

### Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2024 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name:
Mailing Address:
Telephone Number:
Website Address (required if applicable):
Check to confirm your Code of Ethics is posted conspicuously on your website.
Statutory Authority: Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.
<b>Section 258.015, F.S., Citizen support organizations; use of property; audit</b> . In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.
YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS: CSO's Mission: (Consistent with your Articles and Bylaws)
<b>Describe Last Calendar Year's Results Obtained:</b> Brag! (List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.)
Describe the CSO's Plans for the Next Three Calendar Years:

#### CSO's LAST CALENDAR YEAR STATISTICS:

**Total Number of CSO General Membership:** 

**Total Number of Board of Directors:** 

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

#### **PARK & CSO RELATIONSHIP:**

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

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

Provide your perspective on

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

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

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

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

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

- Building improvement, construction, or renovations \$
- Cultural resources (e.g., historic structure restoration/ renovation) \$
  - Natural resources (e.g., native plants, natural lands restoration) \$
- Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws) \$
  - Other facilities and landscape maintenance \$
  - Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.) \$
- Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.) \$
- Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition) \$
  - Big ticket visitor center exhibits or interpretation updates \$
    - Park exhibits, displays, signage \$
    - Park publications, brochures, maps, etc. \$
    - Programing/interpretation support material purchases \$
      - Other program services \$
      - **Total Program Service Expenses \$**

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

- Park gift shops, craft stores, and concession sales \$
- Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$
- Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$
  - Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$
    - Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$
      - In-park donation boxes \$
      - Other visitor services revenue \$
      - Total Visitor Services Revenue \$

#### **NET ASSETS: \$**

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

#### **CSO AUDIT THRESHOLD:**

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

Are the CSO's annual total expenses \$300,000 including grants? Then Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards (<u>U.S. GAO Yellow Book</u>). The audit is **due by September 1** (9 months after the CSO's calendar year ends) to the Florida Auditor General and to the Department.

#### **CONFIRM ATTACHMENTS:**

#### **Code of Ethics**

The most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. All IRS Form 990's must be <u>complete</u> with Part III Program Service and <u>all</u> appropriate Schedules (A, O, and others as appropriate). If filing an IRS extension, attach the IRS 8868 receipt and the most recent complete 990 and schedules.

### 2024 CSO Legislative Report Acknowledgment

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

Signature: Gary R. Dickinson Digitally signed by Gary R. Dickinson Date: 2024.07.12 12:35:12 -04'00'

Print name: Gary Dickinson \_\_\_\_\_\_\_, CSO President
Olustee Battlefield Citizens Support Organization \_\_\_\_\_\_, Inc.
Date: 7/12/2024

Signature: Debra L. Walker Digitally signed by Debra L. Walker Date: 2024.07.12 15:26:09 -04'00'

Print name: Debra Walker Interim , Park Manager

Date: 7/12/2024

## Olustee Battlefield Historic State Park Citizens Support Organization

### **CODE OF ETHICS**

Approved 1 July 2015

#### **PREAMBLE**

- (1) It is essential to the proper conduct and operation of <u>Olustee Battlefield Citizen Support</u> <u>Organization, Inc.</u>, (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 Olustee Battlefield Citizen Support Organization, Inc., board members, officers, and employees in the performance of their official duties.

#### **STANDARDS**

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Fla. Stat., to be observed by CSO board members, officers, and employees.

#### 1. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

#### 2. Prohibition of Accepting Compensation Given to Influence a Vote

No CSO board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

#### 3. Salary and Expenses

No CSO board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law.

#### 4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

#### 5. Prohibition of Misuse of Privileged Information

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

#### 6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

### 7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

#### 8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote, the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

#### 9. Failure to Observe CSO Code of Ethics

Failure of a CSO board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position. Further, failure of the CSO to observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the CSO.

#### OLUS9233 06/12/2024 10:42 AM

## 8868 s

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filling of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form

7004 to request an extension of time to file income tax returns. Part I — Identification Name of exempt organization, employer, or other filer, see instructions. Type or Taxpayer identification number (TIN) Olustee Battlefield Citizens Print Support Organization, Inc. 59-3039233 Number, street, and room or suite no. If a P.O. box, see instructions. File by the PO Box 382 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. Glen St. Mary FL 32040

Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Application Is For Return Code Code Form 990 or Form 990-EZ Form 4720 (other than individual) 01 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 990-T (corporation) 07 Form 5330 (other than individual) 14 Form 1041-A 08

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

  Plan Name

  Plan Number

Plan Year Ending (MM/DD/YYYY) Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions) David Richardson PO Box 67 The books are in the care of Glen St. Mary FL 32040 Telephone No. 904-219-8949 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) — . If it is for part of the group, check this box ..... for the whole group, check this box ..... a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until 11/15/24, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2023 or tax year beginning , and ending . . . If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3a \$ 0

C Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form **990** 

Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

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

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

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

2022 Open to Public Inspection

For the 2022 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Olustee Battlefield Citizens Check if applicable: Support Organization, Inc. Address change 59-3039233 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 904-219-8949 PO Box 382 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated Glen St. Mary 90,199 FL 32040 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending David Richardson H(b) Are all subordinates included? PO Box 67 If "No," attach a list. See instructions FL 32040 Glen St. Mary **X** 501(c)(3) 501(c) 4947(a)(1) or 527 ) (insert no.) Tax-exempt status: Website: N/A H(c) Group exemption number Form of organization: X Corporation Association Other Year of formation: M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: To promote academic, archaeological, and historical Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 15 త 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities 0 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... 7b Prior Year Current Year 50 14,520 8 Contributions and grants (Part VIII, line 1h) 3,236 1,879 9 Program service revenue (Part VIII, line 2g) 16,294 25,417 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -556 26,286 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 58,979 28,147 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) ...... 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 

 16a Professional fundraising fees (Part IX, column (A), line 11e)

 b Total fundraising expenses (Part IX, column (D), line 25)

 806 14,623 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 806 14,623 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 27,341 44,356 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 872,764 917,120 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 0 917,120 872,764 22 Net assets or fund balances. Subtract line 21 from line 20 ..... Signature Block Under penalties of periury. 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. Date Sign Signature of officer Here David Richardson Treasurer Type or print name and title Preparer's signature Date Print/Type preparer's name James G. Lyons, CPA Paid 07/19/23 self-employed P00924468 James G. Lyons, CPA 59-3157692 Preparer Lyons & Lyons, CPA's Firm's EIN Firm's name Use Only 106 West Blvd 904-259-4307 Macclenny, FL 32063-2605 Firm's address X Yes No May the IRS discuss this return with the preparer shown above? See instructions

	Olustee Battlefie		59-3039233	Page
	statement of Program Serv			
		a response or note to any lir	ne in this Part III	<u></u>
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			largest program services, as measured	l by
			amount of grants and allocations to oth	
-	penses, and revenue, if any, for each		amount of grants and allocations to our	IC13,
the total exp	berises, and revenue, if any, for each	on program service reported.		
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	am services (Describe on Schedule	e O.)		
(Expenses	\$ inclu	iding grants of \$	) (Revenue \$	)
<ul> <li>Total progra</li> </ul>	am service expenses			

#### Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. 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 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 19 X Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Pa	art IV Checklist of Required Schedules (continued)		Vaa	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	D. L. N. C. L. C. O. W. W. C. H. C. Calendale I. Darle Land III.	22		x
23	Part IX, column (A), line 2? if "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			İ
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			ĺ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			l
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	1		l
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	.		v
	persons? If "Yes," complete Schedule L, Part III	27	(55, V)#*	X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		triubs:	didi
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		x
	"Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	290		x
••	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	23		-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
	conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
31				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		x
22	complete Schedule N, Part II			_ <del></del> -
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34		34		x
35a	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	250		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
•	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38		X
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
2750.	Check if Schedule O contains a response or note to any line in this Part V			$\sqcup$
	1 1	r.c	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		l said	
	reportable gaming (gambling) winnings to prize winners?	1c	l <u>.                                    </u>	<u> </u>

orm	990 (2022) Olustee Battlefield Citizens 59-3039	<u> 233</u>			P	age 🕻
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	ļ	<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financia	l acco	unt)?	. 4a	L Strawersky	X
b	If "Yes," enter the name of the foreign country			. (5%)		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).	92.3		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			. <u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		. 5b	<u></u>	X
С				. 5c		—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е				
	organization solicit any contributions that were not tax deductible as charitable contributions?			. 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		i .		
	gifts were not tax deductible?			. 6b	Granesta.	L VA NTE
7	Organizations that may receive deductible contributions under section 170(c).					(18,85) (18,95)
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods				
				. <b>7a</b>		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			. 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs				l
	required to file Form 8282?	r		. 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontrac	l?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control					X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			. 7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization				25/10/1	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	ne		BANK.	
	sponsoring organization have excess business holdings at any time during the year?			. 8	10,000,00	100.094
9	Sponsoring organizations maintaining donor advised funds.					
а				1		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			. 9b	r dinem	. Lughter
0	Section 501(c)(7) organizations. Enter:	I	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	I	176		
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b		1 17 30		13.135g a
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I .	?	. 12a		Gyland.
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			420	12.42	1.88.181.
а	•			13a	TELEVISIA	5486
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					98
b	Enter the amount of reserves the organization is required to maintain by the states in which	100	1			
	the organization is licensed to issue qualified health plans	13b				
. с	Enter the amount of reserves on hand	13c	L	14a	DRIGA.	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?				<b>-</b>	<u> </u>
. b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			·   140		$\vdash$
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			15		x
	excess parachute payment(s) during the year?			.   13	-	
	If "Yes," see instructions and file Form 4720, Schedule N.	inner	202	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	Incon	E:	100.00	77 7 7	1
4-7	If "Yes," complete Form 4720, Schedule O.	ition		111.2	Maria.	1-77
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ			17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			.	1.00	1

If "Yes," complete Form 6069.

Form 990 (2022) Olustee Battlefield Citizens Part VI

-	Governance, Management,	and Disclosure For each "Yes"	response to lines 2 through 7b below	, and for a "No"
	response to line 8a, 8b, or 10b	below, describe the circumstances,	, processes, or changes on Schedule	O. See instructions.
	Check if Schedule O contains a	response or note to any line in this	Part VI	X

Sec	tion A. Governing Body and Management				Van	No					
4-	Take the greeker of retire members of the governing body at the end of the tay year	1a	15	15.25	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		1							
	if the governing body delegated broad authority to an executive committee or similar										
h	committee, explain on Schedule O.	1 <sub>b</sub>	15	1							
b	The residual states and the states are states as a state of the state of the states are states as a state of the state of th										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			2		X					
	any other officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct					<del></del>					
3				3		x					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			4		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed.			5		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			6		X					
6	Did the organization have members or stockholders?			-		1					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			7a		x					
L	one or more members of the governing body?			10		<del></del>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			7b		x					
_	stockholders, or persons other than the governing body?			F/7-28	Gt/40						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			0.	X						
a	The governing body?			8a	X	<del>                                     </del>					
b	Each committee with authority to act on behalf of the governing body?			8b	Α	<u> </u>					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			_		x					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		<u> </u>					
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	IIIdi r	kevenue Co	ue.j	V	T No.					
				400	Yes	No X					
10a	Did the organization have local chapters, branches, or affiliates?			10a		<b>├</b>					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			40.							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		7.7					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filir	g the to	orm?	11a	8,853542	X					
þ	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				Mare	37					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to co	onflicts?	12b		-					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"										
	describe on Schedule O how this was done			12c							
13	Did the organization have a written whistleblower policy?			13		X					
14	Did the organization have a written document retention and destruction policy?			14	i Nga Jagas	X					
15	Did the process for determining compensation of the following persons include a review and approval by										
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			SMAC)							
а	The organization's CEO, Executive Director, or top management official			15a		X					
b	Other officers or key employees of the organization			15b		X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement										
	with a taxable entity during the year?			16a	a data Mar	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its										
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the										
	organization's exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed FL										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (	section	501(c)								
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of into	erest po	olicy,								
	and financial statements available to the public during the tax year.	•	-								
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords									
	avid Richardson PO Box 67										
	len St. Mary FL 320	40	904	<u> -21</u>	9-8	949					

Form 000 (2022)	Olustee	Battlefield	Citizens
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Page **7** 

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)

Name and title

Average hours per week (list any Pe

(list any hours for related organizations below dotted line)  (1) Gary Dickinson  0.00  President  0.00  X  0 Individual rustee organization (W-2/1099-MISC/1099-MEC)  X  0 0 0 0	compensation	from related	compensation from the		box, unless person is both an officer and a director/trustee)		i	hours per week			
(1) Gary Dickinson 0.00	from the organization and related organizations	1099-MISC/	1099-MISC/	Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director	(list any hours for related organizations below dotted line)	
											(1) Gary Dickinson
	0	0	0				¥				Prosident
(2) Thomas Jessee									<del> </del>	0.00	
0.00			1							0.00	(2)
Vice President 0.00 X 0	0	0	0			<u> </u>	X			0.00	
(3) Bill Dion						ŀ					(3) Bill Dion
0.00   X   0   0   0   0   0   0   0   0	0						•				
Secretary 0.00 X 0 0 (4) David Richardson		<u> </u>	0			-	^		-		
0.00											(+) Davia imeliarabe.
Treasurer 0.00 X 0 0	0	0	0				X				Treasurer
(5)											(5)
(6)											(6)
(7)										-	(7)
(8)											(8)
(9)											(9)
(10)										·	(10)
(11)		·								-	(11)

(A) Name and title	(B) Average hours per week	bo: off	x, unle icer a	Pos check ess pe nd a c	more rson i directo	than o	an ee)	( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
							-			
									- Au	
										, , ,
1b Subtotal		Sect	ion A	٩		• • • • •				
2 Total number of individuals (in reportable compensation from	ncluding but not li	mite						re) who received more than	\$100,000 of	
3 Did the organization list any fremployee on line 1a? If "Yes, 4 For any individual listed on line organization and related or services rendered to the organization	" complete Scheduse 1a, is the sum nizations greater	dule of rother than 	J for epor 1 \$15 	r <i>suc</i> table 50,00 	th indicate con the control of the c	dividu npen If "Ye  n froi	<i>al</i> satio s," د  n aı	on and other compensation complete Schedule J for sum on the sum of the schedule J for sum on the schedule J for sum of the schedule J for schedul	from the ch · individual	Yes N
Section B. Independent Contract	ors									
Complete this table for your f compensation from the organ	ization. Report comp (A) d business address	ensa	ensa:	inde tion 1	for th	ne ca	lend	dar year ending with or with	in the organization's tax y (B) tion of services	ear. (C) Compensation
Ivanic air	Dusiless address							2000.9		
									· · · · · · · · · · · · · · · · · · ·	-
2 Total number of independent	contractors (inclu	ıdino	but	not	limit	ed to	tho	ose listed above) who		
received more than \$100,000	of compensation	ı fro	m th	e or	ganiz	zatior	1		0	Form <b>990</b> (20

Pa	rt V			f Revenue edule O conta	ains a	a respon	se or note	to any line in thi	s Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service   Contributions, Gifts, Grants   Revenue   and Other Similar Amounts	2a b c d		es nts ations ontribution gifts, gra ot included 1a-1f	ns) nts, d above in			14,520 Business Code	14,520 1,879	1,879		
		All other program  Total. Add lines					L	1,879			
		Investment incor other similar am Income from inv	me (in lounts) estme	cluding dividend	ls, inte	rest, and proceeds		16,294	16,294		
	6a b	Royalties  Gross rents Less: rental expenses Rental inc. or (loss)	6a 6b	(i) Real			Personal				
enu	7a	Net rental incom Gross amount from sales of assets other than inventory Less: cost or other	e or (I	OSS)(i) Securities		1	Other				
Other Revenue	d	basis and sales exps.  Gain or (loss)  Net gain or (loss)  Gross income from						E-Lag.			
J		(not including \$ of contributions rep 1c). See Part IV, lir	orted one 18	n line	8a		57,506 31,220				
		Less: direct expenses Net income or (I			8b events		·	26,286			26,286
	9a	Gross income fr activities. See P	om ga art IV,	ming line 19	9a 9b						
:	С	Less: direct expenses of income or (I Gross sales of income)	loss) fr	om gaming acti							
		returns and allow Less: cost of go	wance	S	10a 10b						
	С	Net income or (I	oss) fr	om sales of inv	entory				विश्वति वर्षे केशी देकता थ्या १५ क्षा १ व	80000 8008 8008 8008 8008 8008 8008 80	The state of the s
Miscellaneous Revenue	11a b c						Business Code				
Misc	d	All other revenue									
	е	Total. Add lines									
	12	Total revenue.	See ir	nstructions				58,979	18,173	0	26,286

## Form 990 (2022) Olustee Battlefield Citizens 59-3039233

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must on the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Check if Schedule O contains a responsition of the Chec	onse or note to any line in			X
	not include amounts reported on lines 6b, 7b, Pb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				and the second second
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			<u> </u>	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		AU-11 AU-12 ,		
11	Fees for services (nonemployees):				
а	Management				
b	Legal	750		750	
С	Accounting	750		750	
d	• • • • • • • • • • • • • • • • • • • •			Burgard Vol. L. (Barriera A. A. 1881	
е					<u> </u>
f	Investment management fees				
g	, ,	F 40F		E 40E	
	(A) amount, list line 11g expenses on Schedule O.)	5,425		5,425	
12	• • • • • • • • • • • • • • • • • • • •	5,279 3,169		5,279	
13	Office expenses	3,169		3,169	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel		· · · · · · · · · · · · · · · · · · ·		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
•		<u> </u>	The second of th	The state of the s	Participate on a Ref. of the company of the Res. Co.
a					, , , , , , , , , , , , , , , , , , , ,
b					
c d				-	
	All other expenses				
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	14,623	0	14,623	0
25 26	Joint costs. Complete this line only if the	14,023			
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				,
	following SOP 98-2 (ASC 958-720)				

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X. (B) (A) End of year Beginning of year Cash—non-interest-bearing 1 358,887 387,436 Savings and temporary cash investments 2 3 Pledges and grants receivable, net \_\_\_\_\_\_ Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges \_\_\_\_\_\_ 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 180,830 180,830 332,992 348,800 Investments—publicly traded securities 11 11 12 12 Investments—other securities. See Part IV, line 11 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 872,764 917,120 Total assets. Add lines 1 through 15 (must equal line 33) ..... 16 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 26 Total liabilities. Add lines 17 through 25 ...... Organizations that follow FASB ASC 958, check here Balances and complete lines 27, 28, 32, and 33. 649,490 608,109 Net assets without donor restrictions 27 27 267,630 264,655 Organizations that do not follow FASB ASC 958, check here 28 Net assets with donor restrictions Fund and complete lines 29 through 33. ե Capital stock or trust principal, or current funds 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 872,764 917,120 32 Total net assets or fund balances 32 917,120 872,764 Total liabilities and net assets/fund balances .....

Form **990** (2022)

Form	990 (2022) Olustee Battlefield Citizens	59-3039233			Pag	je 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in the	nis Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)		. 1		58,9	
2	Total expenses (must equal Part IX, column (A), line 25)		2		14,6	
3	Revenue less expenses. Subtract line 2 from line 1				14,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column	nn (A))		8	72,7	164
5	Net unrealized gains (losses) on investments		. 5			
6	Donated services and use of facilities		. 6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)		. 9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal	Part X, line				
	32, column (B))		10	9:	<u> 17,1</u>	L20
Part XI  1 Total ret 2 Total ex 3 Revenue 4 Net assi 5 Net unre 6 Donatec 7 Investme 8 Prior pe 9 Other ct 10 Net assi 32, colu Part XII  1 Account If the or Schedul 2a Were th If "Yes," reviewer Sep b Were th If "Yes," separate If "Yes," separate C If "Yes," the aud If the or Schedul 3a As a res Uniform b If "Yes,"	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in the	nis Part XII	<u></u>	<del> </del>	<u></u>	Щ
				Frankrija i nad	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual	Other		- 54.53		
	If the organization changed its method of accounting from a prior year or checked	"Other," explain on		S. Juli	铁板	
	Schedule O.			SEIA		
2a	Were the organization's financial statements compiled or reviewed by an independ	lent accountant?		2a	and wat to	X
	If "Yes," check a box below to indicate whether the financial statements for the year	r were compiled or				
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and se	parate basis				
b	Were the organization's financial statements audited by an independent accountary	nt?		2b	2.5 (eq. 10)	X
	If "Yes," check a box below to indicate whether the financial statements for the year	r were audited on a				
	separate basis, consolidated basis, or both:			3.13		
	Separate basis Consolidated basis Both consolidated and se	parate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes res	ponsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an inde	ependent accountant?		2c	21 41 42	
	If the organization changed either its oversight process or selection process during	the tax year, explain on				
	Schedule O.					Me i
3a	As a result of a federal award, was the organization required to undergo an audit o	r audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			. 3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization					
	required audit or audits, explain why on Schedule O and describe any steps taken		<u></u>	. 3b		
				Fon	m <b>990</b>	(2022)

#### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public Inspection

Attach to Form 990 or Form 990-EZ.

Name of the organization

Olustee Battlefield Citizens Support Organization, Inc.

Employer identification number 59-3039233

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 other support (see support (see document? above (see instructions)) instructions) instructions) (A) (B) (C)

(D)

(E)

Schedule A (Form 990) 2022
Part II Support

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							
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	50,927	41,674	2,525	50	14	,520	109,696
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	50,927	41,674	2,525	50	14	,520	109,696
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								109,696
Sect						•		
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2	(f) Total
7	Amounts from line 4	50,927	41,674	2,525	50	14	,520	109,696
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	19,386	19,840	14,270	25,417			78,913
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.)	7,667	•	41,283	210	57	,506	106,666
11	<b>Total support.</b> Add lines 7 through 10	file of the party						
12	Gross receipts from related activities, etc.	(see instructions)					12	·
13								<u> </u>
	organization, check this box and stop here	e						
Sect	tion C. Computation of Public Su	upport Percent	tage			·		
14	Public support percentage for 2022 (line 6	, column (f) divided	by line 11, colum	n (f))			14	37.15 %
15						II	15	49.26%
16a	33 1/3% support test-2022. If the organ	ization did not ched						
	box and stop here. The organization quali	ifies as a publicly s	supported organiza	tion				X
b	33 1/3% support test—2021. If the organi	ization did not ched	ck a box on line 13	or 16a, and line 1	5 is 33 1/3% or m	ore, check		
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  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  13 organization, check this box and stop here  14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2021 Schedule A, Part II, line 14  16 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is								
17a	10%-facts-and-circumstances test—202	22. If the organization	on did not check a					
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 50,927 41,674 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 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 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fire organization, check this box and stop here.  Section C. Computation of Public Support Percentage 14 Public support percentage from 2021 Schedule A, Part II, line 14 16a 33 1/3% support test—2022. If the organization did not check the box on line 13, an box and stop here. The organization qualifies as a publicly supported organization to 10% facts-and-circumstances test—2022. If the organization did not check a box on line 13 or 16 this box and stop here. The organization qualifies as a publicly supported organization 10% facts-and-circumstances test—2021. If the organization did not check a box on line 10% facts-and-circumstances test—2021. If the organization did not check a box on 10% for more, and if the organization meets the facts-and-circumstances test, check in Part VI how the organization meets the facts-and-circumstances test. The organization organization	heck this box and	stop here. Explain	n in					
b	leader year (or fiscal year beginning in)   (a) 2018   (b) 2019   (c) 2020   (d) 2021   (e) 2022   (f) Total							
	organization						. <b></b>	Ц
18	<b>Private foundation.</b> If the organization did	I not check a box o	on line 13, 16a, 16l	o, 17a, or 17b, che	ck this box and se	e		_
	instructions							Ц

Part III

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Calend 1 2 3	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 2 3	Gifts, grants, contributions, and membership fees	(a) 2018	(b) 2019	<b>(c)</b> 2020	(a) 2021	) (e) 2022	(T) Total
2	· · ·						
3				_			
	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						
4	Gross receipts from activities that are not an unrelated trade or business under section 513						•
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	_					
	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	John Mary Hearth France Ch	January 1985 ji ji jira ngangan kanang kangan ka		TTO JURY JOSÉ SECHÉ EXPRES		
	Public support. (Subtract line 7c from						
	line 6.) ion B. Total Support				us Mage Suké Jee vilusid	Duran win, berneterica	
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	* , * ,	(a) 2010	(b) 2013	(0) 2020	(u) 2021	(C) ZOZZ	(i) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the or organization, check this box and stop here	-	, ,	•	,	)(3)	
	ion C. Computation of Public S	ipport Percen	tage				
15	Public support percentage for 2022 (line 8	, column (f), divide	d by line 13, colun	nn (f))		15	%
16	Public support percentage from 2021 Sche	edule A, Part III, lir	ne 15				%
	ion D. Computation of Investme						
17	Investment income percentage for 2022 (I	ine 10c, column (f)	, divided by line 13	3, column (f))		t t	%
	nvestment income percentage from 2021						%_
	33 1/3% support tests—2022. If the orga						Г
	17 is not more than 33 1/3%, check this be	•	•	•			∟
	33 1/3% support tests—2021. If the orga	nızation did not ch	eck a box on line 1	4 or line 19a, and	line 16 is more th	an 33 1/3%, and	_
b	line 18 is not more than 33 1/3%, check th	in have and do to	Th ' '		المناطية		1

Schedule A (Form 990) 2022

#### Supporting Organizations Part IV

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

#### Section A. All Supporting Organizations

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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 box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in 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 line 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.)

	Yes	No
1		
2		
3a		
3b		
3D 3C		
4a		al Caul Control
4b		
		79 70 70 70 70 70 70 70 70 70 70 70 70 70
4c 5a		
5b		
5c 6		
7		
8		
9a		
9b		
9c		
10a		
10b		990) 2022

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.

Parent of Supported Organizations. Answer lines 3a and 3b below.

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? If "Yes" or "No," 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.

2b

3a

3b

	lie A (Form 990) 2022 Olustee Battlefield Citizen		59-3039	233 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v. 20,	1970 (explain in <b>Part VI</b> ).	See
	instructions. All other Type III non-functionally integrated supporting organizations must	st comp	olete Sections A through E	
Sec	tion 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		
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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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):			
í	Average monthly value of securities	1a		
		1b		
	Fair market value of other non-exempt-use assets	1c		
(	Total (add lines 1a, 1b, and 1c)	1d		
-	Discount claimed for blockage or other factors	EDIL	eromografia eta eta erria eta eta eta eta eta eta eta eta eta et	
	(explain in detail in Part VI):	- 11GH		
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  Section B – Minimum Asset Amount  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  b Average monthly cash balances  c Fair market value of other non-exempt-use assets  d Total (add lines 1a, 1b, and 1c)  e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets  3 Subtract line 2 from line 1d.  4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6)  Section C – Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, column A)  2 Enter 0.85 of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4_		
5		5		
6				
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Туре 1	Il supporting organization	
	(see instructions).			

	lefield Citizens	59-30:	39233	Page
Part V Type III Non-Functionally Integrated 50  Section D – Distributions	9(a)(3) Supporting Organiza	uons (continuea)	Cur	rent Year
Section D - Distributions				
1 Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2 Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
organizations, in excess of income from activity		2		
3 Administrative expenses paid to accomplish exempt purpose	3			
4 Amounts paid to acquire exempt-use assets	4			
5 Qualified set-aside amounts (prior IRS approval required—p.	rovide details in <b>Part VI</b> )		5	
6 Other distributions (describe in Part VI). See instructions.	6			
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to which the	e organization is responsive		8	
(provide details in Part VI). See instructions.				
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by line 9 amount			10	
Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	Dist	(iii) tributable
		Pre-2022	Amou	ınt for 2022
1 Distributable amount for 2022 from Section C, line 6				na vienna da 1000 i s
2 Underdistributions, if any, for years prior to 2022				
(reasonable cause required-explain in Part VI). See				4.44
instructions.		Re say 18042 SACT Liber Sept.		
3 Excess distributions carryover, if any, to 2022			ing a sangaran dan dan dan dan dan dan dan dan dan d	
<b>a</b> From 2017				
<b>b</b> From 2018		Japan Arabasa III Santa		
<b>c</b> From 2019				<u>i berekî Polez (1950)</u> Bi zarî dekî ê firin
<b>d</b> From 2020				si di kasabatan da
e From 2021				<u>Carriera de maria de la como</u>
f Total of lines 3a through 3e	10 A. 170 W.T. 180 A. 40 190 A. 40 A	Dispension of the Videos Lo		
g Applied to underdistributions of prior years				1. (1. 14 May 25 (14.14)
h Applied to 2022 distributable amount			Gradia Valgoria de Como Anglador	ent are traffic and th
i Carryover from 2017 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2022 from				
Section D, line 7: \$			. Wale of Circle Carl	
a Applied to underdistributions of prior years		- 1808/80 010 110 141 20 15		
b Applied to 2022 distributable amount			4.650 10.16	
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2022, if				
any. Subtract lines 3g and 4a from line 2. For result				
greater than zero, explain in Part VI. See instructions.				
6 Remaining underdistributions for 2022. Subtract lines 3h				
and 4b from line 1. For result greater than zero, explain in		10000000000000000000000000000000000000		
Part VI. See instructions.				
7 Excess distributions carryover to 2023. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				

						Page 8
Part VI	III, line 12; Part IV, B, lines 1 and 2; P 3a, and 3b; Part V	, Section A, lines 1, 2 Part IV, Section C, line 7, line 1; Part V, Secti	2, 3b, 3c, 4b, 4c, 5a e 1; Part IV, Sectio on B, line 1e; Part	a, 6, 9a, 9b, 9c, 11a, n D, lines 2 and 3; Pa V, Section D, lines 5,	11b, and 11c; Part IV, art IV, Section E, lines 6, and 8; and Part V,	Section 1c, 2a, 2b,
	lines 2, 5, and 6. A	Also complete this pa	art for any additiona	al information. (See ir	nstructions.)	
Part I	I, Line 10 -	Other Incom	e Detail			
Clustee Battlefield (Piemses) 2002   Clustee Battlefield (Citizens Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 2, 5a, and 8; and Part IV, Section B, line 1e; Part IV, Section D, lines 5, 6, and 8; and Part IV, Section E, lines 2, 5a, and 6. Also complete this part for any additional information. (See instructions.)    Part III						
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Employer identification number Name of the organization Olustee Battlefield Citizens Support Organization, Inc. 59-3039233 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a **b** Total acreage restricted by conservation easements ..... 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X

180,830

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2022

180,830

180,830

1a Land ..... **b** Buildings ..... c Leasehold improvements d Equipment

Schedule D (Fe	orm 990) 2022 Olustee Battlefield	Citizens	59-3039233	Page
Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" of		/ line 11b See Form 990 Pa	rt X line 12.
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)	(2) 2001 1222	Cost or end-of-year	
(1) Financial (	derivatives			
(2) Closely he	eld equity interests			
(C)				
(D)				
(E)				
(F)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			<u> Salarite di differenza belaten 18.</u>
Part VIII	Investments – Program Related.  Complete if the organization answered "Yes" of	on Form 990 Part IV	/ line 11c See Form 990 Pa	rt X line 13
	(a) Description of investment	(b) Book value	(c) Method of v	
	(a) Description of investment	(2) 2001. 10100	Cost or end-of-year	
(4)				
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered "Yes" of	on Form 990. Part IV	/, line 11d. See Form 990, Pa	art X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				No.
(6)				
_(7)				
(8)				
(9)	And the state of t	Alle		
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.  Complete if the organization answered "Yes" of the organization and the organization an	on Form OOA Port IV	/ line 11e or 11f See Form 9	000 Part Y
		on ronn 990, ran n	, line the of this dee forms	730, Tait 7,
	line 25.	nility		(b) Book value
1. (1) Fodoral		oney		
	income taxes			
(3)		·		-
(4)			-	
(5)				
(6)				
(7)				
(8)		.,		
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the	footnote to the organiza	tion's financial statements that report	is the
	liability for uncertain tax positions under FASB ASC 740. C			

Sche	dule D (Form 990) 2022 Olustee Battlefield Citizer		-3039233	Page 4
7 19 1 1 7	rt XI Reconciliation of Revenue per Audited Financial State	ments With Rever	ue per Return.	
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)		And Mark	
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		ادا	<u> </u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 [		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	; I		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	irt XII Reconciliation of Expenses per Audited Financial State		nses per Return.	
is motion .	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.	·	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С				
d	- · · · · · · · · · · · · · · · · · · ·			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		#4.73 h	
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c 5	
5		<u></u>	5	
P	art XIII Supplemental Information.	. n	AN For A Bod V For	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			
2; P	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	vide any additional infor	nation.	
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Schedule D (Fo	orm 990) 2022	Olustee	Battlefield	Citizens	59-3039233	Page <b>5</b>
Part XIII	Supplement	tal Information	Battlefield on (continued)			
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#### SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service Olustee Battlefield Citizens Employer identification number Name of the organization 59-3039233 Support Organization, Inc. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (or retained by) (i) Name and address of individual (iv) Gross receipts (or retained by) custody or (ii) Activity from activity fundraiser listed in organization or entity (fundraiser) control of col. (i) contributions? Yes No 1 2 5 6 Я 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Olustee Battlefield Citizens 59-3039233 Schedule G (Form 990) 2022 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Reenactment Gat None (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts ..... 57,506 57,506 2 Less: Contributions 3 Gross income (line 1 minus 57,506 57,506 4 Cash prizes ..... 5 Noncash prizes 6 Rent/facility costs ..... 7 Food and beverages 8 Entertainment ..... 31,220 31,220 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 31,220 26,286 11 Net income summary. Subtract line 10 from line 3, column (d) ...... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue... 2 Cash prizes ..... Expenses 3 Noncash prizes ...... Direct 4 Rent/facility costs ..... 5 Other direct expenses Yes ..... % Yes ..... % 6 Volunteer labor ...... No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	dule G (Form 990) 2022	<u>Oluste</u> e	Battlefield	Citizens	59-3039233				Page	3
11								Yes		Ne
2	Is the organization a grant	tor, beneficiary or t	trustee of a trust, or a me	ember of a partnership o	r other entity		_		_	
	formed to administer char	ritable gaming?						Yes		N
3	Indicate the percentage of	f gaming activity c	onducted in:							
а	The organization's facility					13a				6
b	An outside facility					13b				6
4	Enter the name and addre	ess of the person	who prepares the organiz	zation's gaming/special e	events books and					
	records:									
	Name									
	Address									
5a	Does the organization have		* *	-	•		$\Box$	Voo	$\Box$	NI.
<b>L</b>	revenue?	of againg rayon.	a raceived by the emeri				Ш	Yes	Ш	N
D	If "Yes," enter the amount				and the					
_	amount of gaming revenue									
С	If "Yes," enter name and a	address of the third	ı party:							
	Name									
	Address									
6	Gaming manager informa	tion:								
	Name					••••				
	Gaming manager comper	nsation \$								
	Description of services pro	ovided								
	Director/officer	Employee	e Indeper	ndent contractor						
7	Mandatory distributions:									
a	Is the organization require	d under state law	to make charitable distrib	outions from the garning	proceeds to					
u	-						П	Yes	П	Ne
b	Enter the amount of distrib						ш		ш	•
	spent in the organization's	•		•	. 9					
Pa	t IV Supplement	<b>al Informatio</b> r 9, 9b, 10b, 15	n. Provide the explar	nations required by I	Part I, line 2b, columns (iii) a provide any additional infor			d		
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										, <b>.</b>
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					Sche	dule G	(Fon	n 990	) 20	22

#### SCHEDULE O (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public

Inspection

Employer identification number Olustee Battlefield Citizens 59-3039233 Support Organization, Inc. Form 990, Part I, Line 6 There is no paid staff. Volunteers include the directors/officers and reenactment participants. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public Form 990, Part IX, Line 11g - Other Fees for Services Description Mgt & General Tot/Prog Service Other Miscellaneous Expenses 5,425