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Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2019 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Orga	anization (CSO) Name: <u>Salt Springs Alliance Inc</u>	
Mailing Address:	8352 Carolyn Drive, Port Richey, FL 34668	
Telephone Number: _	844-344-4490 Website Address (if applicable):	www.SaltSpringsAlliance.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: Salt Springs Alliance is the citizen support organization (CSO) for Werner-Boyce Salt Springs State Park. Our goal is; to support our park in the fulfillment of it's 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.

Description of the CSO's Results Obtained: The CSO was successful in bring large events to the park to generate income and community awareness. The CSO developed and supplies Maps to the park with information on CSO membership, the park and the trails within the park for community enjoyment, while maintaining positive cash flow. The largest accomplishment was the partnership with the county in the acquisition of a webcam to be set up and broadcasted globally.

Description of the CSO's Plans for the Next Three Fiscal Years: Specific Annual Plan is attached, the CSO will enhance and support the park financially and with volunteers by increasing membership, donations, and events that generate income and community awareness and participation.

- 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).

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

2018

Open to Public Inspection

A For the 2018 Calendar year, or tax year beginning 2018-01-01 and ending 2018-12-31

B Check if available Terminated for Business Gross receipts are normally \$50,000 or less	C Name of Organization: <u>SALT SPRINGS ALLIANCE INC</u> 8352 Carolyn Drive, Port Richey, FL, US, 34668	D Employee Identification Number 20-0543879
E Website: www,SaltSpringsAlllance,com	F Name of Principal Officer: <u>Jaana Jala</u> 8352 Carolyn Drive, Port Richey, FL, US, 34668	ū

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.

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.

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)

OMB No. 1545-1150

nen to Public

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.

Open to Public Inspection

A F	or the	2018 calenda	ar year, or tax year beginning Junuary , 2018, and ending)) e (e r	nber	31 ,20 18	
B Check if applicable:		oplicable:	C Name of organization	D Empl	oyer ide	ntification number	
	Address cl	hange	SALT SPRINGS ALLIANCE INC		20	0-054387	
$\overline{}$	Name chai	0	Number and street (or P.O. box, if mail is not delivered to street address)	E Telep	hone nu	mber	
	nitial retur		8352 CAROLYN DRIVE		8443	3444490 X 2	
	mended i	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	p Exen	nption	
		n pending	Port Richey, FL 34668	Num	ber >	he	
G A	ccount	ing Method:	☐ Cash ☐ Accrual Other (specify) ► ☐ H C	heck D	▼ if	the organization is not	
	ebsite					ch Schedule B	
J Ta	ax-exem	_				-EZ, or 990-PF).	
			✓ Corporation ☐ Trust ☐ Association ☐ Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets			
			5500,000 or more, file Form 990 instead of Form 990-EZ	200010	• •		
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the in	netrue	tions	for Part I)	
	2111		the organization used Schedule O to respond to any question in this Part I				
ht	1				1	500	
ht	2		ons, gifts, grants, and similar amounts received		2	0	
ht			ervice revenue including government fees and contracts		_	734	
li.	3		ip dues and assessments		3	734	
Li.	4	Investment			4		
	5a		ount from sale of assets other than inventory 5a	0			
	b		or other basis and sales expenses	- 0	-		
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6		nd fundraising events:				
ne	а	\$15,000)	ome from gaming (attach Schedule G if greater than	0			
Revenue	b	Gross inco	ome from fundraising events (not including \$ of contributions				
ě	_		raising events reported on line 1) (attach Schedule G if the				
ш			ch gross income and contributions exceeds \$15,000) 6b	567			
	С		et expenses from gaming and fundraising events 6c	0			
			e or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract			
		line 6c)			6d	567	
	7a	Gross sale	s of inventory, less returns and allowances	0	-		
	b		of goods sold	0			
	c		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0	
	8		nue (describe in Schedule O)		8	0	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	1801	
	10		d similar amounts paid (list in Schedule O)		10	0	
	11		aid to or for members		11	0	
w	12		ther compensation, and employee benefits M		12	0	
Expenses	13		al fees and other payments to independent contractors		13	0	
en	14		y, rent, utilities, and maintenance		14	0	
×		,	ublications, postage, and shipping		15	445	
_	15		enses (describe in Schedule O)		16	0	
	16						
_	17	Total expe	enses. Add lines 10 through 16		17	445	
ts	18		(deficit) for the year (Subtract line 17 from line 9)		18	1356	
sse	19				40	1011	
Net Assets			ar figure reported on prior year's return)		19	64.16	
let	20		nges in net assets or fund balances (explain in Schedule O)		20	0225	
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. 🕨	21	8175	

Pa	990-EZ (2018)					Page
	Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this			
				(A) Beginning of year	-	(B) End of year
22	Cash, savings, and investments			6916	22	8275
23	Land and buildings			0	23	
24	Other assets (describe in Schedule O)			0	24	0.0.0.
25	Total assets			6916	25	8275
26	Total liabilities (describe in Schedule O)			0	26	Dr. 0
27	Net assets or fund balances (line 27 of column	1		6916	27	8275
Par	t III Statement of Program Service Accom	•				F
	Check if the organization used Schedule			Part III L	(Rega	Expenses uired for section
Wha	t is the organization's primary exempt purpose?	support st	ate park			c)(3) and 501(c)(4)
Desc	cribe the organization's program service accompli-	shments for each o	f its three largest p	program services,		nizations; optional for
	neasured by expenses. In a clear and concise m		e services provide	d, the number of	other	S.)
pers	ons benefited, and other relevant information for ea	ach program title.				
28	salt works alive					
ht	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗌	28a	
29	webcam live					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	29a	
30						
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	30a	
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	
32	Total program service expenses (add lines 28a				32	
Par	t IV List of Officers, Directors, Trustees, and Key	y Employees (list each	n one even if not com	pensated-see the in	nstruct	tions for Part IV)
	Check if the organization used Schedule	O to respond to ar				🗆
		(b) Average	(c) Reportable for compensation	(d) Health benefits, contributions to employ	ee (e) F	stimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	ot	her compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	n	
Tamı	my Carr, President	5				
		3		0	0	
		1	1	I		
					_	
					\top	

Form 990-EZ (2018) Page **3**

	Part	Part V Other Information (Note the Schedule A and personal benefit contract statement requirements					
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s 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.		
hi	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		·		
	b c	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, 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		1		
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b		,	_	
	ь 39	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		_	E	
	a b 40a	Initiation fees and capital contributions included on line 9					
		section 4911 ► ; section 4912 ► ; section 4955 ► Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958					
	С	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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		✓	E	
		on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
	d e	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization					
	41	transaction? If "Yes," complete Form 8886-T	40e		✓		
		The organization's books are in care of ▶ Telephone no. ▶					
		7ID 1 h					
	ь	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	42b	Yes	No ✓		
		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 United States? If "Yes," enter the name of the foreign country	42c		✓	-	
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 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 completed instead of Form 990-EZ	44a		1	I	
	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		
	d	Did the organization receive any payments for indoor tanning services during the year?	44c		1	I	
	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	45a	+	1		
		Form 990-EZ. See instructions	45b		1		

orm 99	90-EZ (2018)						P	age 4
		M 1500 1 NR 140790 1507	29 90340231	Curs 60 (P40 50 F	104200		Yes	No
6	Did the organization engage, directly or in							
	to candidates for public office? If "Yes," of		, Part I			46		1
art \								
	All section 501(c)(3) organization	is must answer que	estions 47-49b and	52, and con	nplete the	tables for	or line	es
	50 and 51.							
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI				
							Yes	No
7	Did the organization engage in lobbying	activities or have a	section 501(h) election	n in effect d	uring the t	ax		
	year? If "Yes," complete Schedule C, Par	t II				47		/
В	Is the organization a school as described in							·
	Did the organization make any transfers t							-
b	If "Yes," was the related organization a se	o an exempt non-cha	mable related organia	zation		494	-	
0	Complete this table for the organization's	five highest sames	ont			49b		11
	employees) who each received more than	s live nignest compen	sated employees (oth	er than office	rs, director	rs, trustee	s, and	ı ke
	employees) who each received more than	1 \$100,000 of comper	nsation from the organ			, enter ive	one.	
	(a) Name and title of each and a	(b) Average	(c) Reportable	(d) Health b		(e) Estimated	d amou	nt of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, ar	nd deferred	other comp		
		devoted to position	(i omis w-2/1033-Wi3O)	compens	ation			
								_
	\$100,000 of compensation from the orga (a) Name and business address of each independ		(b) Type of servi	ice	(c) C	Compensatio	n	
е								
								_
d	Total number of other independent contra	actors each receiving	over \$100,000	-				
	Did the organization complete Schedu				st attach	а		
	completed Schedule A					► Yes	✓ N	lo
er ne	enalties of periury. I declare that I have examined this	return, including accompan	ying schedules and stateme	ents, and to the b	est of my kno			
corr	rect, and complete. Declaration of preparer (other than	officer) is based on all info	rmation of which preparer h	nas any knowledo	e.	euge und	20.01,	
	1 - pr	_						
n	Signature of officer	Date						
e	Jaana Jala, Vice President 7/3/201	9						
	Type or print name and title		300 040					
	Print/Type preparer's name	Preparer's signature	Da	te	Chast	PTIN		
d					Check Self-employe	ed		
pa	nrer			F				
) O	Only Firm's name ►				EIN ▶			_
	Firm's address ▶	-h	notruotic	Phon	_			
the	e IRS discuss this return with the preparer	snown above? See i	nstructions		>	► ☐ Yes		No