Citizen Support Organization (CSO) Name: __Fort Mose Historical Society: African American Community of Freedom
Mailing Address (required): PO Box 4230, St. Augustine, FL 32085
Telephone Number (required): (904) 501-8299
Website Address (required if applicable): FortMose.org

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

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

CSO’s Mission: Consistent with Articles and Bylaws
- To function as a CSO for Fort Mose Historic State Park generating additional resources and support for the Park through events and activities including work for the preservation, protection and interpretation of the Fort Mose site.

- To ‘tell the Fort Mose Story’, interpreting the significance of the original Fort Mose community for present and future generations.
Description of the CSO’s Results Obtained:
This has been a highly successful year for Fort Mose Historical Society, despite the sudden onset of COVID-19 pandemic. Advances include:

- Appointment of an Executive Director
- Expansion of Board of Directors, creation of an onboarding packet
- Sponsorship of a highly successful ‘Flight to Freedom’ event, with more than 3,200 participants over a 3-day period
- Continuation (pre-COVID) of our popular monthly militia muster.
- Launch of a newly-designed website located at FortMose.org
- Launch of a coordinated media campaign, to build Membership.
- Submission of a grant request to FL Humanities (federal CARES Act funds, pending), for hiring of an Intern to assist with duties related to Visitor Center management
- Submission of additional grant requests related to support for Events, outdoor interpretive elements, lecture series and staffing support
- Donation of funds to the Park for repair of essential Park vehicle
- Receipt of the prestigious St. Augustine Historical Society Herschel E Shepard Award, for excellence in historic preservation
- Strengthened strategic alliances with divisions of NPS, National Black History institutions and local schools, cultural institutions and colleges.
- Receipt of a donation of a used cannon carriage from Castillo de San Marcos (NPS), originally valuated at over $17,500
- Press coverage including a front-page article in the St. Augustine Record and a brief article in Essence Magazine, online.
Description of the CSO’s Plans for the Next Three Fiscal Years: Expand section as necessary to be complete

-The year 2021 marks the 25th anniversary of the founding of Fort Mose Historical Society. A year-long celebration is planned. It will include expanded programming and outreach and proposed improvements to Park grounds. Plans include:

-Continuation of our suite of annual ‘living history’ events including Flight to Freedom, Bloody Battle of Mose and First Harvest, with enhancements.

-Revival of our ‘Founders Day’ event.

-Continuation of our monthly militia training, open to the public; continuation of our Annual Meeting event.

-Reconstruction and ongoing maintenance of the Mose community garden, with meticulous historical accuracy. We will add a final scene to the ‘Flight to Freedom’ experience. Upon completion of the trail, visitors will enter a reenactment of the Fort Mose community. There they will witness the militia in training, women tending the community garden, and children at play.

-Installation of a new barca chata reproduction, with interpretive signage.

-Launch of a community lecture series, exploring historical significance of the Fort Mose story.

-Collaboration with Florida Archaeology Network (FPAN) and Lighthouse Archaeological Maritime Program (LAMP) regarding new on-site archaeological research and its significance.

-Targeted marketing that will expand awareness of Fort Mose Historic State Park and knowledge of the ‘Fort Mose story’ through local, state, national and international print and digital channels.

Also included in our 3-year goals are the following:
-Continued development of our Membership campaign.

-Launch of a Volunteer Program.

-Continued work with the St. Johns County Cultural Council, Castillo de San Marcos, Lincolnville Museum, Flagler College, St. Augustine Historical Society and other local educational and cultural institutions, with a shared goal of further developing St. Augustine as a hub for black history tourism, and Fort Mose Historic State Park as a major attraction.

Our major goal will continue to be construction of a representation of the 1738 fortification. To this end we will:
-Develop a revised 5-year plan
-Launch a comprehensive fundraising campaign
-Expand our annual golf tournament fundraising project
-Create an architectural bid package for the construction of the fort representation, select a Contractor and create a preliminary construction timeline.

☐ CSO’s Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously.
X CSO has attached the most recent Internal Revenue Service (IRS) Form 990
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.
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**

**Return of Organization Exempt From Income Tax**

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

- **Check if the organization is not required to attach Schedule B**
  - (Form 990, 990-EZ, or 990-PF).

**A For the 2019 calendar year, or tax year beginning , 2019, and ending , 2020**

- **Number and street (or P.O. box, if mail is not delivered to street address)**
  - SAINT AUGUSTINE, FL 32084

- **City or town, state or province, country, and ZIP or foreign postal code**
  - 15 FORT MOSE TRAIL

- **F Name of organization**
  - FT MOSE HISTORICAL SOCIETY INC

- **Employer identification number**
  - 31-1516528

- **Telephone number**
  - 750-1516528

- **Group Exemption Number**
  - X

**I Website:**

- **Check if the organization used Schedule O to respond to any question in this Part I**
  - ▶

**II Revenue, Expenses, and Changes in Net Assets or Fund Balances**

(see the instructions for Part I)

- **Check if the organization is not required to attach Schedule B**
  - (Form 990, 990-EZ, or 990-PF).

- **Check if the organization used Schedule O to respond to any question in this Part I**
  - ▶

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Expenses</th>
<th>Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Contributions, gifts, grants, and similar amounts received</td>
<td>2 Program service revenue including government fees and contracts</td>
<td>3 Membership dues and assessments</td>
</tr>
<tr>
<td>4 Investment income</td>
<td>5a Gross amount from sale of assets other than inventory</td>
<td>5b Less: cost or other basis and sales expenses</td>
</tr>
<tr>
<td>6 Gaming and fundraising events:</td>
<td></td>
<td>5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td>
</tr>
<tr>
<td>a Gross income from gaming (attach Schedule G if greater than $15,000)</td>
<td>b Gross income from fundraising events (not including $15,000) of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)</td>
<td>c Less: direct expenses from gaming and fundraising events</td>
</tr>
<tr>
<td>d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td>
<td>e Printing, publications, postage, and shipping</td>
<td></td>
</tr>
<tr>
<td>f Other expenses (describe in Schedule O)</td>
<td>7a Gross sales of inventory, less returns and allowances</td>
<td>f Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td>
</tr>
<tr>
<td>g Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td>
<td>h Grants paid to or for members</td>
<td>i Salaries, other compensation, and employee benefits</td>
</tr>
<tr>
<td>j Professional fees and other payments to independent contractors</td>
<td>k Occupancy, rent, utilities, and maintenance</td>
<td>l Printing, publications, postage, and shipping</td>
</tr>
<tr>
<td>m Other expenses (describe in Schedule O)</td>
<td>n Total expenses. Add lines 10 through 16</td>
<td>o 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)</td>
</tr>
<tr>
<td>p Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>q Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td>r</td>
</tr>
</tbody>
</table>
### Part II Balance Sheets (see the instructions for Part II)

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>4,268</td>
<td>43,457</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25 Total assets (describe in Schedule O)</td>
<td>4,268</td>
<td>43,457</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>4,268</td>
<td>43,457</td>
</tr>
</tbody>
</table>

### Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **TO EXPLAIN THE BLACK AMERICAN EXPERIENCE**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

#### 28 THE BLACK AMERICAN EXPERIENCE HAS BEEN PERSERVED AND IS BEING SHARED WITH ALL PEOPLE WHO VISIT THE PARK.

(Grants $ ) If this amount includes foreign grants, check here

<table>
<thead>
<tr>
<th></th>
<th>28a</th>
<th>29a</th>
<th>30a</th>
<th>31a</th>
<th>32</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenses</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

#### 29

(Grants $ ) If this amount includes foreign grants, check here

#### 30

(Grants $ ) If this amount includes foreign grants, check here

#### 31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here

#### 32 Total program service expenses (add lines 28a through 31a)

### Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHARLES ELLIS PRESIDENT</td>
<td>10.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>THOMAS JACKSON TREASURER</td>
<td>10.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity on Schedule O.  

   Yes  No  

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conforming copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.  

   Yes  No  

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)?  

   Yes  No  

35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q.  

35c 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.  

   Yes  No  

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.  

   Yes  No  

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  

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? If "Yes," complete Schedule L, Part II and enter the total amount involved.  

   Yes  No  

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.  

39a  

39b  

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  

   section 4911  ; section 4912  ; section 4955  

   b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit 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.  

   Yes  No  

   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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  

   e 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.  

   Yes  No  

41 List the states with which a copy of this return is filed.  

   FL  

42a The organization's books are in care of Tom Jackson.  

   Phone number.  

   Located at P O Box 4230, Saint Augustine, FL  

   ZIP + 4  

42b At any time during the calendar year, did the organization have an interest in or a signature or authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  

   Yes  No  

   c At any time during the calendar year, did the organization maintain an office outside the United States?  

   Yes  No  

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here.  

   and enter the amount of tax-exempt interest received or accrued during the tax year.  

   Yes  No  

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  

   Yes  No  

44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  

   Yes  No  

44c Did the organization receive any payments for indoor tanning services during the year?  

   Yes  No  

44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  

   Yes  No  

45b 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.  

   Yes  No
### 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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>47</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>49a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>49b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

DId the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization?

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."

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
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</tbody>
</table>

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

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."

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
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</tbody>
</table>

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

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**

**THOMAS JACKSON**

Signature of officer  
Date

**THOMAS JACKSON, TREASURER**

Type or print name and title

**Paid Preparer Use Only**

Melvin Denwiddie, Enrollee  
Firm's name  
Firm's address  
Firm's EIN  
Phone no.

May the IRS discuss this return with the preparer shown above? See instructions.

**Preparer's name**  
Preparer's signature  
Date  
Check if self-employed  
PTIN

Yes  
No

Form 990-EZ (2019)
**FT MOSE HISTORICAL SOCIETY INC**

**Public Charity Status and Public Support**

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 or 990-EZ).)
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). (Complete Part II.)
7. A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

9. 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.)

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

11. 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).

   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 generally must 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 (described on lines 1-10 above (see instructions))

   (iv) Is the organization listed in your governing document? Yes No

   (v) Amount of monetary support (see instructions)

   (vi) Amount of other support (see instructions)

---

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

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>14,823</td>
<td>11,512</td>
<td>26,335</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>14,823</td>
<td>11,512</td>
<td>26,335</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Public support. Subtract line 5 from line 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26,335</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

**Calendar year (or fiscal year beginning in):**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td>14,823</td>
<td>11,512</td>
<td>26,335</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><strong>Total support. Add lines 7 through 10</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26,335</td>
</tr>
<tr>
<td>12</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td><strong>First five years. 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 stop here.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td>14</td>
<td></td>
<td>100.00 %</td>
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<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td>15</td>
<td></td>
<td>100.00 %</td>
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</tbody>
</table>

16a **1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is less than 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. □

**17a 10%-facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is less than 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. □

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions □
Name of the organization: FT MOSE HISTORICAL SOCIETY INC

Employer identification number: 31-1516528

Organization type (check one):

Form 990 or 990-EZ

- ☑ 501(c)(3) (enter number) organization
- □ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- □ 527 political organization

Form 990-PF

- □ 501(c)(3) exempt private foundation
- □ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- □ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**General Rule**

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year. ........................................ $

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
**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 990-EZ.

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

---

**2019**

Open to Public Inspection

Name of the organization

**FT MOSE HISTORICAL SOCIETY INC**

Employer identification number

**31-1516528**

---

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLIGHT TO FREEDOM</td>
<td>1,714</td>
</tr>
<tr>
<td>BLOODY BATTLE OF MOSE</td>
<td>897</td>
</tr>
<tr>
<td>ANNUAL GOLF TOURNAMENT</td>
<td>5,452</td>
</tr>
<tr>
<td>OTHER EXPENSES</td>
<td>5,790</td>
</tr>
<tr>
<td>MEETING EXPENSE</td>
<td>2,879</td>
</tr>
<tr>
<td>EVENTS AND PROGRAMS EXPENSE</td>
<td>3,434</td>
</tr>
<tr>
<td>MILITARY MUSTERS EXPENSE</td>
<td>711</td>
</tr>
<tr>
<td>FT MOSE STATE PARK SUPPORT</td>
<td>1,578</td>
</tr>
</tbody>
</table>

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