



**Florida Department of Environmental Protection  
CITIZEN SUPPORT ORGANIZATION  
2026 LEGISLATIVE REPORT  
(pursuant to Section 20.058 Florida Statutes)**

Citizen Support Organization (CSO) Name: FORT MOSE HISTORICAL SOCIETY

Mailing Address: 15 FORT MOSE TRAIL, ST. AUGUSTINE, FL. 32084

Telephone Number: 904 823 2232

Website Address (required if applicable): WWW.FORTMOSE.ORG

☒ 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)

Our mission is to tell the story of the courageous members of the Fort Mose community, The First Legally Sanctioned Black Community of the now United States by supporting the Fort Mose State Park with the reconstructed 1738 Fort, interpretive panels, and live reenactments.

**Describe Last Calendar Year's Results Obtained:** Brag! (List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.)

The past year was marked by significant accomplishments and growing community engagement. Through the collaborative efforts of Florida State Park leadership, the Florida State Park Foundation, and state, county, and city officials, the reconstruction of the historic 1738 fort was successfully completed. The ribbon-cutting ceremony was held on MAY 9, 2025, in conjunction with the St. Augustine History Festival event and attracted more than 1,800 visitors over the opening weekend, demonstrating strong public interest and support for this important preservation project.

Our partnership with the St. Augustine Amphitheatre continued to thrive through the fourth annual Jazz and Blues Series. This highly successful program welcomed approximately 4,900 attendees representing 38 states, as well as international visitors from Canada and Brazil, further strengthening the site's reputation as a cultural and heritage designation. We also continued to deliver signature events.

**Describe the CSO's Plans for the Next Three Calendar Years:**

The Citizen Support Organization's primary goal for the next three years is to capitalize on the momentum generated by the successful reconstruction and opening of the historic 1738 Fort by increasing visitation, expanding educational opportunities, and enhancing public awareness of Fort Mose Historic State Park.

Building on the strong public response to the fort's opening, the CSO will continue to strengthen and expand its signature events. These programs serve as important platforms for interpreting the history and significance of Fort Mose attracting new and returning visitors to the park.

A key component of this strategy will be the recruitment, training, and retention of additional docent volunteers. By expanding the docent corps and enhancing educational programming, the organization will provide visitors with more engaging and meaningful experiences that bring the story of Fort Mose and its residents to life.

The CSO will also work closely Florida State Park, the Florida State Park Foundation, local tourism partners, and Florida Department of

**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 (From VSys - Work with your parks' volunteer manager):**

**PARK & CSO RELATIONSHIP:**

Do not duplicate by describing accomplishments and contributions in the summary. Brag in the above Results Obtained. Below, describe the relationship.

**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?

The Fort Mose Historical Society continues to be an integral part of the park, consistently demonstrating a willingness to purchase necessary equipment and fund essential repairs. They are continuing their fundraising efforts through merchandise sales and are currently developing a key partnership with the community. In 2025, the Historical Society successfully hosted its 4th Annual Jazz and Blues Festival. Furthermore, the Society continued to assist the park by funding equipment for cleanups and sponsoring continuing education programs for several park rangers.

The Board of Directors, particularly Charles Ellis, works closely with park staff to ensure that the Annual Program Plan and all other necessary documents are completed on time. The relationship between the park and the Fort Mose Historical Society remains exceptionally strong; the group is deeply dedicated, supporting the park through both financial contributions and valuable volunteer hours. To maximize their impact moving forward, the Society is focusing on a few key areas of improvement:

- Board Engagement: Keeping all board members actively engaged and effectively delegating tasks among the membership.
- Programming Support: Developing and supporting programs tailored to the newly reconstructed 1738 Fort Mose.

Overall, the Fort Mose Historical Society is an impressive group that provides immense support to the park, and we look forward to seeing their future achievements. The Society's primary goals for the upcoming year are to increase membership, boost volunteer support, and generate innovative new fundraising ideas centered around the newly built fort.

**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?

The relationship between the Citizen Support Organization (CSO) and Fort Mose Historic State Park remains strong and productive. Park Manager Michael Watkins and Park Specialist William McNaught continue to provide exceptional support for the volunteer work carried out by the CSO.

The Board of Directors meets bi-monthly, and the Executive Board meets monthly, with both the Park Manager and Specialist regularly attending. Their presence at these meetings allows for timely feedback and clarification on matters related to the CSO handbook and bylaws. This consistent communication helps ensure smooth operations and alignment with park policies and procedures.

**Communication and Collaboration**

Feedback is actively shared following completed events and in preparation for upcoming ones. The Park Manager and Specialist are instrumental in addressing any concerns or misunderstandings that may arise. Their proactive engagement contributes significantly to the success of both on-site events and outreach initiatives sponsored by the Society.

**Shared Mission**

The Society's partnership with the park is built on a strong foundation and aligned with a shared mission: to increase visitation and ensure that every guest enjoys a meaningful and memorable experience. The goal is for every visitor to leave inspired, eager to return, and excited to share their experience with family and friends.

**SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, DIRECT PARK(S) SUPPORT & REVENUES:**

**Program Services** are costs related to providing your organizations' programs or services in accordance with your mission. Describe and provide expenses that directly support the park(s). For established nonprofit organizations, program service expenses generally represent most of the overall expenses of the organization. For the last calendar year provide the total \$ for each that apply. Do not use commas.

|                                                                                                  |                 |
|--------------------------------------------------------------------------------------------------|-----------------|
| Building improvement, construction, or renovations                                               | \$ 1657         |
| Cultural resources (e.g., historic structure restoration/ renovation)                            | \$              |
| Natural resources (e.g., native plants, natural lands restoration)                               | \$ 2500         |
| Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws)                               | \$ 1697         |
| 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.)   | \$ 2148         |
| Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition) | \$              |
| Big ticket visitor center exhibits or interpretation updates                                     | \$ 563          |
| Park exhibits, displays, signage                                                                 | \$              |
| Park publications, brochures, maps, etc.                                                         | \$ 2800         |
| Programing/interpretation support material purchases                                             | \$              |
| Other program services                                                                           | \$ 50563        |
| <b>Total Program Service Expenses</b>                                                            | <b>\$ 61928</b> |

**Visitor Services Revenue** are revenues and the sources generated from fundraising on park property. Do not use commas.

|                                                                                            |                 |
|--------------------------------------------------------------------------------------------|-----------------|
| Park gift shops, craft stores, and concession sales                                        | \$              |
| Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.)                      | \$ 14900        |
| Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) | \$ 19578        |
| 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                                                             | \$ 51206        |
| <b>Total Visitor Services Revenue</b>                                                      | <b>\$ 85684</b> |

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**NET ASSETS:** \$

160926

Organizations end of last year's Total Assets minus Total Liabilities. This is not the above's Visitor Service Revenue minus Program Service Expenses.

**CSO AUDIT THRESHOLD:**

**Last Calendar Year's Total Expenses (including grants)** \$

142580

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.S. GAO Yellow Book](#)). 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.

**CONFIRM ATTACHMENTS:**

☒ **Code of Ethics**

☒ **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.**

## 2026 CSO Legislative Report Acknowledgment

This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes

| Title        | Name (Print or Type) | Signature                                                                                                   | Date       |
|--------------|----------------------|-------------------------------------------------------------------------------------------------------------|------------|
| President    | Charles Ellis        | Charles Ellis<br><small>Digitally signed by Charles Ellis<br/>Date: 2026.06.01 01:13:19 -04'00'</small>     |            |
| Park Manager | Michael Watkins      | Michael Watkins<br><small>Digitally signed by Michael Watkins<br/>Date: 2026.06.01 13:30:20 -04'00'</small> | 06/01/2026 |



## **Model CSO Code of Ethics – June 2014**

### **FORT MOSE HISTORICAL SOCIETY – AFRICAN AMERICAN COMMUNITY OF FREEDOM INC CODE OF ETHICS**

#### **PREAMBLE**

- (1) It is essential to the proper conduct and operation of the Fort Mose Historical Society – African American Community of Freedom 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 the Fort Mose Historical Society – African American Community of Freedom Inc.’s 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**

## **Model CSO Code of Ethics – June 2014**

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.



## Model CSO Code of Ethics – June 2014

### ATTACHMENT ONE

The Fort Mose Historical Society – African American Community of Freedom Inc.'s Code of Ethics as a CSO for Fort Mose Historic State Park is further supported and reinforced in Article VI – Officers, Section 9.0 – Conflict of Interests which is as follows.

"Section 9.0: Conflicts of Interests. Officers and Directors of the Corporation are to act and carry out their duties and responsibilities solely in the interests of the Corporation and the State's Department of Environmental Protection without regard to personal, financial or political interest or gain. Whenever an Officer or Director has a personal, financial or political interest, whether actual or the appearance of, in any matter coming before the Board of Directors, the Board shall ensure that:

- (a) The nature of the interest of such Officer or Director is fully disclosed to the Board of Directors.
- (b) Any transaction in which an Officer or Director has a personal, financial or political interest shall be duly approved by the members of the Board of Directors not so interested or connected as being in the best interests of the Corporation and the State's Department of Environmental Protection.
- (c) No interested Officer or Director may discuss, lobby or vote on the matter or be counted in determining the existence of a quorum at the meeting of the Board of Directors at which such a matter is voted upon. Any matter involving a conflict of interest shall be approved only when a majority of disinterested Officers and Directors determine that it is in the best interest of the Corporation and the State's Department of Environmental Protection to do so.
- (d) Any payment or compensation to the interested Officer or Director as a result of action taken by a majority of disinterested Officers and Directors shall be reasonable and shall not exceed fair market value.
- (e) The minutes of the meeting at which such votes are taken shall record such disclosure, abstention and rationale for approval."

Form 990-EZ

Short Form  
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2025

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.Open to Public  
Inspection

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> For the 2025 calendar year, or tax year beginning , 2025, and ending , 20                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>FORT MOSE HISTORICAL SOCIETY INC</b><br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>15 FORT MOSE TRAIL</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>SAINT AUGUSTINE, FL 32084</b> |
| <b>D</b> Employer identification number<br><b>31-1516528</b>                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                |
| <b>E</b> Telephone number                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                |
| <b>F</b> Group Exemption Number                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                |
| <b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify):                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                |
| <b>I</b> Website:                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                |
| <b>J</b> Tax-exempt status (check only one) - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                           |                                                                                                                                                                                                                                                                                                                |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other:                                                                                                                         |                                                                                                                                                                                                                                                                                                                |
| <b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 53,613                                                                           |                                                                                                                                                                                                                                                                                                                |

|                                                                                                                         |                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)           |                                                                                                                                                                                                                 |
| Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/> |                                                                                                                                                                                                                 |
| Revenue                                                                                                                 | 1 Contributions, gifts, grants, and similar amounts received 10,320                                                                                                                                             |
|                                                                                                                         | 2 Program service revenue including government fees and contracts 34,602                                                                                                                                        |
|                                                                                                                         | 3 Membership dues and assessments 8,688                                                                                                                                                                         |
|                                                                                                                         | 4 Investment income 3                                                                                                                                                                                           |
|                                                                                                                         | 5a Gross amount from sale of assets other than inventory 5a                                                                                                                                                     |
|                                                                                                                         | b Less: cost or other basis and sales expenses 5b                                                                                                                                                               |
|                                                                                                                         | c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c                                                                                                                    |
|                                                                                                                         | 6 Gaming and fundraising events:                                                                                                                                                                                |
|                                                                                                                         | a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a                                                                                                                                      |
|                                                                                                                         | b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b |
| c Less: direct expenses from gaming and fundraising events 6c                                                           |                                                                                                                                                                                                                 |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d                 |                                                                                                                                                                                                                 |
| 7a Gross sales of inventory, less returns and allowances 7a                                                             |                                                                                                                                                                                                                 |
| b Less: cost of goods sold 7b 2,713                                                                                     |                                                                                                                                                                                                                 |
| c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c (2,713)                             |                                                                                                                                                                                                                 |
| 8 Other revenue (describe in Schedule O) 8                                                                              |                                                                                                                                                                                                                 |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 50,900                                                       |                                                                                                                                                                                                                 |
| Expenses                                                                                                                | 10 Grants and similar amounts paid (list in Schedule O) 10                                                                                                                                                      |
|                                                                                                                         | 11 Benefits paid to or for members 11                                                                                                                                                                           |
|                                                                                                                         | 12 Salaries, other compensation, and employee benefits 12                                                                                                                                                       |
|                                                                                                                         | 13 Professional fees and other payments to independent contractors 13                                                                                                                                           |
|                                                                                                                         | 14 Occupancy, rent, utilities, and maintenance 14                                                                                                                                                               |
|                                                                                                                         | 15 Printing, publications, postage, and shipping 15                                                                                                                                                             |
|                                                                                                                         | 16 Other expenses (describe in Schedule O) 16 62,174                                                                                                                                                            |
| 17 Total expenses. Add lines 10 through 16 17 62,174                                                                    |                                                                                                                                                                                                                 |
| Net Assets                                                                                                              | 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 (11,274)                                                                                                                                  |
|                                                                                                                         | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 142,580                                                  |
|                                                                                                                         | 20 Other changes in net assets or fund balances (explain in Schedule O) 20 29,620                                                                                                                               |
|                                                                                                                         | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 160,926                                                                                                                           |

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2025) Created 5/2/25

EEA







**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

|                                                                                                                                                                                                                                                                                                                                                        | Yes        | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>33</b> 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 . . . . .                                                                                                                                                                | <b>33</b>  | X  |
| <b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .                                                                          | <b>34</b>  | X  |
| <b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .                                                                                                                                              | <b>35a</b> | X  |
| <b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                          | <b>35b</b> |    |
| <b>c</b> 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 . . . . .                                                                                                                    | <b>35c</b> | X  |
| <b>36</b> 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 . . . . .                                                                                                                                                  | <b>36</b>  | X  |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . . <b>37a</b>                                                                                                                                                                                                                           |            |    |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                       | <b>37b</b> | X  |
| <b>38a</b> 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? . . . . .                                                                                                     | <b>38a</b> | X  |
| <b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . . <b>38b</b>                                                                                                                                                                                                                                              |            |    |
| <b>39</b> Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                      |            |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>                                                                                                                                                                                                                                                             |            |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>                                                                                                                                                                                                                                                    |            |    |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: _____; section 4912: _____; section 4955: _____                                                                                                                                                                       |            |    |
| <b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . . | <b>40b</b> | X  |
| <b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .                                                                                                                                        |            |    |
| <b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .                                                                                                                                                                                                          |            |    |
| <b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .                                                                                                                                                                            | <b>40e</b> | X  |
| <b>41</b> List the states with which a copy of this return is filed: <b>FL</b>                                                                                                                                                                                                                                                                         |            |    |
| <b>42a</b> The organization's books are in care of: <b>LAWSON DUKES</b> Telephone no. <b>904-814-6610</b><br>Located at: <b>15 FORT MOSE TRAIL, SAINT AUGUSTINE, FL</b> ZIP + 4 <b>32084</b>                                                                                                                                                           |            |    |
| <b>b</b> 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)? . . . . .                                                                                            | <b>42b</b> | X  |
| If "Yes," enter the name of the foreign country: _____<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                                                                                                       |            |    |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? . . . . .                                                                                                                                                                                                                            | <b>42c</b> | X  |
| If "Yes," enter the name of the foreign country: _____                                                                                                                                                                                                                                                                                                 |            |    |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <b>43</b>                                                                                     |            |    |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                                | <b>44a</b> | X  |
| <b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                           | <b>44b</b> | X  |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .                                                                                                                                                                                                                                              | <b>44c</b> | X  |
| <b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                | <b>44d</b> |    |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                           | <b>45a</b> | X  |
| <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .                                                                                   | <b>45b</b> | X  |



- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

|    | Yes | No |
|----|-----|----|
| 46 |     | X  |

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .
- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .
- b If "Yes," was the related organization a section 527 organization? . . . . .
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

|     | Yes | No |
|-----|-----|----|
| 47  |     | X  |
| 48  |     | X  |
| 49a |     | X  |
| 49b |     |    |

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| None                                |                                                |                                                            |                                                                                         |                                            |
|                                     |                                                |                                                            |                                                                                         |                                            |
|                                     |                                                |                                                            |                                                                                         |                                            |
|                                     |                                                |                                                            |                                                                                         |                                            |
|                                     |                                                |                                                            |                                                                                         |                                            |

- f Total number of other employees paid over \$100,000 . . . . .

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
| None                                                         |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |

- d Total number of other independent contractors each receiving over \$100,000 . . . . .

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

LAWSON DUKES

Signature of officer

Date

LAWSON DUKES, TREASURER

Officer's name and title

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN

Melvin Denwiddie Enrolled Melvin Denwiddie Enrolle 05-09-2026

P00185265

Firm's name Denwiddie Virdi & Associates Inc

Firm's EIN

Firm's address 8204 Riverside Road

Alexandria VA 22308-1538

Phone no. 703-407-5454

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ Yes ☒ No

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public  
Inspection

Name of the organization

Employer identification number

FORT MOSE HISTORICAL SOCIETY INC

31-1516528

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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ 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: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ 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: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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.
- a ☐ **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.**
- 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.**
- 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.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ 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.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions)) | (iv) Is the organization<br>listed in your governing<br>document? |    | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|----|---------------------------------------------------------|-------------------------------------------------------|
|                                    |          |                                                                                     | Yes                                                               | No |                                                         |                                                       |
| (A)                                |          |                                                                                     |                                                                   |    |                                                         |                                                       |
| (B)                                |          |                                                                                     |                                                                   |    |                                                         |                                                       |
| (C)                                |          |                                                                                     |                                                                   |    |                                                         |                                                       |
| (D)                                |          |                                                                                     |                                                                   |    |                                                         |                                                       |
| (E)                                |          |                                                                                     |                                                                   |    |                                                         |                                                       |
| Total                              |          |                                                                                     |                                                                   |    |                                                         |                                                       |



**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                            | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                                                  | 24,418   | 75,237   | 40,754   | 67,405   | 10,320   | 218,134   |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                        | 24,418   | 75,237   | 40,754   | 67,405   | 10,320   | 218,134   |
| <b>5</b> 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) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4 . . . . .                                                                                                                                                         |          |          |          |          |          | 218,134   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                           | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                | 24,418   | 75,237   | 40,754   | 67,405   | 10,320   | 218,134                  |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .                                                    |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                 |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                   |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                             |          |          |          |          |          | 218,134                  |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                   |          |          |          |          | 12       |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                        | <b>14</b> | 100.00 %                            |
| <b>15</b> Public support percentage from 2024 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                               | <b>15</b> | 0.00 %                              |
| <b>16a 33 1/3% support test - 2025.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                       |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2024.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                    |           | <input type="checkbox"/>            |
| <b>17a 10%-facts-and-circumstances test - 2025.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/>            |
| <b>b 10%-facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .                                                                                                                                                                                                                                                             |           | <input type="checkbox"/>            |

**Part III** Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                 | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                 |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                                       |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year                     |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                                    | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .                                                                                                                                                                                         |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .                                                                                   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                                                                                                     |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .                                                                                                                                                                                       |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .                                                                                        |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                                                                                            |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                                                                                                       |          |          |          |          |          |           |
| <b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                             |           |   |
|-------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2024 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                                                                                                                                                                                                                         |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for <b>2025</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .                                                                                                                                                                                                 | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2024</b> Schedule A, Part III, line 17 . . . . .                                                                                                                                                                                                                         | <b>18</b> | % |
| <b>19a 33 1/3% support tests - 2025.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>                   |           |   |
| <b>b 33 1/3% support tests - 2024.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>                                                                                                                                                   |           |   |



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                                     |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                                                                                                                                                                                                                                                  |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                                |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                                         |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.                                                                                                                                                                                                                                                                                                                                                |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.                                                                                                                                                                                                             |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.                                                                                                                                                                                |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .                                                              |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).                                                                                                                                                                                                          |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                         |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.                                                                                                                                                                                                                                                          |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)                                                                                                                                                                                                                                                                                                                                                               |     |    |



**Part IV** Supporting Organizations (continued)

|                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described on line 11a above?                                                                                                                  |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .                             |     |    |
| <b>11a</b>                                                                                                                                                                         |     |    |
| <b>11b</b>                                                                                                                                                                         |     |    |
| <b>11c</b>                                                                                                                                                                         |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                             |     |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                       |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organization. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental supported organization. Describe in <b>Part VI</b> how you supported a governmental supported organization (see instructions). (see instructions).                                                                                                                                                                                                                                                                       |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                               |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| <b>a</b> Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                         |  |  |  |
| <b>b</b> Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                         |  |  |  |
| <b>c</b> Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .                                                                                                                                                                                                                                                             |  |  |  |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>3c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income  |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year<br>(optional) |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|
| <b>1</b>                         | Net short-term capital gain                                                                                                                                                                              | <b>1</b>       |                                |
| <b>2</b>                         | Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>       |                                |
| <b>3</b>                         | Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>       |                                |
| <b>4</b>                         | Add lines 1 through 3.                                                                                                                                                                                   | <b>4</b>       |                                |
| <b>5</b>                         | Depreciation and depletion                                                                                                                                                                               | <b>5</b>       |                                |
| <b>6</b>                         | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                                |
| <b>7</b>                         | Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>       |                                |
| <b>8</b>                         | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | <b>8</b>       |                                |
| Section B - Minimum Asset Amount |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>                         | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):                                                                          |                |                                |
| <b>a</b>                         | Average monthly value of securities                                                                                                                                                                      | <b>1a</b>      |                                |
| <b>b</b>                         | Average monthly cash balances                                                                                                                                                                            | <b>1b</b>      |                                |
| <b>c</b>                         | Fair market value of other non-exempt-use assets                                                                                                                                                         | <b>1c</b>      |                                |
| <b>d</b>                         | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                  | <b>1d</b>      |                                |
| <b>e</b>                         | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                                                                                           |                |                                |
| <b>2</b>                         | Acquisition indebtedness applicable to non-exempt-use assets                                                                                                                                             | <b>2</b>       |                                |
| <b>3</b>                         | Subtract line 2 from line 1d.                                                                                                                                                                            | <b>3</b>       |                                |
| <b>4</b>                         | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                                                                                           | <b>4</b>       |                                |
| <b>5</b>                         | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | <b>5</b>       |                                |
| <b>6</b>                         | Multiply line 5 by 0.035.                                                                                                                                                                                | <b>6</b>       |                                |
| <b>7</b>                         | Recoveries of prior-year distributions                                                                                                                                                                   | <b>7</b>       |                                |
| <b>8</b>                         | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                       | <b>8</b>       |                                |
| Section C - Distributable Amount |                                                                                                                                                                                                          |                | Current Year                   |
| <b>1</b>                         | Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                                                    | <b>1</b>       |                                |
| <b>2</b>                         | Enter 0.85 of line 1.                                                                                                                                                                                    | <b>2</b>       |                                |
| <b>3</b>                         | Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                                                   | <b>3</b>       |                                |
| <b>4</b>                         | Enter greater of line 2 or line 3.                                                                                                                                                                       | <b>4</b>       |                                |
| <b>5</b>                         | Income tax imposed in prior year                                                                                                                                                                         | <b>5</b>       |                                |
| <b>6</b>                         | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                                                            | <b>6</b>       |                                |
| <b>7</b>                         | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                                |



**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions |                                                                                                                                            | Current Year |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes                                                                      | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                      | 3            |
| 4                         | Amounts paid to acquire exempt-use assets                                                                                                  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)                                                     | 5            |
| 6                         | <b>Total annual distributions.</b> Add lines 1 through 5.                                                                                  | 6            |
| 7                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 7            |
| 8                         | Distributable amount for 2025 from Section C, line 6                                                                                       | 8            |
| 9                         | Line 7 amount divided by line 8 amount                                                                                                     | 9            |

  

| Section E - Distribution Allocations (see instructions)                                                                                                                   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2025 | (iii)<br>Distributable<br>Amount for 2025 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2025 from Section C, line 6                                                                                                                    |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - explain in Part VI). See instructions.                                                 |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2025                                                                                                                         |                             |                                        |                                           |
| a From 2020 . . . . .                                                                                                                                                     |                             |                                        |                                           |
| b From 2021 . . . . .                                                                                                                                                     |                             |                                        |                                           |
| c From 2022 . . . . .                                                                                                                                                     |                             |                                        |                                           |
| d From 2023 . . . . .                                                                                                                                                     |                             |                                        |                                           |
| e From 2024 . . . . .                                                                                                                                                     |                             |                                        |                                           |
| f <b>Total</b> of lines 3a through 3e                                                                                                                                     |                             |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                                            |                             |                                        |                                           |
| h Applied to 2025 distributable amount                                                                                                                                    |                             |                                        |                                           |
| i Carryover from 2020 not applied (see instructions)                                                                                                                      |                             |                                        |                                           |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                  |                             |                                        |                                           |
| 4 Distributions for 2025 from<br>Section D, line 6: \$                                                                                                                    |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                                            |                             |                                        |                                           |
| b Applied to 2025 distributable amount                                                                                                                                    |                             |                                        |                                           |
| c Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                        |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                             |                                        |                                           |
| 6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |                                        |                                           |
| 7 <b>Excess distributions carryover to 2026.</b> Add lines 3j and 4c.                                                                                                     |                             |                                        |                                           |
| 8 Breakdown of line 7:                                                                                                                                                    |                             |                                        |                                           |
| a Excess from 2021 . . . .                                                                                                                                                |                             |                                        |                                           |
| b Excess from 2022 . . . .                                                                                                                                                |                             |                                        |                                           |
| c Excess from 2023 . . . .                                                                                                                                                |                             |                                        |                                           |
| d Excess from 2024 . . . .                                                                                                                                                |                             |                                        |                                           |
| e Excess from 2025 . . . .                                                                                                                                                |                             |                                        |                                           |



## Part VI

**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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization  
**FORT MOSE HISTORICAL SOCIETY INC**

Employer identification number  
**31-1516528**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of nongovernment grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                   |                                                   |
| 1                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 2                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 3                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 4                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 5                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 6                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 7                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 8                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 9                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 10                                                        |               |                                                                |    |                                   |                                                                   |                                                   |
| Total . . . . .                                           |               |                                                                |    |                                   |                                                                   |                                                   |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |                                                                           | (a) Event #1<br>(event type) | (b) Event #2<br>(event type) | (c) Other events<br>(total number) | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|---------------------------------------------------------------------------|------------------------------|------------------------------|------------------------------------|--------------------------------------------------------|
| Revenue         | 1 Gross receipts . . . . .                                                |                              |                              |                                    |                                                        |
|                 | 2 Less: Contributions . . . . .                                           |                              |                              |                                    |                                                        |
|                 | 3 Gross income (line 1<br>minus line 2) . . . . .                         |                              |                              |                                    |                                                        |
| Direct Expenses | 4 Cash prizes . . . . .                                                   |                              |                              |                                    |                                                        |
|                 | 5 Noncash prizes . . . . .                                                |                              |                              |                                    |                                                        |
|                 | 6 Rent/facility costs . . . . .                                           |                              |                              |                                    |                                                        |
|                 | 7 Food and beverages . . . . .                                            |                              |                              |                                    |                                                        |
|                 | 8 Entertainment . . . . .                                                 |                              |                              |                                    |                                                        |
|                 | 9 Other direct expenses . . . . .                                         |                              |                              |                                    |                                                        |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .  |                              |                              |                                    |                                                        |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . |                              |                              |                                    |                                                        |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |                                                                                | (a) Bingo                                                           | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming                                                    | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| Revenue         | 1 Gross revenue . . . . .                                                      |                                                                     |                                                                     |                                                                     |                                                     |
| Direct Expenses | 2 Cash prizes . . . . .                                                        |                                                                     |                                                                     |                                                                     |                                                     |
|                 | 3 Noncash prizes . . . . .                                                     |                                                                     |                                                                     |                                                                     |                                                     |
|                 | 4 Rent/facility costs . . . . .                                                |                                                                     |                                                                     |                                                                     |                                                     |
|                 | 5 Other direct expenses . . . . .                                              |                                                                     |                                                                     |                                                                     |                                                     |
|                 | 6 Volunteer labor . . . . .                                                    | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                     |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .        |                                                                     |                                                                     |                                                                     |                                                     |
|                 | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . |                                                                     |                                                                     |                                                                     |                                                     |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

|                                                                     |                                                     |
|---------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization<br><b>FORT MOSE HISTORICAL SOCIETY INC</b> | Employer identification number<br><b>31-1516528</b> |
|---------------------------------------------------------------------|-----------------------------------------------------|

01. Description of other expenses (Part I, line 16)

| Description                     | Amount |
|---------------------------------|--------|
| OFFICE AND TECHNOLOGY           | 1,648  |
| BANKING AND EFT FEES            | 87     |
| ACCOUNTING/LEGAL/PROFESSIONAL   | 10,036 |
| CSO CONTRIBUTIONS               | 1,697  |
| SUPPLIES AND MATERIALS          | 1,657  |
| LODGING                         | 2,962  |
| GOLF COURSE RENTAL              | 4,013  |
| FOOD AND BEVERAGES              | 5,424  |
| FACILITIES AND EQUIPMENT RENTAL | 703    |
| PURCHASES                       | 256    |
| PRINTING/COPYING/RECORDING      | 654    |
| RE-ENACTOR/CONTRACTORS          | 15,868 |
| TELECOM/INTERNET                | 810    |
| WEBSITE MAINENANCE              | 990    |
| TRANSPORTATION                  | 2,125  |
| TRAVEL                          | 388    |
| DONATION EXPENSE                | 250    |
| CHARITABLE CONTRIBUTIONS        | 860    |
| OTHER BUSINESS EXPENSES         | 1,303  |
| FMHS ADMIN                      | 10,443 |

02. Other changes in net assets or fund balances (Part I, line 20)

| Description                         | Amount |
|-------------------------------------|--------|
| DUES AND SUBSCRIPTIONS              | 2,186  |
| SALES TAX                           | 755    |
| EVENT EXPENSESPHOTOGRAPHY AND VIDEO | 10,683 |
| TAXES AND LICENSES                  | 61     |
| SQUARE MERCHANT FEES                | 632    |
| MARKETING AND GRAPHIC DESIGN        | 12,222 |
| INSURANCE                           | 1,811  |
| INTEREST                            | 638    |
| STRIPE MERCHANT FEES                | 632    |



Form **8879-TE****IRS E-file Signature Authorization  
for a Tax-Exempt Entity**

OMB No. 1545-0047

For calendar year 2025, or fiscal year beginning \_\_\_\_\_, 2025, and ending \_\_\_\_\_, 20

**2025**Department of the Treasury  
Internal Revenue Service**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

EIN or SSN

**FORT MOSE HISTORICAL SOCIETY INC****31-1516528**

Name and title of officer or person subject to tax

**LAWSON DUKES, TREASURER****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|                                                                         |                                                                                  |     |        |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----|--------|
| 1a Form 990 check here . . . . . <input type="checkbox"/>               | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .     | 1b  |        |
| 2a Form 990-EZ check here . . . . . <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) . . . . .                          | 2b  | 50,900 |
| 3a Form 1120-POL check here . . . . . <input type="checkbox"/>          | b Total tax (Form 1120-POL, line 22) . . . . .                                   | 3b  |        |
| 4a Form 990-PF check here . . . . . <input type="checkbox"/>            | b Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .         | 4b  |        |
| 5a Form 8868 check here . . . . . <input type="checkbox"/>              | b Balance due (Form 8868, line 3c) . . . . .                                     | 5b  |        |
| 6a Form 990-T check here . . . . . <input type="checkbox"/>             | b Total tax (Form 990-T, Part III, line 4) . . . . .                             | 6b  |        |
| 7a Form 4720 check here . . . . . <input type="checkbox"/>              | b Total tax (Form 4720, Part III, line 1) . . . . .                              | 7b  |        |
| 8a Form 5227 check here . . . . . <input type="checkbox"/>              | b FMV of assets at end of tax year (Form 5227, item D) . . . . .                 | 8b  |        |
| 9a Form 5330 check here . . . . . <input type="checkbox"/>              | b Tax due (Form 5330, Part II, line 19) . . . . .                                | 9b  |        |
| 10a Form 8038-CP check here . . . . . <input type="checkbox"/>          | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . . | 10b |        |

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☐ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **Denwiddie Virdi & Associat** to enter my PIN **16528** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **05-07-2026****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**540262 40976****Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **Melvin Denwiddie Enrolled Agent**Date **05-09-2026****ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form **8879-TE** (2025) Created 5/1/25