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.

Adopted by the NFSA board July 18th 2014
**Form 990-N**
Department of the Treasury
Internal Revenue Service

**Electronic Notice (e-Postcard)**
for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

| A | For the 2019 Calendar year, or tax year beginning 2019-01-01 and ending 2019-12-31 |
| B | Check if available |
|   | Terminated for Business |
|   | Gross receipts are normally $50,000 or less |
| C | Name of Organization: NORTH FLORIDA SPRINGS ALLIANCE |
|   | 3631 201st Path, Live Oak, FL, US, 32060 |
| D | Employee Identification Number 83-0496195 |
| E | Website: northfloridaspringsalliance.org |
| F | Name of Principal Officer: Sean Denney |
|   | 2220 SW 57th St Apt 136, Gainesville, FL, 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 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.
### Form 990-EZ

**Return of Organization Exempt From Income Tax**

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

### Part I

**Revenue, Expenses, and Changes in Net Assets or Fund Balances**

(see the instructions for Part I)

**Check if the organization used Schedule O to respond to any question in this Part I**

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Expense</th>
<th>Net Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Contributions, gifts, grants, and similar amounts received</td>
<td>2 Program service revenue including government fees and contracts</td>
<td>1,205</td>
</tr>
<tr>
<td>3 Membership dues and assessments</td>
<td>4 Investment income</td>
<td>1,305</td>
</tr>
<tr>
<td>5a Gross amount from sale of assets other than inventory</td>
<td>b Less: cost or other basis and sales expenses</td>
<td>5b</td>
</tr>
<tr>
<td>6 Gaming and fundraising events:</td>
<td>c Gain or (loss) from sale of assets other than inventory</td>
<td>5c</td>
</tr>
<tr>
<td>a Gross income from gaming (attach Schedule G if greater than $15,000)</td>
<td>b 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)</td>
<td>6a</td>
</tr>
<tr>
<td>c Less: direct expenses from gaming and fundraising events</td>
<td>d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td>
<td>6d</td>
</tr>
<tr>
<td>7a Gross sales of inventory, less returns and allowances</td>
<td>b Less: cost of goods sold</td>
<td>7b</td>
</tr>
<tr>
<td>c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)</td>
<td>8 Other revenue (describe in Schedule O)</td>
<td>8</td>
</tr>
<tr>
<td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td>
<td>9 3,492</td>
<td></td>
</tr>
<tr>
<td>10 Grants and similar amounts paid (list in Schedule O)</td>
<td>11 Benefits paid to or for members</td>
<td>10</td>
</tr>
<tr>
<td>12 Salaries, other compensation, and employee benefits</td>
<td>13 Professional fees and other payments to independent contractors</td>
<td>12</td>
</tr>
<tr>
<td>14 Occupancy, rent, utilities, and maintenance</td>
<td>15 Printing, publications, postage, and shipping</td>
<td>13</td>
</tr>
<tr>
<td>16 Other expenses (describe in Schedule O)</td>
<td>17 Total expenses. Add lines 10 through 16</td>
<td>16</td>
</tr>
<tr>
<td>18 Excess or (deficit) for the year (subtract line 17 from line 9)</td>
<td>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)</td>
<td>18</td>
</tr>
<tr>
<td>20 Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>21 Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td>20</td>
</tr>
<tr>
<td>21 Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td>21 32,848</td>
<td></td>
</tr>
</tbody>
</table>

**Net Assets**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Excess or (deficit) for the year (subtract line 17 from line 9)</td>
</tr>
<tr>
<td>19</td>
<td>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)</td>
</tr>
<tr>
<td>20</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>21</td>
<td>Net assets or fund balances at end of year. Combine lines 18 through 20</td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>30,353</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>22</td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>24</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>30,353</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>28</td>
</tr>
<tr>
<td>27 Net assets or fund balances</td>
<td>30,325</td>
</tr>
</tbody>
</table>

### Part III  Statement of Program Service Accomplishments (see the instructions for Part III)

What is the organization’s primary exempt purpose? **Education and Research for Florida State Parks**

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.

<table>
<thead>
<tr>
<th>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 Other program services (describe in Schedule O)</td>
</tr>
<tr>
<td>29 Other program services (describe in Schedule O)</td>
</tr>
<tr>
<td>30 Other program services (describe in Schedule O)</td>
</tr>
<tr>
<td>31 Other program services (describe in Schedule O)</td>
</tr>
<tr>
<td>32 Total program service expenses (add lines 28a through 31a)</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denney, Sean</td>
<td>President</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jessop, Kelly</td>
<td>Vice President</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hughes, Adam</td>
<td>Treasurer</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Womble, Jim</td>
<td>Secretary</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Niesent, Tracy</td>
<td>Director at Large</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Robinson, Rick</td>
<td>Director at Large</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Havens, RB</td>
<td>Director at Large</td>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

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.

34 Were any significant changes made to the organizing or governing documents? If “Yes,” attach a conforming copy of the amended documents if they reflect a change to the organization’s name. Otherwise, explain the change on Schedule O. See instructions.

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)?

35b If “Yes” to line 35a, has the organization filed a Form 990-T for the year? If “No,” provide an explanation in Schedule O.

35c 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.

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.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

38a Did the organization file Form 1120-POL for this year?

38b 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?

39 Section 501(c)(7) organizations. Enter:

39a Initiation fees and capital contributions included on line 9.

39b Gross receipts, included on line 9, for public use of club facilities.

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955.

40b 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.

40c 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.

40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.

40e 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.

41 List the states with which a copy of this return is filed.

42a The organization’s books are in care of.

Located at.

Telephone no.

42b 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).

42c 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.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here.

44a Did the organization maintain any donor advised funds during the year? If “Yes,” Form 990 must be completed instead of Form 990-EZ.

44b Did the organization operate one or more hospital facilities during the year? If “Yes,” Form 990 must be completed instead of Form 990-EZ.

44c Did the organization receive any payments for indoor tanning services during the year?

44d If “Yes” to line 44c, has the organization filed a Form 720 to report these payments? If “No,” provide an explanation in Schedule O.

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b 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.
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. 

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.

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

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

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

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.”

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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.”

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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.

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

Signature of officer

Date

Darryl Steinhauser, Treasurer (2020)

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
**Name of the organization**  
NORTH FLORIDA SPRINGS ALLIANCE INC  

**Employer identification number**  
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

**TOTAL = $0.00**