

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2015 REPORT

(pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: Dade Battlefield Society

Mailing Address: 7200 CR 603, Bushnell FL 33513

Telephone Number: 352-793-4781 Website Address (if applicable): www.dadebattlfield.com

Statutory Authority:

Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.

Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.

Brief Description of the CSO's Mission:

To provide general support for Dade Battlefield Historic State Park. The society will also increase public awareness of Dade Battlefield and its significance through living history events, nature programs, social functions, educational and recreational activities, festivals, and our highly authentic annual reenactment of Dade's Battle of 1835 that is held each January and draws about 2,000 visitors to the park. We are a diverse group of like-minded volunteers who proudly operate the non-profit Dade Battlefield Society exclusively for charitable purposes.

Brief Description of the CSO's Results Obtained:

Planned and conducted successful 35th reenactment of Dade's Battle; planned and produced World War II Weekend, which drew about 1,000 visitors; continued to support the Dade Pioneers youth group; assisted with numerous park programs including Pioneer Day Camp, Haunted Hayride and Trail, Florida Folk Music and Heritage Festival, Christmas on the Florida Frontier, Eggs in the Park, etc. Continued payments on the commercial mower purchased for the park in 2013; participated in a variety of community outreach programs.

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

Support the recruitment of local citizens and groups who could assist the park on an ongoing basis; continue to plan and carry out major events such as the Dade's Battle of 1835 reenactment and World War II Weekend; support plans to update and replace interpretive markers on historic battlefield trail. Support park operations by identifying long-term needs in conjunction with park manager.

- ☑ Copy of the CSO's Code of Ethics attached (Model provided; see CSO 2014 instructions)
- ☑ Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement

DADE BATTLEFIELD SOCIETY, INC. CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of Dade Battlefield Society, Inc., (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 Dade Battlefield Society, 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.

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)

2013

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A		the 2013 calendar year, or tax year beginning $Julllimin 1$, 2013, and ending $Junllimin 30$, 2014
В		ok if applicable:		identification number
-	-	e change DADE BATTLEFIELD SOCIETY, INC.	59-28	320082
			Telephone	
-	-	7200 CR 603	(352)	568-2183
	Ame	nded return City or town, state or province, country, and ZIP or foreign postal code		
	Appli	cation pending BUSHNELL FL 33513	Group E Number	xemption
G	Acc		X if the	organization is not
1				Schedule B
J	Tax-	exempt status (check only one) $- \times 501(c)(3)$ $501(c)(0)$ $501(c)(0)$ $4947(a)(1)$ or 527 (Form 99)	90, 990-E2	Z, or 990-PF).
K	Forr	n of organization: X Corporation Trust Association Other		
L	Add	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	> S	33,592.
P		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru		
	arti	Check if the organization used Schedule O to respond to any question in this Part I		X
_	1 1	Contributions, gifts, grants, and similar amounts received		
	2	Program service revenue including government fees and contracts		
	3	Membership dues and assessments		1,528.
	4	Investment income	1	1,520.
	5 8	a 'Gross amount from sale of assets other than inventory	190	
	1	Less: cost or other basis and sales expenses	2,4 (0)	
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6	Gaming and fundraising events		
R	8	Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a		
REVE	100	Gross income from fundraising events (not including \$ of contributions		
UZ		from fundraising events reported on line 1) (attach Schedule G if the sum		
E		of such gross income and contributions exceeds \$15,000) 6 b 32,06	4.	
	C	: Less: direct expenses from gaming and fundraising events		
	c	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	32,064.
	7 a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold	1947	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7с	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	33,592.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
E	12	Salaries, other compensation, and employee benefits	12	
EXPENSES	13	Professional fees and other payments to independent contractors	13	1,270.
N	14	Occupancy, rent, utilities, and maintenance	14	2,000.
E	15	Printing, publications, postage, and shipping	15	290.
	16	Other expenses (describe in Schedule O) See Form 990-EZ, Part J. Line 16 Other Expe	eņses 16	36,037.
	17	Total expenses. Add lines 10 through 16		39,597.
.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,005.
ASSETS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year		
E		figure reported on prior year's return)		16,081.
S	20	Other changes in net assets or fund balances (explain in Schedule O)		1175
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	10,076.
BAA	For	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2013)

Form	990-EZ (2013) DADE BATTLEFIEL	D SOCIETY INC		59	-282	0082 Page 2
	t II Balance Sheets (see the inst			93		
1 41	Check if the organization used Sched	fule O to respond to any ques	stion in this Part II			X
				(A) Beginning of yea		(B) End of year
22	Cash, savings, and investments		******	38,245	-	31,665.
23	Land and buildings			0	. 23	0.
24	Other assets (describe in Schedule O) .		١١١١٠	28,555	. 24	28,585.
25	Total assets		W # 30 K # 30 K 30 K 30 K 30 K	66,800	. 25	60,250.
26	Total liabilities (describe in Schedule O)	Şee .L-26.Şi	cm,c	50,719	. 26	50,174.
27	Net assets or fund balances (line 27 of c			16,081	. 27	10,076.
Par	t III Statement of Program Service A Check if the organization used Sch	ccomplishments (see the i	nstructions for Part III) estion in this Part III.		(Requ	Expenses uired for section 501 and 501(c)(4)
What Desc meas bene	s the organization's primary exempt purpose? TO ribe the organization's program service accured by expenses. In a clear and concise of the distribution for each of the distribution for each of the distribution for each or the distribution for each of the distribution for each of the distribution for each or the distribution for each of the distribution for each	complishments for each of its manner, describe the services th program title.	three largest program se s provided, the number o	f persons	orgar 4947	nizations and section (a)(1) trusts; optional hers.)
28	PROGRAM ACCOMPLISHMENTS IN SEMINOLE WAR AS WELL AS I	FLORIDA HISTORY AN	ID YEARLY WAR RI	EENACTMENTS.		O HARRIES - WAS SHOWN THE
	(Grants \$ 0.) If th	is amount includes foreign gr	ants, check here		28 a	39,597.
29					- 8	
						Į.
	(Grants \$) If th	is amount includes foreign gr	ants, check here		29 a	
30					-	×
					0.5969	
		is amount includes foreign gr			30 a	
31	Other program services (describe in Sche	dule O)				
		is amount includes foreign gr			31 a	
32	Total program service expenses (add lin				32	39,597.
Par	t IV List of Officers, Directors,	Trustees, and Key En	nployees (list each one e	ven if not compensated -	- see th	ne instructions for Part IV)
	Check if the organization used Sch	edule O to respond to any qu	estion in this Part IV			<u> </u>
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to emplo benefit plans, and defe compensation	yee	(e) Estimated amount of other compensation
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TER	ESA ROUSSEAU	I	1	li .		

Form 990-EZ (2013)

10.00

Pai	Tt 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			. 🗍
-			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
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		d .	
	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	Acceptance of the second		72747
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
k	o If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b		
C	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	35 c		X
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		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions • 37 a 0.		1	177.15
Ŀ	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	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?	38 a		Х
b	of Yes' complete Schedule I. Part II and enter the total	9997	and the	A das
	amount involved	_		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of club facilities	- 14054		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 (section 4912 (section 4955 (se	712		
b	Section 501(c)(3) and 501(c)(4) 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	40 b		Х
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	400	1.47	Λ_
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	***		
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed	(F)	* 1 2 2 2 2	
	by the organization	-		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			3.7
	All organizations. At any time during the tax year, was the organization a party to a provision	1 400		X
41	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		
	Shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed The organization's			
	The organization's books are in care of NANCY RINCK NANCY RINCK NANCY RINCK Telephone no. (352)	534-	-000	
42 a	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed The organization's books are in care of NANCY RINCK Located at 37421 HICKORY HILL LANE DADE CITY FL ZIP+4 33525	534-		2
42 a	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed The organization's books are in care of NANCY RINCK Located at 37421 HICKORY HILL LANE DADE CITY FL ZIP+4 33525	_534-	-000 Yes	2 No
42 a	The organization's books are in care of NANCY RINCK Telephone no. (352) Located at 37421 HICKORY HILL LANE DADE CITY FL ZIP+4 33525 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)?	534-		2
42 a	Shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed The organization's books are in care of NANCY RINCK Located at 37421 HICKORY HILL LANE DADE CITY FL ZIP+4 33525	_534-		2 No
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42 a	The organization's books are in care of NANCY RINCK Telephone no. (352) Located at 37421 HICKORY HILL LANE DADE CITY FL ZIP+4 33525 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)?	534- 42b 42c	Yes	2 No X
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42 a b c c 43	The organization's books are in care of NANCY RINCK Located at 37421 HICKORY HILL LANE 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	_534- 42b	Yes	2 No X
42 a b c c 43	The organization's books are in care of NANCY RINCK Telephone no. (352) Localed at 37421 HICKORY HILL LANE DADE CITY FL ZIP+4 33525 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)? See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	_534- 42b	Yes	No X X X X X X X X X
42 a b c c 43	The organization's books are in care of NANCY RINCK Telephone no. 1352) Localed at 37421 HICKORY HILL LANE DADE CITY FL ZIP+4 33525 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)? See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	_534- 42b 42c	Yes	No X No X
42 a b c d	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?	42b 42c 42c	Yes	No X X X X X X X X X
42 a b c d	Shelter transaction? If Yes,' complete Form 8886-T. List the states with which a copy of this return is filled The organization's books are in care of NANCY RINCK Localed at 37421 HICKORY HILL LANE DADE CITY FL ZIP +4 33525 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?	42b 42c 44a 44b 44c 44d	Yes	No X X X X X X X X X
42 a b c d 45 a	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filling 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 Section 4947(a)(1) nonexempt charitable trusts filling 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 Section 4947(a)(1) nonexempt charitable trusts filling 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 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If 'Yes, 'row' are explanation in Schodardue O Did the organization have a controlled enti	42b 42c 42c	Yes	No X X X X X X X X X
42 a b c d 45 a b	Shelter transaction? If Yes,' complete Form 8886-T. List the states with which a copy of this return is filled The organization's books are in care of NANCY RINCK Localed at 37421 HICKORY HILL LANE DADE CITY FL ZIP +4 33525 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments?	42b 42c 44a 44b 44c 44d	Yes	No X X X X X X X X X

Form 990	D-EZ (2013) DADE BATTLEFIELD SC	CIETY, INC.		59-282	20082	P	age 4
4c Did	the organization engage directly or indirectly	, in multipul communica		anna itian ta		Yes	No
	I the organization engage, directly or indirectly adidates for public office? If 'Yes,' complete So				46		X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	s only s must answer que	estions 47-49b and 5	2, and complete the	tables		
	Check if the organization used Schedule	O to respond to any que	estion in this Part VI				. [
47 Did	the organization engage in lobbying activities					Yes	No
	nplete Schedule C, Part II				47		Х
	ne organization a school as described in secti				_		Х
	the organization make any transfers to an ex						X
50 Cor	es,' was the related organization a section 52 nplete this table for the organization's five hig ployees) who each received more than \$100,0	hest compensated emp	loyees (other than officer	s, directors, trustees and			L
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
None							
		Marie Ma					
	,						
	al number of other employees paid over \$100,						
51 Com	nplete this table for the organization's five high pensation from the organization. If there is no	nest compensated indep one, enter 'None.'	pendent contractors who	each received more than	\$100,000 of	f	
	(a) Name and business address of each independent contra	actor	(b) Type o	of service	(c) Compe	ensation	
None_							
	The second secon						
52 Did t	I number of other independent contractors ea he organization complete Schedule A? Note. itable trusts must attach a completed Schedul	All section 501(c)(3) or	ganizations and 4947(a)		. ► X Yes	Г	J _{No}
Inder penaltie	es of perjury, I declare that I have examined this return, inclu-	ding accompanying schedules	and statements, and to the best of				
rue, correct, a	and complete. Declaration of preparer (other than officer) is b	ased on all information of which	h preparer has any knowledge.				
Sign Here	Signature of officer Pav L D . RC	emis P	resident	Date 10/28/	14		
	Type or print name and title Print/Type preparer's name	Preparer's signature	Date	I C IPT	IN	777-11	
aid	: Susan Costello	Susen Ca	tel 10/28	Check if self-employed	0006	1080	07
Preparer Use Only	Firm's name ► <u>Manning, Emery,</u> Firm's address ► 918 W. Dixie Ave	& Costello, P.	Α.	Firm's EIN	20-39280	172	
ise Only	Leesburg		FL 34748	Phone no. (352	and a supplementary	100 Sec 150	
Nay the IR	S discuss this return with the preparer shown	above? See instruction			. ► Yes		No
		AND THE RESERVE OF THE PARTY OF			Form 990		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year jinning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	31,336.	42,722.	25,310.	68,938.	33,592.	201,898.
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			2.			
4	Total. Add lines 1 through 3	31,336.	42,722.	25,310.	68,938.	33,592.	201,898.
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)					Daniel III	
6	Public support. Subtract line 5 from line 4						201,898.
Sec	ction B. Total Support						
Cale beg	endar year (or fiscal year inning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	31,336.	42,722.	25,310.	68,938.	33,592.	201,898.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	77.	93.				170.
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 IV.)						
11	Total support. Add lines 7 through 10						202,068.
12	Gross receipts from related activities	es, etc (see instruc	tions)			12	
13	First five years. If the Form 990 is organization, check this box and st						
	tion C. Computation of Pul						
	Public support percentage for 2013						99.92 %
15	Public support percentage from 20	12 Schedule A, Pa	rt II, line 14			15	99.90 %
16 a	33-1/3% support test $-$ 2013. If t and stop here. The organization ${\bf q}$	he organization did ualifies as a publicl	not check the box y supported organ	on line 13, and thization	ne line 14 is 33-1/3	% or more, check th	is box
b	33-1/3% support test $-$ 2012. If the and stop here. The organization ${\bf q}$						
17 a	10%-facts-and-circumstances ter or more, and if the organization me the organization meets the 'facts-and	ets the 'facts-and-o	circumstances' test	check this box a	nd stop here. Exp	lain in Part IV how	▶□
	10%-facts-and-circumstances testor more, and if the organization meorganization meets the 'facts-and-companization' facts-and-companization' facts-and-companization' facts-and-companization' facts-and-companization' facts-and-circumstances testor facts and	ets the 'facts-and-c ircumstances' test.	ircumstances' test The organization	, check this box a qualifies as a pub	nd stop here. Exp licly supported org	lain in Part IV how th anization	ne ▶ □
18	Private foundation. If the organiza	ition did not check	a box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see instructions	5 ▶ []
							200 ===: 00:

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
ADVERTISING EXPENSE	3,895.
CONTRACT LABOR	2,868.
DUES	371.
EQUIPMENT RENTAL	740.
INSURANCE	408.
MERCHANT FEES	201.
OFFICE	1,998.
SUPPLIES	25,330.
TELEPHONE	106.
TRAVEL	120.
Total	36,037.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
FURNITURE. FIXTURES & EQU	20,653.	20,653.
INVENTORY	7,902.	7,932.
Total	28,555.	28,585.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
NOTE PAYABLE	2,121.	2,121.
PAID IN CAPITAL	47,924.	47,924.
SALES TAX PAYABLE	674.	129.
Total	50,719.	50,174.



Florida Department of Environmental Protection

CSO ANNUAL PROGRAM PLAN

Required Signatures: Adobe Signature	
Name of CSO: Dade Battlefield Society	
For CSO Fiscal Year: 2014-2015	

	Description of Annual Projects	Resources Needed	Sources of Resources	Agency Approval Needed Y/N
1	Reenactment of Dade's Battle of 1835	Assistance of park staff / use of park facilities.	Florida Park Service/staff	Yes
2	World War II Weekend	Assistance of park staff/ use of park facilities.	Florida Park Service/staff	Yes
3				
4				
5				
6				
7				
8				
9				
10				

Submitted by CSO Preside	ent: Teven	7. Cevele	Date: 6/26/14	
Park Manager Approval:	Gruber_B	Digitally signed by Gruber_B DN: o=Florida Dept of Environmental Protection, email=Bill.Gruber@dep.state.fl.us, cn=Gruber_B Date: 2014.06.26 14:42:27 -04'00'	Date: 06-26-14	111-12-00



PARTITION AND SOLUTION

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