

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2024 LEGISLATIVE REPORT (pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name:	
Mailing Address:	
Telephone Number:	
Website Address (required if applicable):	

Check to confirm your Code of Ethics is posted conspicuously on your website.

Statutory Authority:

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

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

YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS:

CSO's Mission: (Consistent with your Articles and Bylaws)

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

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

CSO's LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership:

Total Number of Board of Directors:

Total Volunteer Hours for the Board of Directors (From VSys - Work with your parks' volunteer manager):

PARK & CSO RELATIONSHIP:

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

Park Manager's Comments on the CSO & Park Relationship and Support:

Provide your perspective on

- Changing developments of the park provided by the CSO.
- Effectiveness of the organization in fulfilling their purpose to support the park(s).
- Effectiveness of the Board of Directors in completing their Annual Program Plan.
- The relationship between the park and CSO. What went well? Are there areas of improvement?

CSO President's Comments on the CSO & Park Relationship and Support:

Provide your perspective on the relationship between the park and CSO. What went well? Are there areas of improvement?

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

Program Services are costs related to providing your organizations' programs or services in accordance with your mission. Describe and provide expenses that <u>directly support the park(s)</u>. 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 \$
- Cultural resources (e.g., historic structure restoration/ renovation) \$
 - Natural resources (e.g., native plants, natural lands restoration) \$
- Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws) \$
 - Other facilities and landscape maintenance \$
 - Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.) \$
- Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.) \$
- Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition) \$
 - Big ticket visitor center exhibits or interpretation updates \$
 - Park exhibits, displays, signage \$
 - Park publications, brochures, maps, etc. \$
 - Programing/interpretation support material purchases \$
 - Other program services \$

Total Program Service Expenses \$

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.) \$
- Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$
 - Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$
 - Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$
 - In-park donation boxes \$
 - Other visitor services revenue \$
 - Total Visitor Services Revenue \$

NET ASSETS: \$

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

CSO AUDIT THRESHOLD:

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

Are the CSO's annual total expenses \$300,000 including grants? Then Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards (U.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 <u>complete</u> with Part III Program Service and <u>all</u> 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.

2024 CSO Legislative Report Acknowledgment This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes

Signature: Charles Ellis Digitally signed by Charles Ellis Date: 2024.06.01 00:53:38 -04'00'	
Printname: Charles Ellis	_, CSO President
, Inc.	
Date:	
Signature: Michael Watkins Digitally signed by Michael Watkins Date: 2024.06.05 15:03:19 -04'00'	
Print name: MIchael Watkins	, Park Manager
Date: 06/05/2024	

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.

"<u>Section 9.0:</u> 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	99	0-	EZ
	-	-	

Short Form

OMB No. 1545-0047

23

Return of Organization	Exempt	From	Income	Tax
-------------------------------	--------	------	--------	-----

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

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

Open to Public Inspection

20

Inter	artment nal Reve	of the Treasury enue Service Go to www.irs.gov/Form990EZ for instructions and the latest information.		Inspection
-	-	2023 calendar year, or tax year beginning , 2023, and ending		, 20
B	Check if a	applicable: C Name of organization D Em	ployer ic	lentification number
_	Address		-1516	528
_	Name ch		ephone n	umber
-	Initial ret	urn POST OFFICE BOX 4230		
-	Amende		oup Exe	mption
	Applicati	on pending SAINT AUGUSTINE, FL 32085-4230 Nu	mber	
G /	Account	ing Method: Cash 🕱 Accrual Other (specify): H Check	x if th	e organization is not
1	Nebsite	require	d to atta	ch Schedule B
Jт	Tax-exer	npt status (check only one) - 🕱 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) or 🗌 527 (Form	990).	
KF	Form of	organization: X Corporation Trust Association Other:		
LA	Add line	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets		
(Pa	rt II, col	umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	115,820
-	artl	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru		
		Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received	1	85,876
	2	Program service revenue including government fees and contracts	2	21,990
	3	Membership dues and assessments	3	7,954
	4		4	
	5a	Gross amount from sale of assets other than inventory		
	b	Less: cost or other basis and sales expenses		
	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		
e		\$15,000)		
nue	b	Gross income from fundraising events (not including \$ of contributions		
Revenue	-	from fundraising events reported on line 1) (attach Schedule G if the		
u.		sum of such gross income and contributions exceeds \$15,000) 6b		
	c	Less: direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
	u		6d	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a).	7c	(11,079
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	104,741
	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	
es	13	Professional fees and other payments to independent contractors	13	
Expenses	14	Occupancy, rent, utilities, and maintenance	14	
xb	15	Printing, publications, postage, and shipping	15	
m	16	Other expenses (describe in Schedule O)	16	61,199
	17	Total expenses. Add lines 10 through 16	17	61,199
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	43,542
2	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
Net Assets	1	end-of-year figure reported on prior year's return).	19	86,875
tA	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
c)		Net assets or fund balances at end of year. Combine lines 18 through 20	21	130,417

	990-EZ (2023) FORT MOSE HISTORIC			31-15	1652	8 Page 2
Pa	rt II Balance Sheets (see the instructions fo					
	Check if the organization used Schedule	O to respond to any qu	estion in this Part II			[]
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			86,875	22	130,417
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			86,875	25	130,417
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column (B			86,875	27	130,417
What Desc as m	Statement of Program Service Accom Check if the organization used Schedule is the organization's primary exempt purpose? TO E cribe the organization's program service accomplishmer easured by expenses. In a clear and concise manner, or	e O to respond to any que XPLAIN THE BLACK Ints for each of its three large lescribe the services provid	uestion in this Part AMERICAN EXPER		501(c	Expenses lired for section)(3) and 501(c)(4) izations; optional for 5.)
- 200	ons benefited, and other relevant information for each p	and the second sec			-	
28	THE BLACK AMERICAN EXPERIENCE HAS		DIS			
	BEING SHARED WITH ALL PEOPLE WHO V	ISIT THE PARK.				
			CALL COLOR			
29	(Grants \$) If this ar	nount includes foreign grant	s, check here	·····	28a	0
	(Cranta ©) If this ar	nount includes forsion grant	a abaak bara		200	
20	(Grants \$) If this ar	nount includes foreign grant	s, check here	· · · · · · · · ·	29a	
30					1111	
	Create C					
-		nount includes foreign grant		the second se	30a	
31	Other program services (describe in Schedule O) .					
	(Grants \$) If this ar				31a	
32	Total program service expenses (add lines 28a thr rt IV List of Officers, Directors, Trustees, a				32	0
Fai	Check if the organization used Schedul					
	Check II the organization used Schedul				· · ·	<u>····</u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	e i	Estimated amount of other compensation
CHAI	RLES ELLIS					
PRE	SIDENT	10.00	0	()	0
LAW	SON DUKES	1 (S.	1 1 1 1 1 1 1			
TRE	ASURER	10.00	0	(0
_						
_						
_						
-						
			-			

Form 990-EZ (2023)

2

SCHEDULE	A
(Form 990)	

Part I

1

2

3 4

a

Department of the Treasury

Name of the organization

hospital's name, city, and state:

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. **Open to Public** Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number FORT MOSE HISTORICAL SOCIETY INC 31-1516528 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

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, o	r local	government o	r governmental	unit descr	ibed in :	section	170(b)(1)	(A)(V)).
---	--	------------	----------	---------	--------------	----------------	------------	-----------	---------	-----------	--------	----

X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8		A community trust	described in section	170(b)(1)(A)(vi).	(Complete Part II.)
---	--	-------------------	----------------------	-------------------	---------------------

An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 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.)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 H

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

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.

С	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 generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III P functionally integrated, or Type III non-functionally integrated supporting organization.

. . . .

Enter the number of supported organizations

	B 11.0	e 11		In such the s	arrises and and	
q	Provide the	TOHOWING	mormationa	about the	supported	organization(s)

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990) 2023

OMB No. 1545-0047

Form 990-EZ (2	2023) FORT MOSE HIST	ORICAL SOCIETY IN	IC		31-1	516528	P	age
							Yes	No
	ne organization engage, directly or indire			and the second sec				
and the second se	ndidates for public office? If "Yes," com					46		X
	Section 501(c)(3) Organizatio			and the second second	1.000	1.1.1.1.1.		
	All section 501(c)(3) organization	ons must answer que	stions 47-49b and 5	2, and comp	plete the	tables for	lines	
	50 and 51.							
	Check if the organization used	Schedule O to respon	nd to any question i	n this Part V	1		,	. []
							Yes	No
47 Did th	ne organization engage in lobbying activ	ities or have a section 501	(h) election in effect during	ng the tax				
	If "Yes," complete Schedule C, Part II							х
48 Is the	organization a school as described in s	ection 170(b)(1)(A)(ii)? If '	Yes," complete Schedule	Ε		48	_	X
49a Did th	ne organization make any transfers to a	n exempt non-charitable rel	ated organization?			49a		X
	s," was the related organization a section	그는 것이 같은 것을 가슴을 걸려 가슴을 걸 때마다. 것				49b		
50 Comp	lete this table for the organization's five	highest compensated empl	oyees (other than officers	, directors, trus	tees, and k	ey		
emplo	oyees) who each received more than \$1	00,000 of compensation fro	om the organization. If the	ere is none, ente	er "None."			
		(b) Average	(c) Reportable	(d) Health be		(e) Estimate	d amour	atof
(a) Name and title of each employee	hours per week	compensation (Forms W-2/1099-MISC/	contributions to benefit plans, an		other co		
		devoted to position	1099-NEC)	compensa	ation			
IONE								
51 Com	number of other employees paid over \$ plete this table for the organization's five ,000 of compensation from the organiza	highest compensated indep	pendent contractors who	each received r	more than			
51 Com	elete this table for the organization's five	highest compensated indep ion. If there is none, enter	pendent contractors who	1		c) Compensatio	'n	
51 Com	plete this table for the organization's five 000 of compensation from the organization	highest compensated indep ion. If there is none, enter	oendent contractors who "None."	1		c) Compensatio	n	
51 Com; \$100	plete this table for the organization's five 000 of compensation from the organization	highest compensated indep ion. If there is none, enter	oendent contractors who "None."	1		c) Compensatio	n	
51 Comp \$100	plete this table for the organization's five 000 of compensation from the organization	highest compensated indep ion. If there is none, enter	oendent contractors who "None."	1		c) Compensatio	n	
51 Com; \$100	plete this table for the organization's five 000 of compensation from the organization	highest compensated indep ion. If there is none, enter	oendent contractors who "None."	1		c) Compensatio	n	
51 Com; \$100	plete this table for the organization's five 000 of compensation from the organization	highest compensated indep ion. If there is none, enter	oendent contractors who "None."	1		c) Compensatio	n	
51 Com; \$100	plete this table for the organization's five 000 of compensation from the organization	highest compensated indep ion. If there is none, enter	oendent contractors who "None."	1		c) Compensatio	'n	
51 Com; \$100	plete this table for the organization's five 000 of compensation from the organization	highest compensated indep ion. If there is none, enter	oendent contractors who "None."	1		c) Compensatio	n	
51 Com; \$100	plete this table for the organization's five 000 of compensation from the organization	highest compensated indep ion. If there is none, enter	oendent contractors who "None."	1		c) Compensatio	n	
51 Comp \$100	plete this table for the organization's five 000 of compensation from the organization	highest compensated indep ion. If there is none, enter	oendent contractors who "None."	1		c) Compensatio	n	
51 Com \$100	blete this table for the organization's five 000 of compensation from the organization (a) Name and business address of each indepen	highest compensated indep ion. If there is none, enter dent contractor	Dendent contractors who "None." (b) Type of servi	28		c) Compensatio	n	
51 Com \$100 NONE d Total	Nete this table for the organization's five 000 of compensation from the organization (a) Name and business address of each independent number of other independent contracto	highest compensated indep ion. If there is none, enter dent contractor	0,000	28		c) Compensatio	n	
51 Com \$100 NONE d Total 52 Did t	Dete this table for the organization's five 000 of compensation from the organization (a) Name and business address of each independent number of other independent contracton ne organization complete Schedule A?	highest compensated indep ion. If there is none, enter dent contractor *s each receiving over \$10 Note: All section 501(c)(3	0,000	ce	(
51 Comp \$100 NONE d Total 52 Did t comp	Nete this table for the organization's five 000 of compensation from the organization (a) Name and business address of each independent number of other independent contractor ne organization complete Schedule A	highest compensated indep ion. If there is none, enter dent contractor seach receiving over \$10 Note: All section 501(c)(3	0,000	ce		. X Yes		40
51 Comp \$100 NONE d Total 52 Did t comp Jnder penaltie	Nete this table for the organization's five 000 of compensation from the organization (a) Name and business address of each independent number of other independent contractor ne organization complete Schedule A	highest compensated indep ion. If there is none, enter dent contractor rs each receiving over \$10 Note: All section 501(c)(3 	(b) Type of service (b) Type of service (c) Ty	ce	(. X Yes		
51 Comp \$100 NONE d Total 52 Did t comp Jnder penaltie	number of other independent contracto ne organization complete Schedule A? bleted Schedule A	highest compensated indep ion. If there is none, enter dent contractor rs each receiving over \$10 Note: All section 501(c)(3 	(b) Type of service (b) Type of service (c) Ty	ce	(. X Yes		
51 Comp \$100 TONE d Total 52 Did t comp Juder penaltier rue, correct, a	number of other independent contracto ne organization complete Schedule A? wheted Schedule A	highest compensated indep ion. If there is none, enter dent contractor rs each receiving over \$10 Note: All section 501(c)(3 	(b) Type of service (b) Type of service (c) Ty	ce	(. X Yes		
51 Comp \$100 NONE 52 Did t comp Juder penaltie rue, correct, au	Dete this table for the organization's five (000 of compensation from the organization (a) Name and business address of each independent (b) Name and business address of each independent (b) Name and business address of each independent (c) Name and	highest compensated indep ion. If there is none, enter dent contractor rs each receiving over \$10 Note: All section 501(c)(3 	(b) Type of service (b) Type of service (c) Ty	ce	(. X Yes		
51 Comp \$100 NONE d Total 52 Did t comp Juder penaltie true, correct, at	number of other independent contracto number of other independent contracto ne organization complete Schedule A? Neted Schedule A	highest compensated indep ion. If there is none, enter dent contractor rs each receiving over \$10 Note: All section 501(c)(3 	(b) Type of service (b) Type of service (c) Ty	ce	(. X Yes		
51 Comp \$100 NONE d Total 52 Did t comp Jnder penaltie	Dete this table for the organization's five (000 of compensation from the organization (a) Name and business address of each independent (b) Name and business address of each independent (b) Name and business address of each independent (c) Name and	highest compensated indep ion. If there is none, enter dent contractor rs each receiving over \$10 Note: All section 501(c)(3 	(b) Type of service (b) Type of service (c) Ty	ce	(. X Yes		
d Total 52 Did t comp Juder penaltie rue, correct, an Sign Here	number of other independent contracto number of other independent contracto ne organization complete Schedule A? Neted Schedule A	highest compensated indep ion. If there is none, enter dent contractor rs each receiving over \$10 Note: All section 501(c)(3 	(b) Type of service (b) Type of service (c) Ty	ce	(. X Yes	lief, it is	
51 Comp \$100 NONE d Total 52 Did t comp Jnder penaltie: rue, correct, an Sign Here Paid	number of other independent contracto ne organization complete Schedule A? Deted Schedule A	highest compensated indep ion. If there is none, enter dent contractor s each receiving over \$10 Note: All section 501(c)(3 	(b) Type of service (b) Type of service (c) Ty	ce	(st of my knov e. eck X if if-employed	. X Yes wledge and be	lief, it is	
51 Comp \$100 TONE d Total 52 Did t comp Jader penaltie rue, correct, an Sign Here Paid Preparer	number of other independent contracto number of other independent contracto ne organization complete Schedule A? Deted Schedule A	highest compensated indep ion. If there is none, enter dent contractor rs each receiving over \$10 Note: All section 501(c)(3 	(b) Type of service (b) Type of service (c) Ty	ce	(st of my knov e. eck X if if-employed	. X Yes wledge and be	lief, it is	
51 Comp \$100 NONE d Total 52 Did t comp Juder penaltie true, correct, at	number of other independent contracto ne organization complete Schedule A? Deted Schedule A	highest compensated indep ion. If there is none, enter dent contractor rs each receiving over \$10 Note: All section 501(c)(3 	(b) Type of service (b) Type of service (c) Ty	ce	(st of my knov e. eck X if f-employed	. X Yes wledge and be	N Nellief, it is 265	

Form	990-EZ	(2

	0-EZ (2023) FORT MOSE HISTORICAL SOCIETY INC	31-151652	8	P	age
Part					
	instructions for Part V.) Check if the organization used Schedule O to respond to any question	in this Part V			. [
		F		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a				
	detailed description of each activity in Schedule O		33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed				
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		-		
2.0	change on Schedule O. See instructions		34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business				
	activities (such as those reported on lines 2, 6a, and 7a, among others)?		35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Sched	lule Q -	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,				
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
	during the year? If "Yes," complete applicable parts of Schedule N.	· · · · · · ·	36		x
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		-		
b	Did the organization file Form 1120-POL for this year?		37b	-	X
38a	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?	******	38a	_	X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved				
39	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
	section 4911: ; section 4912: ; section 4955:; section 4955;; section 4956; secti				
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		101		
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		X
c	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				
d					
	40c reimbursed by the organization				
e			40e		x
44	transaction? If "Yes," complete Form 8886-T		400		A
41	List the states with which a copy of this return is filed: FL The organization's books are in care of: LAWSON DUKES Telephon	ne no. 904-66	9-88	63	
42a		P+4 32085-			_
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority ove			Yes	No
5	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		42b		x
	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
	Financial Accounts (FBAR).				
С	At any time during the calendar year, did the organization maintain an office outside the United States?		42c		x
	If "Yes," enter the name of the foreign country:				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here				. [
	and enter the amount of tax-exempt interest received or accrued during the tax year	43			-
				Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be				
	completed instead of Form 990-EZ		44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be				
	completed instead of Form 990-EZ		44b		X
	Did the organization receive any payments for indoor tanning services during the year?		44c		X
с					
c d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an				1
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		44d	-	-
			44d 45a		x
d	explanation in Schedule O				x
d 45a	explanation in Schedule O				x

Form	990-EZ	(2023)
------	--------	--------

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FORT MOSE HISTORICAL SOCIETY INC

Employer identification number 31-1516528

01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT OFFICE AND TECHNOLOGY 1,955 51 BANKING AND EFT FEES 3,868 ACCOUNTING/LEGAL/PROFESSIONAL 15,948 ADVERTISING 2,026 SUPPLIES AND MATERIALS FACILITIES & EQUIPMENT RENTAL 3,245 FOOD AND BEVERAGES 1,809 2,907 INSURANCE MEETINGS/EDUCATION/AWARDS 684 234 POSTAGE 212 PRINTING/COPYING/RECORDING 4,906 RE-ENACTOR/CONTRACTORS 824 TELECOM/INTERNET 1,125 WEBSITE MAINENANCE 775 TRANSPORTATION 369 TRAVEL WOM BOOK EXPENSES 288 686 CHARITABLE CONTRIBUTIONS 1,925 OTHER BUSINESS EXPENSES 2,343 TAXES & LICENSES 694 DUES AND SUBSCRIPTIONS 970 CREDIT CARD FRAUD EXPENSE

12,651

EVENT EXPENSES

Schedul	e A (Form 990) 2023 FORT MOSE I	HISTORICAL	SOCIETY INC	3		31-151652	B Page 2
Part	II Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1	I)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked th						lify under
	Part III. If the organization fails to	o qualify unde	r the tests lis	ted below, ple	ease complet	e Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11,512	28,026	24,418	75,237	40,754	179,947
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	11,512	28,026	24,418	75,237	40,754	179,947
5	The portion of total contributions by	1					
	each person (other than a						
	governmental unit or publicly					0	
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	1122					
6	Public support. Subtract line 5 from line 4.	1.000					179,947
	on B. Total Support	[
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	11,512	28,026	24,418	75,237	40,754	179,947
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from	1.1				1.12.02.1	
	similar sources	-					
9	Net income from unrelated business						
	activities, whether or not the business		. I				
	is regularly carried on	-					
10	Other income. Do not include gain or				n		
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						179,947
12	Gross receipts from related activities, etc	. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the o	rganization's fi	rst, second, thi	rd, fourth, or fit	th tax year as	a section 501(c)(3)
	organization, check this box and stop he						
	on C. Computation of Public Suppo	rt Percentag	e ivided by line 1	11 oolumn (f))		14	100.00 %
14	Public support percentage for 2023 (line Public support percentage from 2022 Sch	o, column (I), u	l line 14			15	100.00 %
15	33 1/3% support test - 2023. If the organ	ization did not	aback the box		d line 14 is 33		
16a	box and stop here. The organization qua		iche cupported	organization	u iiile 14 is 55	1/5 /0 01 11010,	
	33 1/3% support test - 2022. If the organization	aimes as a publ	cly supported	organization.		is 33 1/3% or n	nore check
b	this box and stop here. The organization		Check a box o	tod organizati		15 33 1/3 /0 01 1	· · · · · · · [
47-	10%-facts-and-circumstances test - 20						
17a	10% or more, and if the organization mee						
	Part VI how the organization meets the fa						
	organization				n line 12 16-	16h or 17a o	
b							
	15 is 10% or more, and if the organizatio	n meets the fac	umatenace ter	t The organize	neur uns DOX a	and stop nere.	
	in Part VI how the organization meets the						
	organization Private foundation. If the organization of			160 16h 17-		this hey and	••••• L
18							
	instructions	· · · · · · · · ·			<u></u>		A (Form 990) 202
EEA						Schedule	A (Loun aan) 50

Schedule O (Form 990) 2023		Page 2			
Name of the organization		Employer identification number			
FORT MOSE HISTORICAL SOCIETY INC		31-1516528			
PHOTOGRAPHY AND VIDEOGRAPHY EXPENSE	300				
	500				
STRIPE MERCHANT FEES	404				
STATE MERCHANT FEED					