

## Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2022 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 (Hours from VSys - Work with your parks' volunteer manager):

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

Do <u>not</u> duplicate by describing accomplishments and contributions in the summary (<u>Brag</u> in the above Results Obtained). Below, describes 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 Service Expenses** are costs related to providing your organization's programs or services in accordance with your mission. Describe and provide <u>expenses that directly support the park(s)</u>. For established nonprofit organizations, program service expenses generally represent most of the overall expense of the organization. Provide description and total \$ for each that apply.

- 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 \$ 0**

#### **Visitor Services Revenue**

Describe revenues and the sources generated from fundraising on park property.

- 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.) \$ 3236
  - 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 \$ 3236

#### **NET ASSETS:** \$ 874760

Organizations end of last year's <u>Total Liabilities minus Total Assets</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.

This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes							
CSO President	Manuel Perez Digitally signed by Manuel Perez Date: 2022.07.05 09:04:57 -04'00'						
Park Manager	Gary R. Dickinson Digitally signed by Gary R. Dickinson Date: 2022.06.30 16:04:49 -04'00'						

#### CSO's Code of Ethics is attached

CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. All IRS Form 990's must be *complete* with Part III Program Service and *all* 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.

# Olustee Battlefield Historic State Park Citizens Support Organization

# **CODE OF ETHICS**

Approved 1 July 2015

#### **PREAMBLE**

- (1) It is essential to the proper conduct and operation of <u>Olustee Battlefield Citizen Support</u> <u>Organization, Inc.</u>, (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 Olustee Battlefield Citizen Support Organization, Inc., 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.

#### 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.

Olustee Battlefield Historic State Park Citizens Support Organization P. O. Box 382 Glen St. Mary, Florida 32040

For Paperwork Reduction Act Notice, see the separate instructions.

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)

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs. ov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2021 Open to Public Ins ection

Form 990 (2021)

Department of the Treasury Internal Revenue Service For the 2021 calendar year or tax year beginning and ending C Name of organization Olustee Battlefield Citizens D Employer Identification number Check if applicable: Support Organization, Inc. Address change 59-3039233 Doing business as Name change Number and street (or P.O, box if mail is not delivered to street address) Room/suite E Telephone numbe 904-219-8949 Initial return PO Box 382 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Glen St. Marv FL 32040 28,913 G Gross receipts \$ Amended return F Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending David Richardson PO Box 67 H(b) Are all subordinates included? If "No," attach a list. See instructions Glen St. Marv FL 32040 ) **(**insert no.) 4947(a)(1) or 527 **X** 501(c)(3) 501(c) ( Tax-exempt status: N/A H(c) Group exemption number Website: Form of organization: X Comporation Trust Association Other Year of formation: M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: To promote academic, archaeological, and historical ᆲ resources 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. ၉ 15 3 Number of voting members of the governing body (Part VI, line 1a) య 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year 2,525 50 8 Contributions and grants (Part VIII, line 1h) 1,807 3,236 9 Program service revenue (Part VIII, line 2g) 14,286 25,417 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -10.379-556 8,239 28,147 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) Ö b Total fundraising expenses (Part IX, column (D), line 25) ▶ 790 806 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 790 806 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,449 27,341 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 845,423 872,764 20 Total assets (Part X, line 16) O O 21 Total liabilities (Part X, line 26) 845,423 872,764 22 Net assets or fund balances, Subtract line 21 from line 20 Part II Signature Block 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-Signature of officer Date Sign David Richardson Treasurer Here Type or print name and title X if PTIN Print/Type preparer's name Pregarer's signature Date James Greg Lyons, CPA Paid 06/23/22 self-employed P00924468 James G. Lyons, CPA Preparer CPA's 59-3157692 Finn's EIN Lvons & Lvons, Finn's name Use Only 106 West Blvd 904-259-4307 32063-2605 Macclenny, FL Phone no. X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Part III S	Olustee Battlefie Statement of Program Service Check if Schedule O contains	ice Accomplishments	59-3039233 ine in this Part III	<u>Page</u> <b>2</b>
1 Briefly desc	ribe the organization's mission: note academic, arc	<del></del>		
prior Form 9	anization undertake any significant p 990 or 990-EZ? scribe these new services on Scheo		which were not listed on the	Yes X No
3 Did the organized services?	anization cease conducting, or mak	e significant changes in how it con	ducts, any program	Yes X No
4 Describe the expenses. S		complishments for each of its thre inizations are required to report the	e largest program services, as measured e amount of grants and allocations to oti	
The org		ed to construct a	) (Revenue museum and prepare ace in February of e	for the annual
4b (Code: N/A	) (Expenses \$ .	including grants of \$	) (Revenue	\$
4c (Code: N/A	) (Expenses \$	including grants of \$	) (Revenue	\$
4d Other progr	am services (Describe on Schedule	O.) ding grants of \$	(Revenue \$	

4e Total program service expenses ▶

#### 59-3039233 Form 990 (2021) Olustee Battlefield Citizens Page 3 Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X complete Schedule A 2 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 X assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D. Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes." complete Schedule F. Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III ...

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

X

X

X

X

18

19

20a 20b

		Ye	s No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_ 22	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22	x
24a	employees? If "Yes," complete Schedule J.  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	А
<b>27</b> a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		
	through 24d and complete Schedule K. If "No," go to line 25a	<b>24</b> a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		
	to defease any tax-exempt bonds?	∣ 24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		
	If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee		
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	0.7	v
20	persons? If "Yes," complete Schedule L, Part III _ Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	27	<u> </u>
28	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
9	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		
а	"Yes," complete Schedule L, Part IV	28a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	202	
•	"Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		
	conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		
	complete Schedule N, Part II .	32	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		
	or IV, and Part V, line 1	34	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0=1	
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36	X
37	related organization? If "Yes," complete Schedule R, Part V, line 2.  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	3,	
00	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	1 55	
	Check if Schedule O contains a response or note to any line in this Part V		
		Υe	s No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		
	reportable gaming (qambling) winnings to prize winners?	1c	

Form 990 (2021)

### Form 990 (2021) Olustee Battlefield Citizens

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

Sec	Check if Schedule O contains a <u>response</u> or note to <u>any</u> line in this Part VI .  tion A. Governing Body and Management	arradic G. C	.,,0		X
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		l		37
_	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the following:			
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		9		x
200	the organization's mailing address? If "Yes" provide the names and addresses on Schedule O.  tion B. Policies (This Section B requests information about policies not required by the Internal.	Revenue Co	1 -		1
000	tion D. I olicies (This Section B reduests information about bolicies not reduited by the internal is	tevenue ot	,ue., <sub>.</sub>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the	form?	11a		x
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		''-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	`	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe on Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
_	organization's exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed FL	504()			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	5U1(C)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
40	Own website Another's website X Upon request Other (explain on Schedule O)	oliou			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	ulicy, and			
20	financial statements available to the public during the tax year.				
20 D:	State the name, address, and telephone number of the person who possesses the organization's books and records avid Richardson PO Box 67				
יע	AVEC TECHNETOPH EO DOA O'				

Glen St. Mary

DAA

Form 990 (2021)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer director or trustee

(A) Name and tille	(B) Average hours per week (list any hours for related organizations below dotted line)	box, unle	(C) Position theore than of easy person is both and a director/trust employee employee	an Reportable compensation	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated of oth compens from t organizati related orga	amount ner sation the on and
(1) Gary Dickinson	0,00 0.00						_
President (2) <b>Thomas Jessee</b>			x	0		0	_0
Vice President (3)Bill Dion	0.00		x	0		0	0
Secretary (4) David Richardson	0.00		x	0		0	0
Treasurer	0.00		x	0		0	0
(5)							
(6)					-		
(7)					-		
(8)							
(9)							
(10)							
(11)							

OLUS9233 06/23/2022 9:13 AM Form 990 (2021) Olustee Battlefield Citizens

Pai	rt VII Section A Officers  (A)  Name and title	, Directors, Trust (B)  Average	(do not	Pos check	C) sition more	than oi	ne	nd Highest Compensated Employees (continued)  (D) (E)  Reportable Reportable	( Estimale	F) d amoun	t
		hours per week (list any hours for related organizations below dotted line)	e Institutional trustee			Highest compensated employee	e) Former	compensation compensation from the from related organization (W-2/ 1099-MISC/ 1099-MISC/ 1099-NEC) 1099-NEC)	compe fron	other msalion in the ation and garrization	
1b c d 2	Subtotal Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not lim	nited_to		e list	ed al	► ► bove	e) who received more than \$100,000 of	_	1	
3 4 5	organization and related organization and related organization	complete Schedu e 1a, is the sum o nizations greater that a receive or accru	ile J fo of repoi nan \$1 ue con	r suc table 50,00	th indiction of the community of the com	lividu ipens "Yes from	al <sup>*</sup> . sations," c	n and other compensation from the omplete Schedule J for such y unrelated organization or individual	3 4 5	Tes	X X
Secti 1	compensation from the organization	ve highest comper	nsated npensa	inde ition	pende for th	ent c e cal	ontr	actors that received more than \$100,000 of ar year ending with or within the ornanization's tax (B) Description of services		(C) Compensa	ition
2	Total number of independent of	contractors (includ	ing bu	not	limite	ed to	thos	se listed above) who			

Form 990 (2021) Olustee Battlefield Citizens

59-3039233

Page 9

Part VIII Statement of Revenue

		Check if Schedule O conta	ins a respor	nse or note t	o any line in this	s Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
হ হ	12	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b	50				
ξ, G G		Fundraising events	1c					
ifts ar /		Related organizations	1d					
E		Government grants (contributions)	1e					
rons		All other contributions, gifts, grants,						
t PEE	g	and similar amounts not included above  Noncash contributions included in	1f					
Ē	y	lines 1a-1f	1g					
<u>a 0</u>	h	Total. Add lines 1a-1f.	•	<b>•</b>	50			
				Business Code	•			
စ္ပ	<b>2</b> a	Sutler Fees			3,236	3,236		
Service	b	******						
		• • •						
Progra	d							
P.	е							
		All other program service revenue		_	2 22 4			
	_	Total. Add lines 2a–2f.		•	3,236			I
	3	Investment income (including dividends	, interest, and		OF 417	OF 417		
		other similar amounts)			25,417	25,417		•
	4	Income from investment of tax-exempt	pona proceeas	· .				
	5	Royalties (i) Real	1 60	Personal				
	6a	Gross rents 6a	(1)	resona.				
	ba	Less: rental expenses 6b						
	C	Rental inc. or (loss) 6c						
	d	Net rental income or loss).		<b>•</b>				
		Gross amount from (i) Securities	(ii	) Other				
		sales of assets other than inventory 7a						
Φ	b	Less: cost or other						
Φ		basis and sales exps. 7b						
œ	С	Gain or (loss) 7c						
-	d	Net gain or (loss)		<b>&gt;</b>				
ö	8a	Gross income from fundraising events						
		(not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a	210				
		Less: direct expenses	8b	766				
		Net income or (loss) from fundraising e	vents <sub>ı</sub> .		-556			-556
	9a	Gross income from garning	_					
		activities. See Part IV, line 19	9a					
		Less: direct expenses	9b	_				
		Net income or (loss) from gaming active	ties .	<u> </u>				
	าบล	Gross sales of inventory, less returns and allowances	100					
	<b>h</b>	Less: cost of goods sold	10a 10b					
		Net income or (loss) from sales of inver	•	•				
		THE INCOME OF (1000) HOLL SAICS OF HIVE	iory.	Business Code				
sno 4	11a							
ane nue	b			1				
Miscellaneous Revenue	c							
≅		All other revenue						
_		Total. Add lines 11a–11d		· •				
	12	Total revenue. See instructions .		<b>&gt;</b>	28,147	28,653	0	-556
					·			Form <b>990</b> (2021)

_	rt IX Statement of Functional Exp	enses	33 30		<u>raye</u> 10
Secti	ion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			molete column (A).	
	ot include amounts reported on lines 6b, 7b, lb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a b	Management				
	Legal _ Accounting	750		750	
	Lobbying	.55			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
٠	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	56		56	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel _		_		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest _				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)				
a	1				
b	+				
C C	+				
d	All other expenses	+			
9 25	All other expenses .	806	0	806	0
<u>25</u> 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720)	500	<u> </u>	500	<u> </u>

•	u, c,	Check if Schedule O contains a response or note to any line in this Part X			
		Check if Schedule O contains a response of hote to any line in this Fait A.	<b>(A)</b>		(B)
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	۱.	Cook non-interest hearing	55	1	55
	1	Cash—non-interest-bearing Southern and temperature assh investments	367,821	2	358,887
	2	Savings and temporary cash investments	307,021	3	330,007
	3	Pledges and grants receivable, net		4	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		-	
	_	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		_	
ssets	۱_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	ı	6	
SS	7	Notes and loans receivable, net		•	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
	١.	basis. Complete Part VI of Schedule D 10a 180,830	150 000		100 020
	I	Less: accumulated depreciation 10b	159,830	10c	180,830
	11	Investments—publicly traded securities	317,717	11	332,992
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.45 400	15	070 764
	16	Total assets. Add lines 1 through 15 (must equal line 33).	845,423	16	872,764
	17	Accounts payable and accrued expenses		17	
	18	Grants payable _		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
တ္သ	22	Loans and other payables to any current or former officer, director,			
<u>©</u> .		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here ▶ X			
es		and complete lines 27, 28, 32, and 33.			
<u>rg</u>	27	Net assets without donor restrictions	559,794	27	608 109
Bala	28	Net assets with donor restrictions	285,629	28	264,655
₽		Organizations that do not follow FASB ASC 958, check here ▶			
		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
S	31	Retained earnings, endowment, accumulated income, or other funds		31	
듛	32	Total net assets or fund balances	845,423	32	872 764
	33	Total liabilities and net assets/fund balances	845,423	33	872 764
	-	•	'		Form 990 (2021)

Fom	n 990 (2021) Olustee Battlefield Citizens 59-3039233			Page 12
Pa	art XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			□
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	8,147
2	Total expenses (must equal Part IX, column (A), line 25)	2		806
3	Revenue less expenses. Subtract line 2 from line 1	3	2	7,341
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	84	5,423
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	87	2,764
Pá	art XII Financial Statements and Reporting			· _
	Check if Schedule O contains a response or note to any line in this Part XII			
			-	Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?		3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to underno such audits		3b	

Form **990** (2021)

#### SCHEDULE A (Form 990)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs. ov/Form990 for instructions and the latest information.

Open to Public Inspection

Olustee Battlefield Citizens Name of the organization Employer identification number ort Or anization 59-3039233 Inc. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (III) Type of organization listed in your governing other support (see (described on lines 1-10 support (see organization above (see instructions)) document? instructions) instructions) No (A) (B) (C) (D)

(E)

Total

59-3039233

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

٥.,	tion A Dublic Company	idino to quality	4,140, 1,10 10010	noted below, p	iodoo compica	5 . a ,	
	tion A. Public Support idar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	45,402	50,927	41,674	2,525	50	140,578
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	45,402	50,927_	41,674	2,525	50	140,578
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Sec	Public support. Subtract line 5 from line 4 tron B Total Support			<i>,</i>			140,578
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	45 402	50 927	41,674	2,525	50	140,578
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,730	19,386	19,840	14,270	25,417	95,643
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		7,667		41,283	210	49,160
11	Total support. Add lines 7 through 10		,,,,,		12,202		285,381
12	Gross receipts from related activities, etc.	(see instructions)			· ·	12	91,079
13	First 5 years. If the Form 990 is for the or	` '.	econd. third. fourth	or lifth tax year a	s a section 501(c)		
	organization, check this box and stop her tion C. Computation of Public Se	e		,		(0)	▶ []
14	Public support percentage for 2021 (line 6	, column (f) divided	by line 11, column	n (f))		14	49.26%
15	Public support percentage from 2020 Sche	edule A, Part II, line	14			<u>15</u>	62.86 %
16a	33 1/3% support test-2021. If the organ			•	3 1/3% or more, c	heck this	_
	box and stop here. The organization qual	ifies as a publicly s	supported organizat	ion			<b>▶</b> 🕱
b	33 1/3% support test—2020. If the organ	ization did not ched	k a box on line 13	or 16a, and line 15	5 is 33 1/3% or mo	ore, check	. $\Box$
	this box and <b>stop here</b> . The organization	-	•				▶ □
17a	10%-facts-and-circumstances test—202	J		•	•		
	10% or more, and if the organization mee Part VI how the organization meets the fa organization				•		▶ □
b	10%-facts-and-circumstances test—202 15 is 10% or more, and if the organization	-					٠ ـــ
	in Part VI how the organization meets the organization				•	•	▶ 🗌
18	<b>Private foundation.</b> If the organization did instructions	d not check a box o	on line 13, 16a, 16t	o, 17a, or 17b, che	ck this box and se	е	<b>▶</b> □

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

Gain on Investments Sold \$ 48,950

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.aov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

0	lustee Battlefield Citizens		
S	upport Organization, Inc.	59-3039233	
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Complete if the organization answered "Yes" on Form 990 Part IV, line 6	Accounts.	
	(a) Donor advised funds	(b) Funds and other	accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusive legal control?		Yes No
6		_	_
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose		
	conferrin im ermissible rivate benefit?		Yes No
Pa	art II Conservation Easements.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.		
	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (for example, recreation or education) Preservation of a historically	ly important land area	
	Protection of natural habitat Preservation of a certified in	•	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con-	servation	
	easement on the last day of the tax year.	Held at the En	d of the Tax Year
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
С		2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a		
	historic structure listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	zation during the	
	tax year ▶	· ·	
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?	Γ	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the ye	ar
	<b>•</b>	,	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year	
	<b>▶</b> \$	,	
8		s)(i)	_
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	ent and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	describes the	
	organization's accounting for conservation easements.		
Pa	art-III Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balan	ince sheet works	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	ce of public	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	sheet works of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service,	
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$	
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	provide the	
	following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1	▶ \$	
b	Assets included in Form 990 Part X .	▶ \$	

Pa	rt III Organizations Maintaining C	Collections of Art,	Historical Tr	reasures, or	Other Simil	ar Assets	(continue	<u>d)</u>
3	Using the organization's acquisition, accession, collection items (check all that apply):						_	_
а	Public exhibition	d Loan	or exchange pro	gram				
b	Scholarly research	e 📗 Other						
C	Preservation for future generations							
4	Provide a description of the organization's colle	ctions and explain how	they further the	organization's e	xempt purpose	in Part		
	XIII.							
5	During the year, did the organization solicit or r				nilar			N -
Da	assets to be sold to raise funds rather than to b		the or anization	n's collection?			Yes	No
Га	rt IV Escrow and Custodial Arrai Complete if the organization a 990, Part X, li ne21.		orm 990, Pa	rt IV, li ne9, d	or reported a	ın amount o	on Form	
1a	Is the organization an agent, trustee, custodian	or other intermediary for	or contributions o	or other assets n	not			
	included on Form 990, Part X?	•					Yes	☐ No
b	If "Yes" explain the arrangement in Part XIII ar	nd complete the followin	g table					_
							Amount	
C	Beginning balance					1c		
d	Additions during the year .					1d		
ę	Distributions during the year					1e		
f	Ending balance					1f		
<b>2</b> a	Did the organization include an amount on Form	m 990, Part X, line 21, f	or escrow or cus	stodial account li	ability?		Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the explana	ition has been p	rovided on Part	XIII			1 1
Pa	rt V Endowment Funds.							
	Complete if the organization a							
		(a) Current year	(b) Prior year	(c) Two years b	eack (d) Thr	ee years back	(e) Four ye	ars back
1a	Beginning of year balance							
b	Contributions							
¢	Net investment earnings, gains, and							
	losses							
	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
	Administrative expenses							
_	End of year balance			1				
	Provide the estimated percentage of the curren		1g, column (a))	held as:				
	Board designated or quasi-endowment	%						
	Permanent endowment ▶  %							
С	Term endowment ▶ %	1 . 1 40004						
2-	The percentages on lines 2a, 2b, and 2c should	•			- 41			
эa	Are there endowment funds not in the possessi	ion of the organization t	nat are nelo ano	administered to	ir trie		Y	s No
	organization by:						3a(i)	3 110
	(i) Unrelated organizations						3a(ii	
<b>L</b>	(ii) Related organizations	and listed as required a	Cobodulo D2				3b	
4	If "Yes" on line 3a(ii), are the related organization		-				30	ı
4 Da	Describe in Part XIII the intended uses of the gift VI Land, Buildings, and Equip		it tunas.					
Га	Complete f the organization a		- - Orm 990 Pai	rt IV line 11s	See Form	990 Part X	( line 10	
	Description of property	(a) Cost or other basis	(b) Cost or o	I .	(c) Accumulate		(d) Book val	Je
	Description of property	(investment)	(othe	I .	depreciation	-	(4) 2001. 14.	
4-	Land	,,	,5	·	,			
	Land							
	Buildings			[				
	Leasehold improvements			[				
	Equipment Other	180,83	0				180	,830
	. Add lines 1a through 1e. (Column (d) must equ			0c)		•		.830
0	aaoo ta anoagii to, footoiiii tar maaceyi	, , unt M, U		,		-		

#### 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.

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization Olustee Battlefield Citizens

Support Organization Inc

Employer identification number

59-3039233

Form 990, Part I, Line 6

There is no paid staff. Volunteers include the directors/officers and reenactment participants.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public