund raising to meet the budgetary needs of the park

Convert social media interest in the NFSA into actual membership

Perform membership development to leadership roles in the NFSA

Develop networking with other CSOs in the area

Increase community involvement in the NFSA with more specific user groups

Perform trail maintenance

Increase membership in the NFSA with marketing efforts

Develop and distribute a regular newsletter to the membership

- ☑ 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).

North Florida Springs Alliance CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of North Florida Springs Alliance (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 North Florida 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.

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.

Adopted by the NFSA board July 18th 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, at one time, 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.

e-Postcard View 05/18/2020, 19:35

1 01111 330-14	Electronic Notice (e-Postcard)	OMB No. 1545-2085		
Department of the Treasury Internal Revenue Service for				
		Open to Public Inspection		
A For the 2019 Calendar year, or tax y	year beginning 2019-01-01 and ending 2019-12-31	\		
B Check if available Terminated for Business Gross receipts are normally \$50,000 or	C Name of Organization: NORTH FLORIDA SPRINGS ALLIANCE 3631 201st Path, Live Can	D Employee Identification Number <u>83-0496195</u>		
E Website: northfloridaspringsalliance.org	FL, US, 32060 F Name of Principal Officer: Sean Depose 2220 SW 3 SNApt 136, Gaines fills ML, US, 32608	_		

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 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 the 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.

Form OOO N

Form **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)

9010

2019

OMB No. 1545-0047

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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20 C Name of organization **B** Check if applicable: D Employer identification number Address change NORTH FLORIDA SPRINGS ALLIANCE, INC 83-0496195 Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return PO BOX 1248 (516) 446-1679 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ HIGH SPRINGS, FL 32655-1248 Application pending G Accounting Method: ☐ Cash ☐ Accrual Other (specify) ▶ H Check ► ✓ if the organization is **not** required to attach Schedule B www.northfloridaspringsalliance.org (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) - \Box 501(c)(3) \checkmark 501(c) (1) \blacktriangleleft (insert no.) \Box 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 3,492 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2,105 2 Program service revenue including government fees and contracts 2 3 3 1,305 4 4 Investment income Gross amount from sale of assets other than inventory 5a С Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . 5c Gaming and fundraising events: 6 Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . 6d Gross sales of inventory, less returns and allowances 7a 7b Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c C 82 8 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 3.492 10 Grants and similar amounts paid (list in Schedule O) . 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 16 969 17 17 969 Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 2,523 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 30,325 20 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 32,848

Cat. No. 10642I

Form 990-EZ (2019) 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 30,353 22 22 Cash, savings, and investments . . . 32,848 23 23 24 Other assets (describe in Schedule O) 24 30,353 **25** 25 Total assets 32,848 26 Total liabilities (describe in Schedule O) 28 **26** 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 30.325 27 32,848 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 Education and Research for Florida State Parks 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 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. 28 If this amount includes foreign grants, check here 28a (Grants \$ 29 (Grants \$) If this amount includes foreign grants, check here . 29a 30) If this amount includes foreign grants, check here 30a **31** Other program services (describe in Schedule O)) 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 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 Denney, Sean President 10 Jessop, Kelly Vice President 10 Hughes, Adam Treasurer 10 Womble, Jim Secretary 10 Niesent, Tracy Director at Large 10 Robinson, Rick Director at Large 10 Havens, RB Director at Large 10

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V 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 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 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 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 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 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 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 37b 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? ... 38a If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter: 39 39a **b** Gross receipts, included on line 9, for public use of club facilities 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 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, Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ▶ 41 **42a** The organization's books are in care of ▶ Telephone no. ▶ ZIP + 4 ▶ 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 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). 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 ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a 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 45b

Page 3

Form 990	-EZ (2019)						P	Page 4	
46	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities	on behalf of	or in opposit	ion	Yes	No	
1	to candidates for public office? If "Yes," of	complete Schedule C	, Part I			. 46		√	
Part V		_							
	All section 501(c)(3) organization	ns must answer que	stions 47–49b ar	nd 52, and c	omplete th	e tables f	or line	es	
	50 and 51.								
	Check if the organization used Sc	hedule O to respond	to any question i	n this Part V	l			<u>, </u>	
							Yes	No	
	Did the organization engage in lobbying				t during the	I			
-	year? If "Yes," complete Schedule C, Par					47		\	
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							\	
			_			-		√	
	If "Yes," was the related organization a so Complete this table for the organization's					. 49b		√	
	employees) who each received more than								
	This occupied the state of the			_	th benefits,	0, 011101 1			
	(a) Name and title of each employee hours per wee		(c) Reportable compensation	contribution	ns to employee	(e) Estimate			
	,,	devoted to position	(Forms W-2/1099-MIS		s, and deferred ensation	rred other compensation			
		-							
		-							
		-							
	Total number of other employees paid ov								
51 (Complete this table for the organization	's five highest compe	ensated independe	ent contracto	rs who each	received	more	than	
	\$100,000 of compensation from the orga	anization. If there is no	ne, enter None.						
	(a) Name and business address of each independent contractor		(b) Type of service		(c)	(c) Compensation			
	<i></i>								
	Total number of other independent contra	•		.▶					
	Did the organization complete Schedu	ule A? Note: All se	ection 501(c)(3) or	ganizations					
	completed Schedule A					.► Yes			
	nalties of perjury, I declare that I have examined this ect, and complete. Declaration of preparer (other tha					nowledge and	l belief,	it is	
	, a z z z z z z z z z z z z z z z z z z				-9-1				
Sign	Signature of officer	Signature of officer Date							
Here	▶ Darryl Steinhauser, Treasurer (2020)								
	Type or print name and title								
Deid	Print/Type preparer's name	Preparer's signature		Date	Charl	: PTIN			
Propo	7				Check if self-employed				
Prepa Use O				F	rm's EIN ▶				
	Firm's address ▶				hone no.				
May the	IRS discuss this return with the prepare	r shown above? See i	nstructions			►		No	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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

Open to Public

Inspection Internal Revenue Service Name of the organization **Employer identification number** NORTH FLORIDA SPRINGS ALLIANCE INC 830496195 LINE 16: Other Expenses Friends of Florida Parks: \$100.00 SunBiz Filing Fee: \$61.25 New Website: \$622.00 SunBiz Filing Fee: \$61.25 Web Hosting Fee: \$17.99 TOTAL = \$862.49 LINE 26: Total Liabilities Sales Tax: \$0.00