

# **CITIZEN SUPPORT ORGANIZATION 2016 REPORT** (pursuant to Florida Statute 20.058)

Citizen Support Organization (CSO) Name: Fort Mose Historical Society

Mailing Address: P O Box 4230, St Augustine, Fl. 32085\_\_\_\_\_\_

Telephone Number: 904-823-2232 Website Address (if applicable): www.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.

Brief Description of the CSO's Mission: The mission of the Fort Mose Historical Society is to support the Florida Park Service in its effort st preserve, protect and interpret Fort Mose Historic State Park, the site of the first free Black legall sanctioned settlement in Continential USA and its significance as the birth place of freedom in America for current and future generations. In its 20th year, the Fort Mose Historical Society is dedicated to ensuring that the Fort Mose site and its story are seamlessly woven into the tapestry of American history.

Brief Description of the CSO's Results Obtained:

- (1) Creating a representation of the 1738 fortification at Mose: Designated as a 450th legacy project. preliminary architectural plans sumitted to Division of Historical Resources for approval; and funds raised to cover architectural services.
- (2) Fund raising: Awarded a \$5,000 mini-grant by the Florida Humanities Council and raised over \$6,000 in the Third Annual Golf Tournament to support projects and activities at the park.
- (3) Strengthening and expending the outreach of the living history program; Flight to Freedom in February 2015 set a visitation record and was performed off site at the National Guard's Diversity Day in August 2015 and on the plaza stage during the 450th Commemoration.
- (4) Increasing public awareness: The story of Fort Mose was prominently featured in the 450th Commemoration Exhibits in the Saint Augustine Visitors Center and the PBS film The Journey 450 years of the African American Experience shown nationally.
- (5) Membership program added 10 new members last year and 5 were Life Members (\$500) each for life members.
- (6) Malitia: We added (3) new malitia in 2015 and our long range goal is to have (12) Militas.
- (7)

Brief Description of the CSO's Plans for Next Thi	e Fiscal Years:
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- (1) Obtain State approval to build a representation of the 1738 fortification, secure funding for the project and construct it.
- (2) Raise funds for Mose through the annual golf tournaments and grants from the Florida Humanities Council and other sources.
- (3) Strengthen the living history program at Mose, particulary African American participation in these events.
- (4) Expand state, national and international awareness of Fort Mose as the Birth Place of Freedom among African American.
- (5) Membership:Strengthen and grow our membership and volunteer base through the newly up dated website that is in progress.
- (6) Malitia: Continue to grow our malitia through the local schools that have ROTC programs.

Copy of the CSO's Code of Ethics attached (Model provided; see CSO 2014 instructions)

Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990 or 990-EZ.

## 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."

CHANCE IN ACCOUNTING PERIOD       Short Form       COLL A       OME AG 1545-01         Form 990-EZ       Return of Organization Exempt From Income Tax       2015	<del>-</del> -
	<del>-</del> -
Form <b>330<sup>-</sup>L2</b> Return of Organization Exempt From income Tax 7 9115	
Under section \$01(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.	
Department of the Treasury Internal Revenue Service Information about Form 990-EZ and Its instructions is at www.irs.gov/form990.	
A For the 2015 catendar year, or tax year beginning 07/01/15, and ending 12/31/15	
B Check if applicable: C Name of organization D Employer identification num	nber
Address change	
Name change FORT MOSE HISTORICAL SOCIETY, INC 31-1516528	
Initial return Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone nUmber	
Final return/terminated         P.O. BOX 4230         904-471-2121	<u> </u>
Amended return City or town, state or province, country, and ZIP or foreign postal code F Group Exemption	
Application pending     ST AUGUSTINE     FL 32085     Number ▶       G Accounting Method:     Cash     X     Accrual Other (specify) ▶     H     Check ▶ X     if the organization is in the organizatio	
	nut
I Website: ► N/A required to attach Schedule B J Tax-exempt status (check only one) - X 501(c)(3) 501(c)( ) 1 (insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF).	
K Form of organization: X Corporation Trust Association Other	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	
(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	07
Part I 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 guestion in this Part I	X
Contractional, gave, granta, and annual and annual accurate	23
	84
3 Membership dues and assessments3	
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	
§ \$15,000)	
\$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 <u>6c</u> d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	
line 6c)	
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)	<u> </u>
8 Other revenue (describe in Schedule O)	107
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	07
10       Grants and similar amounts paid (list in Schedule O)       10         11       Benefits paid to or for members       11	
12 Splaying other componentian and employed herefite	
12       Salaries, other compensation, and employee benefits       12         13       Professional fees and other payments to independent contractors       13       1,7         14       Occupancy, rent, utilities, and maintenance       14         15       15       22	63
14 Occupancy, rent, utilities, and maintenance	
	23
16 Other expenses (describe in Schedule O)	
17 Total expenses. Add lines 10 through 16	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	161
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	30
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       19,1         20       Other changes in net assets or fund balances (explain in Schedule O)       20	<u></u>
20       Other changes in net assets or fund balances (explain in Schedule O)       20         21       13,0	<u>69</u>
21       Net assets or fund balances at end of year. Combine lines 18 through 20         For Paperwork Reduction Act Notice, see the separate instructions.       Form 990-EZ (	

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200200	m 990-EZ (2015) FORT MOSE HISTORICAL		INC 31-15	16528	. <u> </u>	Page 2
33 <b>1</b>	Balance Sheets (see the instructions for P Check if the organization used Schedule O to	-	question in this Part	11		X
	Check II the organization used Schedule O t	o respond to any		ginning of year		(B) End of year
22	Cash, savings, and investments			16,590	22	10,789
	Land and buildings			0	23	
24	Other assets (describe in Schedule O)			2,840	24	2,581
25	Total assets			19,430	25	<u>13,370</u> 301
26	Total liabilities (describe in Schedule O)			<u> </u>	26 27	13,069
	Net assets or fund balances (line 27 of column (B) must agr ant III Statement of Program Service Accom					
388.99	Check if the organization used Schedule O to					Expenses
Wh	at is the organization's primary exempt purpose?				(Red	quired for section
	See Schedule O		<u></u>			(c)(3) and 501(c)(4)
	scribe the organization's program service accomplishments for				-	inizations; optional for
	measured by expenses. In a clear and concise manner, describ	•	ided, the number of		othe	ers.)
÷	sons benefited, and other relevant information for each program					
28	ENCOURAGED CITIZEN SUPFORT OF THE ORGANIZATIO	•••••		• • • • • • • • • • • • • • • • • • • •		
	(Grants \$ ) If this amount includes				28a	3,227
29	·····					
	(Grants \$ ) If this amount includes	foreign grants, che	ck here	<u> </u>	29a	**************************************
30		••••••	• • • • • • • • • • • • • • • • • • • •	••••••		
				• • • • • • • • • • • • • • • • • •		
	(Grants \$ ) If this amount includes	foreign grants, che	ck here	▶ [1]	30a	
31						···
	(Grants \$ ) If this amount includes				31a	3,992
2000000	Total program service expenses (add lines 28a through 31a	)		<u></u>	32	7,219
	List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp	mployees (list eac bond to any question	n one even if not compe in in this Part IV			
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heath ben contributions to e benefit plans, deferred compet	efits mployee and sation	(e) Estimated amount of other compensation
 9	THOMAS J JACKSON		(ii not paid, enter -0-)	detened compet	ISAUVII	
· · ·	TREASURER	3.00	0		0	0
	CHARLES ELLIS			1		
I	PRESIDENT	4.00	0			
				·	0	0
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Form	990-E2 (2015) FORT MOSE HISTORICAL SOCIETY, INC 31-1516528		P	age 3
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			Π
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
32	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
33		33		х
34	detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
94	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	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)?	. 3 <del>5</del> a		X
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	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	<u>35c</u>		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			v
	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			X
þ	Did the organization file Form 1120-POL for this year?	. 37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	38a		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	. <u>30a</u>		
		-		
39	Section 501(c)(7) organizations. Enter.			
a L	Initiation fees and capital contributions included on line 9       39a         Gross receipts, included on line 9, for public use of club facilities       39b			
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
HVA	section 4911 ▶; section 4912 ▶; section 4912 ▶;			
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	405		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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
9	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	40e	<u> </u>	X
41	List the states with which a copy of this return is filed > None	4-47	1-2	121
42a				. <b></b>
	P.O. BOX 4230 I = 2IP + 4 > 32	085		
	Located at ST AUGUSTINE ST AUGU		Yes	No
b	At any time during the calendar year, do the organization have an interest in or a signature of other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	100	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 U.S.?	42c		X
	If "Yes," enter the name of the forsign country: >			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			► L
	and enter the amount of tax-exempt interest received or accrued during the tax year		1	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		₽××××	X
	completed instead of Form 990-EZ	_44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44b		X
	completed instead of Form 990-EZ			x
¢	Did the organization receive any payments for indoor tanning services during the year?			
d	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		<u> </u>
4.8-		1 4 7 1		X
45a h	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
b	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)	45b		X

Form 990-EZ (2015)

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Form	990-EZ (2015) FORT MOSE HISTORICAL	SOCIETY,	INC	31-15	<u>16528</u>		<u></u>	P	age 4
40	Did the executedian energy directly of indirectly in political	compaign activitie	a en hoh		aition			Yes	No
46	Did the organization engage, directly or indirectly, in political to candidates for public office? If "Yes," complete Schedule C								X
Pa	Section 501(c)(3) organizations only							<u> </u>	
	All section 501(c)(3) organizations must answ	ver questions 47	-49b an	d 52, and cor	mplete the	tables for li	nes		
	50 and 51. Check if the organization used Schedule O to	reenand to any	questio	n in this Part '	vi				$\square$
								Yes	No
47	Did the organization engage in lobbying activities or have a s	section 501(h) elec	tion in eff	ect during the t	ax		47		x
40	year? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)			Sebedula E	•••••				X
48 49a	Did the organization make any transfers to an exempt non-cf								X
b	If "Yes," was the related organization a section 527 organization						406	I	
50	Complete this table for the organization's five highest compe	nsated employees	(other th	an officers, dire	ectors, truste	es and key			
	employees) who each received more than \$100,000 of comp								
	(a) Name and tille of each employee	(b) Average hours per week devoted to position	con	Reportable npensation V-2/1099-MISC)	contribution	h benefits, s to employee plans, and pmpensation	(e) Estimate other com		
Nc	ne								
					1		·		
					<u> </u>		<u> </u>		
f				▶		-			
51	Complete this table for the organization's five highest compe \$100,000 of compensation from the organization. If there is n	nsated independel none, enter "None.		cors who each	received m	ore (nan			
	(a) Name and business address of each independent cont	ractor		(b) Typ	e of service		(c) Compe	nsation	I
No	ae				•				
				····			·····		
		·····							
	·								
	······································								
•									
d	Total number of other independent contractors each receivin	•	🕨						
52 	Did the organization complete Schedule A? Note: All section completed Schedule A			<u></u>				3 X	No
Under true, d	r penalties of perjury, I declare that I have examined this return, inclus correct, and complete. Declaration of preparer (other than officer) is b	ding accompanying s based on all informati	chedules a on of which	and statements, a h preparer has ar	and to the bearing knowledge	st of my knowle	age and beli	er, it is	
Class									
Sigr Here	THOMAS T TACKSON		I	TREASURI	<sup>ate</sup> ER				
Leid	Type or print name and title								
	Print/Type prepares ment a. Soul . Pre	eparer's signature			Date	Check	X if PTil	1	
Paid	Robert A. Eberling CPA Rol	bert A. Eberli	ng CPA		03/0	04/16 self-er	nployed P01	20636	
•		ssociates	PA		. <u></u>	Firm's EIN 🕨	20-19	9586	<u>;73</u>
Use	Only Firm's address > 2825 Lewis Speedw St. Augustine, FI					Phone no. 9	04-829	a-00	82
May	the IRS discuss this return with the preparer shown above? S								No
	The second		********						

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F	mıc	990-EZ	(2015)

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SCHEDULE A	Pub	lic Charity Statu	s and	Public	Support	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complet	e if the organization is a sect	tion 501(c)	(3) organiz	ation or a section	2015
		4947(a)(1) nonexer	•			
Department of the Treasury		Attach to Form S				Open to Public
Internal Revenue Service	Information abo	out Schedule A (Form 990 or 990	•EZ) and its	s instruction		inspection
Name of the organization			132 T.	10		tification number
		STORICAL SOCIET	the second s		31-151	
		Status (All organizations			is part.) See instructio	<u>ns.</u>
print of the second sec		e it is: (For lines 1 through 11,				
		ociation of churches described			A)(i).	
		A)(II). (Attach Schedule E (For				
	• -	ce organization described in se				
		d in conjunction with a hospital	aescribea	in section 1	(70(D)(1)(A)(III). Enter the r	lospitars name,
city, and state	·········					····
		of a college or university owned	or operation	eo oy a gove	aunuentai dhit described in	
·	b)(1)(A)(iv). (Complete Part	overnmental unit described in a	sontion 17	0/6//1////	4	
		substantial part of its support fr				^
- ·	section 170(b)(1)(A)(vi). (C		om a gove	attitti <del>ç</del> i ilar yı	at of from the Benergi hoom	•
		I70(b)(1)(A)(vi). (Complete Par	+ (1.)			
		1) more than 33 1/3% of its sup		contributions	membership fees and an	055
· _ · · · · ·		pt functions-subject to certai	-			
•		nd unrelated business taxable i				
••	-	0, 1975. See section 509(a)(2)	•			
· · ·	•	exclusively to test for public sal		•	a)(4).	
	+ .	exclusively for the benefit of, to	-	-		ses of
		ions described in section 509(				
		cribes the type of supporting or				
a 🗍 Type I. A sup	porting organization operate	ed, supervised, or controlled by	its suppor	ted organiza	ation(s), typically by giving	
the supported	organization(s) the power t	o regularly appoint or elect a m	ajority of t	he directors	or trustees of the supportin	g
organization.	You must complete Part P	V, Sections A and B.				
b 🔲 Type II. A sup	porting organization superv	rised or controlled in connection	n with its s	upported org	anization(s), by having	
control or man	nagement of the supporting	organization vested in the sam	e persons	that control	or manage the supported	
organization(s	s). You must complete Par	t IV, Sections A and C.				
c 🔄 Type III funct	tionally integrated. A supp	orting organization operated in	connection	n with, and f	unctionally integrated with,	
its supported	organization(s) (see instruct	lions). You must complete Pa	rt IV, Sect	lions A, D, a	and E.	
	• •	supporting organization operate			••••••	)
		janization generally must satisf	-		ment and an attentiveness	
· · · · · · · · · · · · · · · · ·	-	t complete Part IV, Sections /				
	+	d a written determination from			e I, Type II, Type III	
-		nctionally integrated supporting	organizati	on.		
	of supported organizations ring information about the su	innorted organization(a)	•••••	•••••		L
1			(iv) is the o			(vi) Amount of
<ol> <li>Name of supported organization</li> </ol>	(II) EIN	(iii) Type of organization (described on lines 1-9	1 * *	r governing	(v) Amount of monetary support (see	other support (see
-		above (see instructions))		ment?	instructions)	instructions)
			Yes	No		
(A)		······································				
(B)						
(0)						
(C)	·····					· ····································
(0)						
(D)			+		<u></u>	
<b>x</b> −ℓ			1			
(E)			1	· · · ·		
Total					<b>`</b>	

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

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#### 31-1516528

Schedule A (Form 990 or 990-EZ) 2015 FORT MOSE HISTORICAL SOCIETY, INC 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.)

Sec	tion A. Public Support						
Caler	idar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	-7,885	6,558	13,022	8,198	923	20,805
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	-7,885	6,558	13,022	8,188	923	20,806
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						20,806
	tion B. Total Support					······································	
Caler	dar year (or fiscal year beginning in) 🕨 👘	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	-7,885	6,558	13,022	8,188	923	20,806
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						20,806
12	Gross receipts from related activities, etc.					12	784
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her	-					▶ [
Sec	tion C. Computation of Public S	upport Percen	tage				
14	Public support percentage for 2015 (line 6	5, column (f) divide	d by line 11, colum	in (f))	-	14	100.00%
15	Public support percentage from 2014 Sch						<u>%</u>
16a	33 1/3% support test-2015. If the organ						
	box and stop here. The organization qual	lifies as a publicly s	supported organiza	ition			► 🛛
b	33 1/3% support test-2014. If the organ	ization did not che	ck a box on line 13	3 or 16a, and line 1	15 is 33 1/3% or m	ore,	
	check this box and stop here. The organi	zation qualifies as	a publicly supporte	ed organization			▶ [
17a	10%-facts-and-circumstances test-20	15. If the organizati	ion did not check a				
	10% or more, and if the organization mee	ts the "facts-and-ci	rcumstances" test	, check this box ar	nd stop here. Expl	ain in	
	Part VI how the organization meets the "fa	acts-and-circumsta	nces" test. The on	ganization qualifies	s as a publicly sup	ported	
	organization		,				▶□
b	10%-facts-and-circumstances test-20	14. If the organizat	ion did not check a	a box on line 13, 16	5a, 16b, or 17a, an	d line	
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m	eets the "facts-and	-circumstances" te	est. The organization	on qualifies as a p	ublicly	
	supported organization						► [
18	Private foundation. If the organization di instructions	id not check a box	on line 13, 16a, 16	ib, 17a, or 17b, cho	eck this box and se	ee	

Schedule A (Form 990 or 990-EZ) 2015

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#### Schedule A (Form 990 or 990-EZ) 2015 FORT MOSE HISTORICAL SOCIETY, INC 31-1516528

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

(Complete only if you checked the box on line 9 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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					} 	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
-	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						
	Add lines 7a and 7b						
8	Public support, (Subtract line 7c from line 6.)						
Sec	line 6.) tion B. Total Support						<u></u>
	idar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1976						<u>,, , , , , , , , , , , , , , , , , , ,</u>
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	organization's firs	st. second, third, for	urth. or fifth tax ve	ar as a section 50	1(c)(3)	
	organization, check this box and stop her	•					🕨 🗌
Sec	tion C. Computation of Public St						
15	Public support percentage for 2015 (line 8	, column (f) divide	ed by line 13, colum	n (f))		15	%
<u>16</u>	Public support percentage from 2014 Sch						%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2015 (			, column (f))			%
18	Investment income percentage from 2014					18	%
19a	33 1/3% support tests-2015. If the orga		heck the box on line	e 14, and line 15 i	s more than 33 1/3	%, and line	<b>۔</b> ۳۰۰
	17 is not more than 33 1/3%, check this b						▶∟
b	33 1/3% support tests-2014. If the orga						⊾ ſ~~
	line 18 is not more than 33 1/3%, check the	•	+	-			
20	Private foundation. If the organization di	a not check a box	on line 14, 19a, or	19b, check this b	ox and see instruc	1005	<b></b>

Schedule A (Form 990 or 990-EZ) 2015

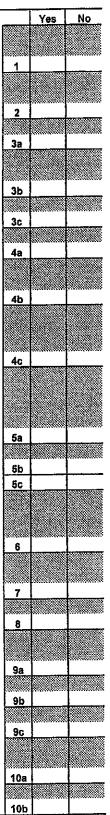
#### Schedule A (Form 990 or 990-EZ) 2015 FORT MOSE HISTORICAL SOCIETY, INC 31-1516528 Part V Supporting Organizations

Page 4

#### Supporting Organizations (Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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 Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 Part VI 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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 Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a 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 Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in 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 Part VI.
- 10a 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 10b below.
  - 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.)



Schedule A (Form 990 or 990-EZ) 2015

	ule A (Form 990 or 990-EZ) 2015 FORT MOSE HISTORICAL SOCIETY, INC 31-15165	28 Pa
		Yes I
4	Here the experimetion constraint a gift or contribution from now of the following persons?	
1	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a
	below, the governing body of a supported organization?	11b
	A family member of a person described in (a) above?	110
	A 35% controlled entity of a person described in (a) or (b) above? if "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	
36LI	on b. Type I Supporting Organizations	Yes
	Did the directory tructory or markership of any or more supported pressizations have the newer to	
	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
	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 Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
cti	on C. Type II Supporting Organizations	
		Yes
	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 Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	
cti	on D. All Type III Supporting Organizations	· · · · · · · · · · · · · · · · · · ·
		Yes
	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?	1
	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 Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
	By reason of the relationship described in (2), 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 Part VI the role the organization's	
		3
ofi	supported organizations played in this regard. on E. Type III Functionally-Integrated Supporting Organizations	
		e),
-	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	а).
a	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	(otione)
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	icuons).
		Yes
	Activities Test. Answer (a) and (b) below.	Yes
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	

- b Did the activities described in (a) 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.

that these activities constituted substantially all of its activities.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a \_\_\_\_\_\_ 2b \_\_\_\_\_ 3a \_\_\_\_\_ 3b \_\_\_\_\_

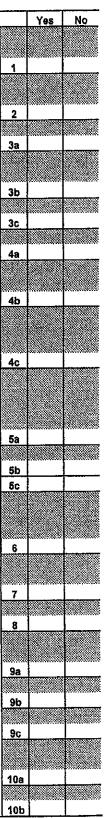
Schedule A (Form 990 or 990-EZ) 2015

### Schedule A (Form 990 or 990-EZ) 2015 FORT MOSE HISTORICAL SOCIETY, INC 31-1516528 Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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 Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 Part VI 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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 **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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 Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a 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 Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in 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 Part VI.
- 10a 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 10b below.
  - 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.)



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Schedule A (Form 990 or 990-EZ) 2015

Check here if the organization satisfied the Integral Part Test as a qualifying trust of other Type III non-functionally integrated supporting organizations must complete \$				
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3	4			
5 Depreciation and depletion	5	<u></u>		
6 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)	6		<u></u>	
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other				
factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035	6			
7 Recoveries of prior-year distributions	7	<u> </u>		
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		§	
2 Enter 85% of line 1	2		<u> </u>	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		Š	
4 Enter greater of line 2 or line 3	4		å	
5 Income tax imposed in prior year	5		š	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions)	6		â	

Schedule A (Form 990 or 990-EZ) 2015

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions						
						1
2						
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of su	oported organizations	····	ļ		
4	Amounts paid to acquire exempt-use assets			<u> </u>		
5	Qualified set-aside amounts (prior IRS approval required)			<u> </u>		
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organ					
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2015 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
		(1)	(11)	(10)		
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable		
			Pre-2015	Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2015					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2015:					
a						
b						
¢						
	From 2013					
	From 2014					
	Total of lines 3a through e					
ġ	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2015 distributable amount					
	Carryover from 2010 not applied (see instructions)					
1	Remainder, Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2015 from Section					
	D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2015 distributable amount					
C	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2015, if					
	any. Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions).					
6	Remaining underdistributions for 2015. Subtract lines 3h					
	and 4b from line 1 (if amount greater than zero, see					
	instructions).					
7	Excess distributions carryover to 2016. Add lines 3j					
••••••	and 4c.					
8	Breakdown of line 7:					
а						
b						
С	Excess from 2013					
	Excess from 2014					
	Excess from 2015			1		

Schedule A (Form 990 or 990-EZ) 2015

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#### OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) 2015 Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or 990-EZ. Department of the Treasury Inspection ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number 31-1516528 FORT MOSE HISTORICAL SOCIETY, INC Form 990-EZ, Part I, Line 16 - Other Expenses Amount Description Expenses \$ 769 Advertising and Promotion Office \$ 415 \$ 176 Conferences/Meetings 302 \$ Insurance Ŝ 635 HONORARIUMS \$ 267 MEMBERSHIPS \$ 134 TAXES, LICENSES \$ 2,325 **RE-ENACTMENTS** 759 \$ Non-investment Depreciation Total \$ 5,782 Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances Amount Description \$ 14 Book / Tax Depreciation Difference Form 990-EZ, Part II, Line 24 - Other Assets Beg. of Year End of Year Description 20,511 \$ \$ 21,060 16,246 \$ \$ 18,469 Less Accumulated Depreciation 4,265 \$ 2,591 Total \$ Form 990-EZ, Part II, Line 26 - Other Liabilities

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Schedule O (Form 990 or 990-EZ) (2015) Name of the organization	Page Employer Identification number		
FORT MOSE HISTORICAL SOCIETY, INC	31-1516528		
Description Beg. of	Year End of Year		
Accounts Payable and Accrued Expenses \$	300 \$ 301		
Form 990-EZ, Part III - Primary Exempt Purpose			
ENCOURAGE CITIZEN SUPPORT OF THE FIRST FREE BLACK COLONY	IN THE U.S.A.		
THROUGH EDUCATION, RE-ENACTMENTS, AND HISTORICAL AND CUL	TURAL OUTREACH TO		
THE COMMUNITY.			
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	Page 1 of 1		

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Schedule O (Form 990 or 990-EZ) (201!

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Form 4562		epreciation and	Amortiz	ation			OMB No. 1545-0172
	(incl	(including Information on Listed Property)					2015
Department of the Treasury Internal Revenue Service (99)	► Information about Fo	Attach to your t rm 4562 and its separate	ax return. Instructions	is at wy	w.irs.gov/for	m4562.	Atlachment 179 Sequence No. 179
Name(s) shown on return	FORT MOSE HISTOR	ICAL SOCIETY,	INC			ntifying numi 1–151(	
- Business or activity to which this form					1 =		
Indirect Dep:							
	To Expense Certain Pro				_		
	ou have any listed propert	y, complete Part V be	fore you c	omplete	Part I.		E00 000
1 Maximum amount (se					••••••	. 1	500,000
	79 property placed in service (se						2,000,000
	tion 179 property before reduction. Subtract line 3 from line 2. If z					·	2,000,000
	ar. Subtract line 4 from line 1. If zero						<u></u>
6	(a) Description of property		l (business use		(c) Elected c	╧╼┷╋	
7 Listed property. Enter	the amount from line 29			7			
8 Total elected cost of s	ection 179 property. Add amour	its in column (c), lines 6 an	d 7			. 8	
	Enter the smaller of line 5 or line					. 9	
10 Carryover of disallowe	d deduction from line 13 of your	2014 Form 4562				. 10	<u></u>
11 Business income limit	ation. Enter the smaller of busin	ess income (not less than a	ero) or line	5 (see ins	tructions)	· 11 12	
	deduction. Add lines 9 and 10, b			13		12	
	ed deduction to 2016. Add lines search and lines search and line search and s			13		B	
	Depreciation Allowance a		on (Do no	t includ	e listed pro	perty.) (	See instructions.)
	llowance for qualified property (						
during the tax year (se						14	250
15 Property subject to se	ction 168(f)(1) election					15	
16 Other depreciation (in	cluding ACRS)					. 16	
Part III MACRS	Depreciation (Do not incl		See instru	ctions.)			
		Section A				17	484
	or assets placed in service in tax ny assets placed in service during the tax y				-	יז 📷	
	ection B-Assets Placed in Service doming the taxy					n System	
(a) Classification of prop		(c) Basis for depreciation (business/investment use	(d) Recovery period	(e) Conv	ention (f) A	tethod	(g) Depreciation deduction
19a 3-year property	service	only-see instructions)	P				
b 5-year property		250	5.0	ну	20	DODB	25
c 7-year property							
d 10-year property							
e 15-year property							
f 20-year property							
g 25-year property			25 yrs.			S/L	
h Residential rental		·	27.5 yrs.	MN		<u>S/L</u>	
property			27.5 yrs.	MN		<u>S/L</u>	
i Nonresidential real property			39 yrs.	MN		<u>\$/L</u>	
	tion C—Assets Placed in Serv	i vice During 2015 Tay Year	l leina the	MN Alternativ	the second s	<u>S/L</u>	<u> </u>
20a Class life		Nee During 2010 Tax Tea	Carrig the			S/L	•
b 12-year			12 yrs.			S/L	
c 40-year			40 yrs.	MA		S/L	
	y (See instructions.)				<u> </u>		
21 Listed property. Enter						21	
	rom line 12, lines 14 through 17,					T	_ = -
	opriate lines of your return. Partn		see instru	ctions		_ 22	759
23 For assets shown abo	ove and placed in service during	the current year, enter the					
	tributable to section 263A costs			23		13	

There are no amounts for Page 2