

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2014 REPORT

IMPLEMENTATION OF COMMITTEE SUBSTITUTE SENATE BILL 1194

Citizen Support Organization (CSO) Name: <u>Olustee Battlefield Citizens Support Organization, Inc.</u> Mailing Address: <u>US-90, Olustee, FL 32072 UN</u>

Telephone Number: <u>(904)</u> 287-3065 CSO has no phone. This is the phone # of the person completing this report (Paul Duran, Treasurer) Website Address (if applicable): <u>www.battleofolustee.org</u>

Statutory Authority:

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

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

Brief Description of the CSO's Mission:

Excerpts from the CSO's Articles of Incorporation:

- To conduct programs and activities; raise funds; request and receive grants, gifts and bequests of money; to promote academic, archaeological, cultural, historic resource and scientific research scholarship; acquire, receive, hold, invest and administer, in its own name, securities, funds, objects of value, or other property, real or personal; and make expenditures to or for the direct or indirect benefit of the Olustee Battlefield, the reenactment of the Battle of Olustee, the Florida state park system, or individual units of the Florida state park system.
- To receive and hold by gift, bequest or purchase and real or personal property and to manage, invest and reinvest the same and to use and dispose of the same for scientific, educational and charitable purposes, all for the advancement of the Olustee Battlefield State Historic Site as well as to promote academic, archaeological, cultural, historic resource and scientific research scholarship, and its objectives and the encouragement and subsidization of its established goals and objectives; to hold, either absolutely or in trust for any of said purposes, funds and property of all kinds subject only to any limitations or conditions imposed by law or the instrument under which said property is received; to sell, lease, convey or otherwise dispose of any such property and to invest and reinvest the same or any proceeds thereof and to deal with and expand the principal and income for any of said purposes; to act as trustee; and, in general, to exercise any, all and every power, including trust powers, which a corporation not for profit organized under the laws of the State of Florida for the foregoing purposes can be authorized to exercise.

Brief Description of the CSO's Results Obtained:

- Annually planning, operating, and staging the largest Civil War Reenactment in the Southeast United States. The CSO has held this event for 38 consecutive years.
- Supporting Florida State Parks projects for the Olustee Battlefield State Historic Site.
- 2001 recipient of Best Park CSO in Florida.
- 2001 recipient of award for Best Volunteer Group by Friends of Florida State Parks.
- 2003 recipient of Congressional Black Caucus Veterans' Braintrust Award.
- 2007 Florida Recreation and Parks Assn. Award for Media Excellence.
- 2010 CSO members and Olustee Battlefield Historic Site featured in PBS Series on Florida State Parks.
- 2011 Battle of Olustee Reenactment selected as a Top 20 Event for Winter 2011 by Southeast Tourism Society.
- 2013 HTR Foundation awards Olustee Battlefield CSO \$1 million to construct Civil War Museum.
- 2014 funding, production, and completion of new Battle of Olustee documentary.
- 2014 150th anniversary commemoration of Battle of Olustee.

Brief Description of the CSO's Plans for Next Three Fiscal Years:

- Continue to plan, stage, and operate the annual reenactment.
- Participate in Jacksonville Home School Event.
- Participate in Veterans' Day Parade in Jacksonville.
- Continue to expand the CSO's Civil War Library
- Completion of Phase 1 of Civil War Museum, to include architectural firm selection, design and construction.
- Obtain additional grants and private donations to continue with subsequent phases of Civil War Museum.

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

Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement

Olustee Battlefield Citizens Support Organization, Inc. CODE OF ETHICS <u>Pending approval by the Olustee Battlefield CSO at the next meeting</u> <u>Pending</u>

PREAMBLE

- (1) It is essential to the proper conduct and operation of Olustee Battlefield Citizens Support Organization, Inc., (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Olustee Battlefield Citizens 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.

Olustee Battlefield CSO Board Members,

The Code of Ethics mandated by the DEP – Please read over and we will vote on adopting at the next meeting. Meantime we are <u>required to post the *Pending* Code of</u> <u>Ethics on the CSO website immediately</u>. It is my understanding we can add to it, but not subtract.

Gary Dickinson, President Olustee Battlefield CSO

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| 8 | 3 Number | of voting members | of the go | verning boo | dy (Pa | art VI, line 1a) | | | | | | 3 | 13 | | |
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| Activities | 5 Total nu | mber of individuals | employed | in calenda | ar vea | r 2012 (Part V. | line 2a) | | | | | 5 | 0 | | |
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For Paperwork Reduction Act Notice, see the separate instructions. DAA

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| Part I | (2012) Olustee Battlefield | Citizens | 59-3039233 | Page 2 |
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| ait I | I Statement of Program Service | Accomplishments | | · · · · |
| | Check if Schedule O contains a re | sponse to any question in tr | nis Part III | <u></u> |
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| res | ources. | | | ····· |
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| | the organization undertake any significant progra | am services during the year which w | were not listed on the | |
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| lf " | Yes," describe these new services on Schedule (|) , | | |
| Did | the organization cease conducting, or make sign | nificant changes in how it conducts, | any program | |
| ser | vices? | | · · · · · · · · · · · · · · · · · · · | Yes 🗶 No |
| lf " | Yes," describe these changes on Schedule O. | | | |
| De | scribe the organization's program service accomp | lishments for each of its three larg | est program services, as measure | d by |
| exp | penses. Section 501(c)(3) and 501(c)(4) organization | ions are required to report the amo | ount of grants and allocations to ot | ners, |
| the | total expenses, and revenue, if any, for each pre- | ogram service reported. | | |
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| Part IV | Checklist of | Required | Schedules | |

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| | | | Yes | No |
|-----|-----------------------------------------------------------------------------------------------------------------------------------|-----|----------|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | x | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | 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 | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| | Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | 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 | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | Х | |
| b | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | 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 | 11c | | 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 | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | | | |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | ļ | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | } | | |
| _ | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | L | 1 |

Form 990 (2012)

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| -orm | 990 (2012) Olustee Battlefield Citizens 59-3039233 | | Pa | age 4 |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----|----------|
| Pa | t IV Checklist of Required Schedules (continued) | | | |
| | | [| Yes | No |
| | Did the organization report more than \$5,000 of grants and other assistance to any government or organization | 24 | | x |
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | <u>A</u> |
| | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States | | | x |
| | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | |
| | 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 | | i | v |
| | employees? If "Yes," complete Schedule J | 23 | | X |
| | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | v |
| | through 24d and complete Schedule K. If "No," go to line 25 | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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 | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 5a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | <u>25a</u> | ļ | X |
| | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or | | | |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| 7 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | 1 |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | L | X |
| 8 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | (3882) (3882) | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 9 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | T |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 1 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | 1 |
| | complete Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | · | 1 | |
| | and the second | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | | 34 | 1 | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | <u> </u> |
| Ň | | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | 1 |
| | related arganization? If "Yea" complete Schedule B. Dart V. line 2 | - | | x |
| 37 | | . 36 | - | ╞┻ |
| | 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, | | | 1 |
| | and man's realed as a partnership tor regeral income tax purposes? If "Yes, complete Schedule K. | 1 | 1 | |
| ••• | | 0- | | V |
| 38 | Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 37 | | X |

Form 990 (2012)

Form 990 (2012) Olustee Battlefield Citizens

| Pa | Int V Statements Regarding Other IRS Filings and Tax Complian Check if Schedule O contains a response to any question in this | | | | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------|-----------------|------------------|-------------------------------------------|
| | | 1 | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | <u>1a</u> | | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | <u>1k</u> | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to ve | ndors and | | 10 | 28.002 | X |
| 20 | reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | ····· | · · · · · · · · · · · · · · · · · · · | <u>1</u> c | | |
| 2a | Statements, filed for the calendar year ending with or within the year covered by this retu | urn 2a | 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employr | | | 2b | 56A-8213 | an se |
| ~ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see | | •••••••••••••••••••••• | | 83.32 | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the | | | 3a | 1999-e na c. c. | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedu | • • • • • • • • • • • • | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signa | | ority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities accour | | | | | |
| | account)? | | | 4a | | X |
| b | | | | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank | and Financial Acc | ounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during th | e tax year? | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax s | shelter transaction | | 5b | | X |
| с | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,00 | 00, and did the | | ··· [| | |
| | organization solicit any contributions that were not tax deductible as charitable contribut | | • | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that su | ch contributions | or | ··· [| | |
| | gifts were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution a | ind partly for good | st | | | |
| • | and services provided to the payor? | | | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provide | ded? | · · · · · · · · · · · · · · · · · · · | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property f | or which it was | | | | |
| | required to file Form 8282? | | | <u>7c</u> | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a pers | onal benefit contr | act? | | ļ | · . |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a persona | I benefit contract? |) | 7f | <u> </u> | |
| g | If the organization received a contribution of qualified intellectual property, did the organ | ization file Form | 8899 as required? | <u>7g</u> | <u> </u> | |
| h | | | file a Form 1098-C? | <mark>7h</mark> | 12015040 | 3 (No. 1997) |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) | | | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by | a sponsoring | | | 6.92 | |
| | | | | 8 | 10112-04 | N MRIGERS |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | Alterna de | 1388-si | |
| а | Did the organization make any taxable distributions under section 4966? | | . | | <u> </u> | · |
| b | | | | 9b | 1 | |
| 10 | Section 501(c)(7) organizations. Enter: | 1 | . 1 | | 08 | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | Da | | | |
| b | • • • • • • • • | | 0b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1.4 | • - 1 | | | |
| a | | ····· | 1a | | | |
| b | | | a1. | | | |
| | against amounts due or received from them.) | | 1b | | s teknel | 5 R. C. C. S. S. |
| 12a | | 1 | 1 | <u> 12a</u> | 5 (X.994) | 9. 1 8 - 30 |
| b | | 1 | 20 | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 120 | | |
| а | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | <u>13a</u> | R. 43944 | 9 202-303 |
| | Note. See the instructions for additional information the organization must report on Sc | | | | | |
| b | | | 26 | | | |
| ~ | the organization is licensed to issue qualified health plans | | 3b 3c | | | |
| с 14а | | | | 14a | <u>a sejerin</u> | X |
| 14a b | the second se | | · · · · · · · · · · · · · · · · · · · | · · · · | | |
| DAA | | | | | | 90 (2012 |

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| Form | 990 (2012) Olustee Battlefield Citizens 59-3039233 | | | | P | age 6 |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------|---------------------|---------------|-------------------------------|
| Pai | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 throug | h 7b | below, and | for a " | No" | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes ir | Sch | edule O. Se | e instr | uctior | ıs |
| | Check if Schedule O contains a response to any question in this Part VI | | | | | |
| Sect | ion A. Governing Body and Management | | | | | |
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 13 | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | | | 이상이다. Maria |
| | committee, explain in Schedule O. | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 13 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | | | |
| | any other officer, director, trustee, or key employee? | | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | ••••• | | | |
| - | supervision of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed | , | | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | 5 | | X |
| - 6 | Did the experimentian have members or standholders? | | | 6 | ····· | X |
| - 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | | | |
| | and ar many members of the asymptotic hody? | | | 7a | | x |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | • • • • • • • • • • • • • • • | | | |
| ~ | stockholders, or persons other than the deversing body? | | | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | | |
| - | The source had a | | | 8a | X | 65533 |
| a h | | | | 8b | X | <u> </u> |
| b | Each committee with authority to act on behalf of the governing body? | • • • • • • | | 40 | 47 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | 9 | | x |
| <u>Coo</u> | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | - | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Inter | | cevenue C | oue.) | V. | |
| | | | | | Yes | No X |
| 10a | Did the organization have local chapters, branches, or affiliates? | | •••••••• | 10a | | _ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | |
| 11a | | the f | orm? | <u>11a</u> | | X |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | 20202 | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | ļ | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris | e to c | onflicts? | 12b | | _ |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | | | |
| | describe in 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 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | | NO. |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| a | 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 in 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 | Ĺ | 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 | al 2000 de la | est disclosification size and |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the state with which a sum of this Form 000 is may ind to be field NODO | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5 | | | • • • • • • • • • • | | ••••• |
| | available for public inspection. Indicate how you made these available. Check all that apply. | (9)(| ., | | | |
| | Own website Another's website Upon request Other (explain in Schedule O) | | | | | |
| 10 | | reet n | olicy | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of inte | iest p | uicy, | | | |
| 20 | and financial statements available to the public during the tax year. | the | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records o organization: Paul Duran 256 Clover Court | uie | | | | |
| 0 | organization: ▶ Paul Duran 256 Clover Court aint Johns FL 322 | 50 | ٥٥ | 4-28 | 27-? | 2065 |
| | | | | | | 0000 0 (2012) |
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Form 990 (2012)

| Form 990 (201 | 2) Olustee Battlefield Citizens | 59-3039233 | Page 7 |
|---------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------|-------------------|
| Part VII | Compensation of Officers, Directors, Trustees, | Key Employees, Highest Compensate | ed Employees, and |
| | Independent Contractors | | |
| | Check if Schedule O contains a response to any q | uestion in this Part VII | <u> L</u> |
| Section A. | Officers, Directors, Trustees, Key Employees, and Highes | t Compensated Employees | ····· |
| 1a Complete to organization's f | his table for all persons required to be listed. Report compensati tax year. | ion for the calendar year ending with or within the | |

• 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 and/or Box 7 of Form 1099-MISC) 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A) Name and Title | (B) Average hours per | (dr | | (C Posi | ition | than or | | (D) Reportable compensation | (E) Reportable compensation from | (F) Estimated amount of | | |
|-----------------------------------------|---------------------------------------------------|-----------------------------------|-----------------------|------------|-------------------|---------------------------------|----------|---------------------------------------|---------------------------------------------|----------------------------------------------|--|--|
| : | week (list any | box offi | , unle cer ar | nd a c | rson i directo | is both pr/truste | an e) | from the organization | related organizations (W-2/1099-MISC) | other compensation from the | | |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | | organization and related organizations | | |
| (1) Gary Dickinson | 0.00 | | | | | | | - | | | | |
| President | 0.00 | | | x | | | | о |) o | о | | |
| (2) Eric Hague | | | | | | | | | | | | |
| Vice Preside | 0.00 | | | x | | | | 0 | o | о | | |
| (3) Margaret Nelson | | | | <u> </u> | | | | ` | <u> </u> | ` | | |
| Secretary | 0.00 | | | x | | | | Ö | C | o | | |
| (4) Paul Duran | | | | | | | | ~ | <u> </u> | | | |
| Treasurer | 0.00 | | | x | | | | o | o | o | | |
| (5) | 0.00 | 1 | | A | | | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | | |
| ••••••••••••••••••••••••••••••••••••••• | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (7) | | | | | - | | | | | | | |
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| (8) | | \uparrow | | - | † | - | | | ······································ | · · | | |
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| (9) | | | | + | ╞ | 1 | | | | | | |
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| (10) | | | | + | \uparrow | | | | | | | |
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| (11) | | | | <u> </u> | ┢ | | | | | | | |
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Form 990 (2012)

| Part VII | Section A. Officers | / _ / · · · · · · · · · · · · · · · · · | | ., | | | | | | r | |
|-----------------------------------------|----------------------------------------------------|---------------------------------------------------------------|-----------------------------------|-----------------------|----------------|-------------------------|---------------------------------|-------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| (A) Name and title | | (B) Average hours per week (list any hours for | bo | k, unl∈ | nd a c | ition more rson i | than o s both pr/truste | an ee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
| | | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (\\211000-11100) | organization and related organizations |
| 12) | | | | | | | 8 | | | | ····· |
| | | | | | | | | | | | |
| 13) | | | | | | | | | | | |
| | | | | | | | | | | | |
| 14) | | | | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| 15) | | | | | | | | - | | | <u> </u> |
| | | | | | | | | | | | |
| (16) | | | | | | | | | | | <u></u> |
| (17) | ••••••••••••••••••••••••••••••••••••••• | | | | | | | | | | |
| 18) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (19) | | - | | | | | | | | | |
| ···· | | | | | | | | | | | |
| 1b Sub-to | al | l | L | | | | | • | | | |
| | om continuation she | | | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| 2 Total n | | cluding but not I | imite | d to | | | ted a | abov | ve) who received more than | 1 1 \$100,000 in | |
| reporta | ble compensation from | the organization | <u> </u> | 0 | | | | | | | Yes No |
| | organization list any fore on line 1a? If "Yes," | | | | | | | | ployee, or highest compens | ated | 3 X |
| 4 For an organiz | r individual listed on lin ation and related organ | e 1a, is the sum nizations greater | of r thar | epor 1 \$15 | table 50,00 | cor 0? | npen If "Ye | sati s," | on and other compensation complete Schedule J for si | n from the | 4 X |
| 5 Did any | person listed on line | 1a receive or ac | crue | com | pens | satio | n fro | m a | any unrelated organization of | or individual | |
| Section B. I | dependent Contracto | ors | | | | | | | | | |
| | | | | | | | | | | hin the organization's tax ye | |
| | Name and | (A) business address | | | | | | - | Descri | (B) ption of services | (C) Compensation |
| | ····· | | • | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| • · · · · · · · · · · · · · · · · · · · | <u></u> | | | | | | | + | · · · · | | |
| | | | | | | | | ┢ | ······ | | |
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Form 990 (2012) Olustee Battlefield Citizens59-3039233Part VIIIStatement of Revenue

| | Contra de Deserver | | | | | _ | - |
|----|--------------------|------|-------|----|---------|-------|-------|
| ŀ, | VIII | Stat | ement | of | Revenue | | |

| 10140717 | | Check if | Schedule (| C contains | s a response t | o any question in f | his Part VIII | | |
|-----------------------------------------------------------|----------------|-----------------------------------------|---------------------|---------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| contributions, Gitts, Grants and Other Similar Amounts | 1a | Federated camp | aigns | 1a | | | | | |
| | b | Membership due | s | 1b | | 양공화공영자 | | | |
| Ϋ́, | С | Fundraising ever | nts | 1c | 37,925 | | 영양은 가슴 감독님 | | |
| <u>a</u> l | | Related organiza | | 1d | | | | | |
| <u>, E</u> | | Government grants (co | | 1e | | | | | |
| <u>e</u> sil | | All other contributions, g | | | | | | | |
| <u>Pel</u> | | and similar amounts no | | 1f | | | | | |
| Ĕδ | а | Noncash contributions in | ncluded in lines 1e | | | | 승규는 것 같은 것을 | | |
| | - | Total. Add lines | | | ••••••••••••••••••••••••••••••••••••••• | 37,925 | | | |
| | | Total. 7 da mico | <u>ia</u> | <u></u> | Busn, Code | | | | |
| Ē | 2a | Sutler Fe | | | Busil, Code | 6,146 | 6,146 | renteren berriken beken. | |
| § | | • • • • • • • • • • • • • • • • • • • • | | ••••• | | 235 | 235 | ····· | |
| 8 | b | Membershi | o Dues | ••••• | | 235 | 235 | | |
| Service Revenue | C | • • • • • • • • • • • • • • • • • • • • | | •••••• | | | | | |
| ۳ ۳ | d | | | ••••• | | | | <u> </u> | |
| Tar | e | | | | | | | | |
| Program | | All other program | | | | | and the second | | |
| <u>ш.</u> | | Total. Add lines | | | | 6,381 | | <u></u> | <u></u> |
| | 3 | Investment incor | - | dividends, i | nterest, | | | | |
| | | and other similar | | | | 6,538 | 6,538 | ······································ | |
| | 4 | Income from inve | | - | • | | | | ~ |
| | 5 | Royalties | <u></u> | <u></u> | <u></u> | | | | |
| | | | (i) Real | · · · · · · | (ii) Personal | | | | |
| | 6a | Gross rents | | | | | | | |
| | b | Less; rental exps. | | | | | | | e and estimate an estimate an |
| | С | Rental inc. or (loss) | | | | | 옷 같은 물고 소장했 | | |
| | d | Net rental incom | e or (loss) | | ▶ | | | | |
| | 7a | Gross amount from | (i) Securities | ; | (ii) Other | | | | |
| | | sales of assets other than inventory | | | 275 | | | | |
| | b | Less: cost or other | | | | | | | |
| | | basis & sales exps. | | | | | | | |
| | ć | Gain or (loss) | | | 275 | | 전화 같은 것 수 없었 | | |
| | | Net gain or (loss | 1 | | | 275 | 275 | aliyo dhi yo farikisi oo fa dhaqaalaa | |
| | | Gross income from | - | | | | 1,0 | | T press and the second second |
| ILIE | Ua | (not including \$ | 37, | 1 | | | | | |
| Yer | | of contributions rep | | * * * * | | | 그는 것 같은 물질 | | |
| å | | | | | | | | | |
| Other Reven | | See Part IV, line 18 | | | 34 590 | | (성) 또 가지 전 명소 (요즘 것 같은 것 같은 것) | | |
| g | | Less: direct exp | | b | 34,580 | and the standard stan | | CALANS SANTA | a an |
| | | | | | | -34,580 | 가 같은 것은 것이 같은 것을 안 했습니다. 같은 것은 것은 것은 것이 같은 것이 같은 것이 같은 것이 같이 | | nie warte and her state and a state of the |
| | ⁹ a | Gross income from | • • | | | | | | |
| | l | See Part IV, line 19 | | | | : 2012 (Contract) | | | |
| | | Less: direct exp | | b[| · · · · · · · · · · · · | 중소설의 경기 영상은 홍 | [The Solid | | |
| | 1 | Net income or (I | | | es ► | n a la companya di seria da s | | an an an tha chairt an an an an an thairt an a | |
| | 10a | Gross sales of i | • | | | | 영말 수는 물건을 통해 | | |
| | | returns and allow | | a | 1,290 | | | | |
| | b | Less: cost of go | ods sold | b | 372 | A second state of the first state of the first state of the second state | 알다던 다음한 같을 | | |
| | C C | Net income or (I | oss) from sale | es of invente | pry 🕨 | 918 | 918 | | _ |
| | L | Miscel | aneous Revenue | | Busn. Code | | | | |
| | 11a | | | | | | | | |
| | b | • • • • • • • • • • • • • • • • • • • • | | | | | | | · . |
| | c | | | | | | | | |
| | d | | | | | | | | |
| | e | | | | | | | | A CARLES CONTRACTOR |
| | 12 | Total revenue. | | | | 17,457 | 14,112 | 1 | 0 0 |

Form 990 (2012)

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Page 9

Form 990 (2012) Olustee Battlefield Citizens Part IX Statement of Functional Expenses

| 59- | -3 | 0: | 39 | 2 | 3 | 3 |
|-----|----|----|----|---|---|---|
|-----|----|----|----|---|---|---|

| Section | on 501(c)(3) and 501(c)(4) organizations must co | omplete all columns. All ot | her organizations must cor | mplete column (A). | |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| | Check if Schedule O contains a respo | A) | | (<u>)</u> | |
| | not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | Fundraising |
| | 8b, 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and | | | | |
| ~ | organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| • | the U.S. See Part IV, line 22 | | | <u>al esta de la constante de la cons</u> Esta de la constante de la const | |
| 3 | Grants and other assistance to governments, | | с. | | |
| | organizations, and individuals outside the | | | | |
| | U.S. 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 | | | \sim | |
| - | persons described in section 4958(c)(3)(B) | | | · · · · · · · · · · · · · · · · · · · | |
| 7 | Other salaries and wages | · · · · · · · · · · · · · · · · · · · | <u> </u> | | , |
| 8 | Pension plan accruals and contributions (include | | | | |
| - | section 401(k) and 403(b) employer contributions) | ····· | ······ | | |
| . 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | ······ | · · · · · · · · · · · · · · · · · · · |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | · · · · · · · · · · · · · · · · · · · | |
| b | Legal | 400 | | 400 | |
| C | Accounting | 400 | | 400 | |
| d | Lobbying | <u></u> | a series of a construction of a meric | | |
| . e | Professional fundraising services. See Part IV, line 17 | | | | · · · · · · · · · · · · · · · · · · · |
| f | Investment management fees | · · · · · · · · · · · · · · · · · · · | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | 365 | | 265 | |
| | (A) amount, list line 11g expenses on Schedule O.) | | | 365 | |
| 12 | Advertising and promotion | 14 000 | | 14,223 | |
| 13 | Office expenses | 14,223 | | 14,223 | |
| 14 | Information technology | | · | | |
| 15 | Royalties | | | <u> </u> | |
| 16 | Occupancy | | | | · · · · · · · · · · · · · · · · · · · |
| 17 | Travel | · · · · · · · · · · · · · · · · · · · | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | · · · · · · · · · · · · · · · · · · · | | | · · · · · · · · · · · · · · · · · · · |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 23 | Depreciation, depletion, and amortization | | | | |
| 23 24 | Insurance Other expenses, Itemize expenses not covered | | | | |
| 24 | above (List miscellaneous expenses in line 24e, If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | 1999년 1993년 1997년 19 | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | | | <u>n an an an Anglann a' lu a thaird a a'</u> | | |
| a b | ••••••••••••••••••••••••••••••••••••••• | | | | <u></u> |
| u A | ••••••••••••••••••••••••••••••••••••••• | | | <u> </u> | |
| ن اہر | ••••••••••••••••••••••••••••••••••••••• | <u> </u> | <u> </u> | | <u> </u> |
| a | All other expenses | | | | · · · · · · · · · · · · · · · · · · · |
| 95 25 | (i) | 14,988 | 0 | 14,988 | 0 |
| <u>25</u> 26 | Total functional expenses. Add lines 1 through 24e | | | 14,300 | <u>-</u> |
| 20 | 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) | | | | |

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| orm 990 (201 | 2) Olustee | Battlefield | Citizens |
|--------------|----------------------|-------------|----------|
| Part X | Balance Sheet | | |

| <u>,</u> | | Check if Schedule O contains a response to any qu | lestion in this Part X | <u> </u> | | |
|---------------|-----|--------------------------------------------------------------|--------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| | | ensert i cenedale e containe à response to any qu | | (A) | <u></u> | |
| | | | | Beginning of year | | End of year |
| Τ | 1 | Cash—non-interest bearing | | | 1 | |
| | 2 | Savings and temporary cash investments | | 101,281 | 2 | 76,102 |
| | 3 | Pledges and grants receivable, net | ••••••• | | 3 | |
| | 4 | Accounte receivable net | | | 4 | |
| | 5 | Loans and other receivables from current and former offi | | | ंी | |
| | | trustees, key employees, and highest compensated emp | loyees. | | | |
| Í | | Complete Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disqualified perso | ons (as defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), a | and contributing employers and | | | |
| | | sponsoring organizations of section 501(c)(9) voluntary e | employees' beneficiary | | | |
| ន | | organizations (see instructions). Complete Part II of Sche | | 6 | | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | |
| × | 8 | Investation for only on your | | | 8 | |
| | 9 | Branaid evenence and deferred charges | ••••••• | | 9 | |
| 1 | 10a | Land, buildings, and equipment: cost or | | | | |
| | | other basis. Complete Part VI of Schedule D | 10a 27,794 | | | |
| | b | | 10b | 28,194 | 10c | 27,794 |
| | 11 | Investments withthe traded as with a | <u></u> | 158,402 | 11 | 186,450 |
| | 12 | Investments-other securities. See Part IV, line 11 | | | 12 | |
| | 13 | Investments-program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | | ······;····; | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34 | | 287,877 | 16 | 290,346 |
| | 17 | Accounts payable and accrued expenses | | | 17 | |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | | 19 | L <u></u> | |
| | 20 | Tax-exempt bond liabilities | | 20 | · · · · · · · · · · · · · · · · · · · | |
| | 21 | Escrow or custodial account liability. Complete Part IV of | | 21 | | |
| S | 22 | Loans and other payables to current and former officers, | , directors, | | | |
| litie | | trustees, key employees, highest compensated employe | es, and | | | |
| Liabilities | | disqualified persons. Complete Part II of Schedule L | | | 22 | · · · · · · · · · · · · · · · · · · · |
| | 23 | Secured mortgages and notes payable to unrelated third | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third pa | | · · · · · · · · · · · · · · · · · · · | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to | | | l | l |
| | | parties, and other liabilities not included on lines 17-24). | Complete Part X | | | |
| | | of Schedule D | | | 25 | <u> </u> |
| | 26 | Total liabilities. Add lines 17 through 25 | | 0 | 26 | 0 |
| in | | Organizations that follow SFAS 117 (ASC 958), check | k here 🕨 🔀 and | | [83] | |
| ö | | complete lines 27 through 29, and lines 33 and 34. | | | 2.32 | |
| alar | 27 | | | 287,877 | 27 | 290,346 |
| ŭ | 28 | Temporarily restricted net assets | | | 28 | · · · · · · · · · · · · · · · · · · · |
| Fund Balances | 29 | Permanently restricted net assets | ····· | e ser constructions and | 29 | |
| or F | | Organizations that do not follow SFAS 117 (ASC 958 |), check here ► 🔄 and | 19 이번 분위했다. | | |
| | | complete lines 30 through 34. | | | | |
| Assets | 30 | Capital stock or trust principal, or current funds | | | 30 | · · · · · · · · · · · · · · · · · · · |
| ţĂŝ | 31 | Paid-in or capital surplus, or land, building, or equipment | | | 31 | |
| Net | 32 | Retained earnings, endowment, accumulated income, or | | 007 077 | 32 | 000 240 |
| | 33 | | | 287,877 | 33 | 290,346 |
| | 34 | Total liabilities and net assets/fund balances | <u></u> <u></u> | 287,877 | 34 | 290,346 |

Form 990 (2012)

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| والمروافية المتؤرب والمرابة | 90 (2012) Olustee Battlefield Citizens 59-3039233 | | | Page | e 12 |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|-----------------|----------|
| Part | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | <u></u> | <u></u> | L |
| 1 T | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | .7,4 | |
| 2 T | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1 | .4,9 | |
| 3 F | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 2,4 | |
| 4 N | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 28 | <u>17,8</u> | 77 |
| 5 N | Net unrealized gains (losses) on investments | 5 | | | |
| 6 [| Donated services and use of facilities | 6 | <u> </u> | | • |
| 7 li | nvestment expenses | 7 | | | |
| 8 F | Prior period adjustments | 8 | <u> </u> | | ` |
| 9 (| Other changes in net assets or fund balances (explain in Schedule O) | 9 | ······ | | |
| 10 N | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| 3 | 33, column (B)) | 10 | 29 |)0,3 | 46 |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | <u></u> | <u></u> | <u></u> | |
| li S 2a V | Accounting method used to prepare the Form 990: X Cash Accrual Other f the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? | | <u>2a</u> | | <u>x</u> |
| Ĺ | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? | | 2b_ | | x |
| s [c | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | 10. 10. 10. | townstax |
| 5 | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | | |
| | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | |
| | the Single Audit Act and OMB Circular A-133? | | <u></u> 3a | | |
| bΙ | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| , | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | <u></u> | 3b | m 990 | |

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| Department of Internal Reve | 0 or 990-EZ) | | 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. | | | | | | | | -0047 2 Public |
|--------------------------------|---------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------|---------------------|------------------|-------------------|---------------------|----------------------------------------|-----------------------------|
| | of the Treasury enue Service | ► Atta | ach to Form 990 or Form 990 | -EZ. 🕨 S | See sepa | rate inst | truction | s. | | Inspect | |
| | organization | Olustee Batt | lefield Citizen | S | | | | Employ | ver identifi | cation number | |
| | - | Support Orga | | | | | | • • | 3039 | | |
| Part I | Reason | for Public Charity | Status (All organizations | must co | omplete | this pa | art.) Se | e inst | ruction | S. | |
| The organ | nization is not a p | private foundation because | e it is: (For lines 1 through 11, | check only | one box. |) | | | | | |
| 1 | A church, conve | ntion of churches, or asso | ociation of churches described | in sectior | 170(b)(1 |)(A)(i). | | | | | |
| 2 | A school descrit | ed in section 170(b)(1)(/ | A)(ii). (Attach Schedule E.) | | | | | | | | |
| 3 | A hospital or a | cooperative hospital servic | ce organization described in se | ction 170 | (b)(1)(A)(i | iii). | | | | | |
| 4 | A medical resea | rch organization operated | in conjunction with a hospital | described | in sectio | n 170(b |)(1)(A)(i | ii). Ente | r the ho | spital's name, | |
| | city, and state: | | | | | | | | | | |
| 5 | An organization | operated for the benefit o | f a college or university owned | or operate | ed by a g | overnme | ental unit | descril | oed in | | |
| | section 170(b) | 1)(A)(iv). (Complete Part | II.) | | | | | | | | |
| 6 | A federal, state, | or local government or g | overnmental unit described in | section 17 | 70(b)(1)(A |)(v). | | | | | |
| 7 X | An organization | that normally receives a s | substantial part of its support fr | om a gove | ernmental | unit or f | irom the | genera | l public | | |
| | described in se | ction 170(b)(1)(A)(vi). (Co | omplete Part II.) | | | • | | | | | |
| 8 | A community tru | ist described in section ' | 170(b)(1)(A)(vi). (Complete Par | t.II.) | • | | | | | | |
| 9 📘 | An organization | that normally receives: (1 |) more than 33 1/3% of its sup | port from | contributio | ons, mei | mbership | o fees, | and gros | SS | |
| | receipts from ac | tivities related to its exem | pt functionssubject to certain | exception | is, and (2) |) no moi | re than 3 | 33 1/3% | of its | | |
| | support from gro | oss investment income an | d unrelated business taxable in | ncome (les | ss section | 511 tax | () from b | ousiness | ses | | |
| ~~~ | acquired by the | organization after June 30 | 0, 1975. See section 509(a)(2) | . (Comple | te Part III | .) | | | | | |
| 10 | An organization | organized and operated e | exclusively to test for public sat | ety. See s | section 50 | 09(a)(4). | | | | | |
| 11 📋 | • | • | exclusively for the benefit of, to | • | | , | • | | | | |
| | | | ed organizations described in s | | | | | | section | | |
| مين بري | | <u> </u> | he type of supporting organizat | | | nes 11e | through | 11h. | | | - |
| _ | a 🗌 Type I | b 🔄 Type II | c Type III-Function | • - | | d | | | | onally integrated | 4 |
| e 🗌 | | | anization is not controlled direct | - | | | | | | | |
| | | | r than one or more publicly su | pported or | ganization | is descr | ibed in s | section | 509(a)(1 |) | |
| | or section 509(a | | understiger from the IDO that it is | | T | | | | | | |
| f | | | rmination from the IRS that it is | sa iype i, | Type II, (| oriype | III suppo | orting | | | [] |
| * 194 | organization, ch | | lion appended only alfe or positilit | | | | | | •••••• | | 🗳 |
| g | | | tion accepted any gift or contrib | button from | any or u | le | | | | | |
| | following perso | | utrola either clans ar teachar | with pore | ana desar | | | | | | |
| | | • | ontrols, either alone or together | | | - | | | | | es No |
| | | | supported organization? | | | | | | | 44-00 | |
| | | ember of a person describ | described in (i) or (ii) above? | · · · · · · · · · · · · · | | | | | | 44~(11) | |
| h | | | | ••••• | | • • • • • • • • • • | | • • • • • • • • • | · · · · · · · · · · | 11g(iii) | I |
| <u>h</u> | e of supported | (ii) EIN | he supported organization(s). (iii) Type of organization | (iv) is the | organization | (v) Did | you notify | 64) | ls the | (vii) Amount of m | onotan/ |
| . • • | ganization | | (described on lines 1–9 | | isted in your | the orga | nization in | organizat | ion in col. | support | lonetary |
| | | · · · | above or IRC section | governing | document? | | of your port? | | ized in the S.? | | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | |
| (A) | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | | | | <u> </u> | | | |
| | · 1 | | | 1 | | | | | | | |
| <u>y</u> 7 | | | | | + | | | | | | |
| | | | | | | | | | | | |
| (B) | | | | | | | | | | | |
| (B) | | | | | | | | | | | |
| | | | | | ~ | | | | | | |
| (B) (C) | | | | | | | | | | | |
| (B) | | | | | | | | | | | |
| (B) (C) (D) | | | | | | | | | | | |
| (B) (C) | | | | | | | | | | ······································ | |
| (B) (C) (D) | | | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2012

| Sche | dule A (Form 990 or 990-EZ) 2012 Olu | <u>istee Batt</u> | lefield (| Citizens | 59 | <u>-3039233</u> | Page 2 |
|----------|------------------------------------------------------------------------------------|--------------------------------------------------|----------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------|
| Pa | rt II Support Schedule for O | | | | | | |
| | (Complete only if you chee | | | | | | under |
| | Part III. If the organization | fails to qualify | under the tests | listed below, p | please complete | e Part III.) | |
| | ion A. Public Support | 1 | | | | <u> </u> | |
| Calen | dar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 42,229 | 38,870 | 57,148 | 42,750 | 44,306 | 225,303 |
| 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 | | | | | | |
| 4 | Total. Add lines 1 through 3 | 40,000 | 20.070 | E7 140 | 40.750 | 44.200 | 205 202 |
| 5 | The portion of total contributions by | 42,229 | 38,870 | 57,148 | 42,750 | 44,306 | 225,303 |
| 5 | 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. | | | | | | 225,303 |
| | tion B. Total Support | ter chair an | | | <u>1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997</u> | | |
| | dar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 | Amounts from line 4 | 42,229 | 38,870 | 57,148 | 42,750 | 44,306 | 225,303 |
| 8 | Gross income from interest, dividends, | | | | <u>,</u> | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar sources | 5,451 | 5,517 | 6,027 | 6,397 | 6,813 | 30,205 |
| <u></u> | Net income from unrelated business | | | | | | |
| 9 . | activities, whether or not the business | • | | | | | |
| | is regularly carried on | | | · · · · · · · · · · · · · · · · · · · | | | |
| 0 | Other income. Do not include gain or | | | | | | |
| • | loss from the sale of capital assets | | | | | } } | |
| | (Explain in Part IV.) | | | | | | · |
| 11 | Total support. Add lines 7 through 10 | | | | | | 255,508 |
| 12 | Gross receipts from related activities, etc | | | | | 12 | 14,209 |
| 13 | First five years. If the Form 990 is for the | • | t, second, third, fo | urth, or fifth tax ye | ar as a section 50 | 1(c)(3) | . r |
| <u> </u> | organization, check this box and stop he | | | <u></u> | <u></u> | · · · · · · · · · · · · · · · · · · · | ····· P |
| | tion C. Computation of Public S | | | | | | |
| 14 | Public support percentage for 2012 (line 6 | o, column (t) aivide | d by line 11, colum | ייייייייייייייייייייייייייייייייייייי | | 14 | 88.18% |
| 15 | Public support percentage from 2011 Sch 33 1/3% support test—2012. If the organ | nequie A, Part II, IIr | le 14 | 12 and line 14 is | 22 1/20/ or more | 15 | 100.00 % |
| 16a | box and stop here. The organization qua | | | ation | | | ▶ 🗴 |
| b | 33 1/3% support test-2011. If the organization | | | | | | |
| ŋ | check this box and stop here. The organ | | | | | | ▶□ |
| 17a | 10%-facts-and-circumstances test—20 | | | | | | ······ · L |
| | 10% or more, and if the organization me | | | | | | |
| | Part IV how the organization meets the " | | | | | | |
| | organization | | | | | | ▶□ |
| b | 10%-facts-and-circumstances test-20 | | | | | | ······································ |
| | 15 is 10% or more, and if the organization | - | | | | | |
| | Explain in Part IV how the organization r | | | | • | | |
| | supported organization | | | | | | ▶ |
| 18 | Private foundation. If the organization d | | | | | | ····· |
| | instructions | | | | | | ▶ [|

Schedule A (Form 990 or 990-EZ) 2012

| Schedule A (Form 990 or 990-EZ) 2012 | Olustee | Battlefield | Citizens |
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| | | | |

| | ule A (Form 990 or 990-EZ) 2012 Olu | | | | | -3039233 | Page 3 |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|---------------------|---------------------------------------|-----------------|---------------------------------------|
| Pa | rt III Support Schedule for O | | | | | | |
| | (Complete only if you chee | cked the box of | n line 9 of Part | I or if the orga | nization failed to | qualify under P | art II. |
| 0 | If the organization fails to | quality under the | ne tests listed t | elow, please c | omplete Part II. |) | · · · · · · · · · · · · · · · · · · · |
| | ion A. Public Support | · | | | T | | · · · · · · · · · · · · · · · · · · · |
| | dar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | - | | · | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | · | | | | | |
| 6 | Total. Add lines 1 through 5 | | | ····· | | | · |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | 1 | · · · · |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6.) | | | | | | |
| | tion B. Total Support | | . | | · · · · · · · · · · · · · · · · · · · | | |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 | Amounts from line 6 | | . <u> </u> | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| с | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | · . |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop he | e organization's fir | | • | | | ⊾ Г |
| Sec | tion C. Computation of Public S | | | <u></u> | <u></u> | <u></u> | |
| 15 | Public support percentage for 2012 (line a | | | nn (f)) | | 15 | % |
| 16 | Public support percentage from 2011 Sch | edule A, Part III, I | ine 15 | ···· | · · · · · · · · · · · · · · · · · · · | | % |
| Sec | tion D. Computation of Investme | | | | | | |
| 17 | Investment income percentage for 2012 | (line 10c, column (| f) divided by line 1 | 3, column (f)) | | 17 | % |
| 18 | Investment income percentage from 201 | 1 Schedule A, Par | t III, line 17 | | | | % |
| 19a | 33 1/3% support tests-2012. If the organization | anization did not c | heck the box on lin | e 14, and line 15 i | s more than 33 1/3 | %, and line | - |
| | 17 is not more than 33 1/3%, check this t | | - | | • • • • | | ► L |
| b | 33 1/3% support tests-2011. If the organization | anization did not c | heck a box on line | 14 or line 19a, and | d line 16 is more th | an 33 1/3%, and | |

| | | U U | | | ···· · · · · · · · · · · · · · · · · · |
|----|----------------------------------|----------------------------------|-----------------------|--------------------------|----------------------------------------|
| | line 18 is not more than 33 1/3% | , check this box and stop here | . The organization c | ualifies as a publicly s | upported organization |
| 20 | Private foundation. If the organ | ization did not check a box on l | line 14, 19a, or 19b, | check this box and se | |

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

| Schedule A (F | orm 990 or 990-EZ) | 2012 Oluste | e Battle | field Ci | tizens | <u>59-30392</u> | 33 Page |
|-----------------------------------------|-----------------------------------------|---------------------------------------|-----------------------------------------|-----------------------------------------|---------------------------------------|---------------------------------------------------|---------------------------------------|
| Part IV | Supplemental | Information. | Complete this p | part to provide | the explanation | s required by Part II, y additional informatio | line 10: |
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| CHEDULE D Form 990) | | Financial Statements ration answered "Yes," to Form 990, | | омв №. 1545-0047 2012 |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------|---------------------------------------|
| epartment of the Treasury temal Revenue Service | Part IV, line 6, 7, 8, 9, 10, 11 | a, 11b, 11c, 11d, 11e, 11f, 12a, or 12l 0. See separate instructions. | b. | Open to Public Inspection |
| ame of the organization | efield Citizens | | Employer i | dentification number |
| Support Organ: | | | 59-30 |)39233 |
| Part I Organizati | ons Maintaining Donor Advised Fur | | | |
| organization | n answered "Yes" to Form 990, Part IV | V, line 6. | | |
| | | (a) Donor advised funds | d) |) Funds and other accounts |
| 1 Total number at end of | year | | | · |
| 2 Aggregate contributions | to (during year) | | _ | |
| | (during year) | | | · · · · · · · · · · · · · · · · · · · |
| 4 Aggregate value at end | • • • • • • • • • • • • • • • • • • • • | | | |
| - | orm all donors and donor advisors in writing tha | | | |
| | ion's property, subject to the organization's exc | | | |
| - | orm all grantees, donors, and donor advisors in | | | • |
| , , , | oses and not for the benefit of the donor or don | | | |
| | e private benefit? | | | |
| | tion Easements. Complete if the orga | | <u>n 990, Par</u> | |
| | tion easements held by the organization (check | | · | -1 |
| | d for public use (e.g., recreation or education) | Preservation of an historically | • | |
| Protection of natura | | Preservation of a certified his | toric structure | l |
| Preservation of ope | • | | | |
| • | ugh 2d if the organization held a qualified conse | ervation contribution in the form of a co | onservation | |
| easement on the last da | ay of the tax year. | | <u> Alexa</u> | I laid at the Fad of the Toy V |
| | | l. | | Held at the End of the Tax Y |
| a Total number of conser | | | | |
| | d by conservation easements | | | |
| | n easements on a certified historic structure inc | | <u>2c</u> | |
| | n easements included in (c) acquired after 8/17/ | 706, and not on a | | |
| | | | | |
| | n easements modified, transferred, released, ex | ktinguished, or terminated by the organ | lization during | ; the |
| tax year ► | | to extend N | | |
| | e property subject to conservation easement is | | | |
| | have a written policy regarding the periodic mo | | | |
| violations, and enforcer | ment of the conservation easements it holds? | | | Yes I N |
| 6 Staff and volunteer hou | urs devoted to monitoring, inspecting, and enfo | rcing conservation easements during tr | ie year | |
| | | | | |
| | ncurred in monitoring, inspecting, and enforcing | conservation easements during the ye | ar | |
| ▶\$ | ····· | | (D) | |
| | n easement reported on line 2(d) above satisfy | | | Yes N |
| | 4)(B)(ii)? ow the organization reports conservation easen | | | Yes I N |
| | o | | | łho. |
| | clude, if applicable, the text of the footnote to thing for conservation easements. | | lat describes | |
| | ions Maintaining Collections of Art | Historical Treasures or Oth | er Similar | Assats |
| Complete | if the organization answered "Yes" to | Form 990. Part IV. line 8. | ci Onimai | A00010. |
| | ted, as permitted under SFAS 116 (ASC 958), | | and balance s | hoot |
| - | treasures, or other similar assets held for publi | | | |
| | in Part XIII, the text of the footnote to its finan | | | |
| | ted, as permitted under SFAS 116 (ASC 958), | | | t |
| - | treasures, or other similar assets held for publi | | | |
| | the following amounts relating to these items: | | | |
| | a in Form 990, Part VIII, line 1 | · · | | \$ |
| | Form 990, Part X | • • • • • • • • • • • • • • • • • • • • | | |
| III) Assets included in | | | | ► \$ |
| | NGO OF DEID WOLKS OF AFF DISIONCEL TERETION | | | |
| 2 If the organization rece | eived or held works of art, historical treasures, o uired to be reported under SEAS 116 (ASC 958 | - | , prondo ino | |
| 2 If the organization rece following amounts requ | uired to be reported under SFAS 116 (ASC 958 | 3) relating to these items: | | • \$ |
| 2 If the organization rece following amounts requ a Revenues included in I | | 3) relating to these items: |) | • \$ |

| chec | lule D (Form 990) 2012 Olustee Ba | ttlefield | l Cit | izens | | 59-30 | <u>392</u> 3 | 33 | | <u> </u> | ige 2 |
|------|-------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------|-----------|----------------------------------------|---------------|-------------|----------|--------------|
| Pa | t III Organizations Maintaining C | collections of | Art, His | storical Tr | easures, o | r Other | Simil | ar Assets | (continu | | |
| 3 | Using the organization's acquisition, accession, collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d 🗌 | Loan or e | xchange pro | grams | | | | | | |
| b | Scholarly research | е 🗌 | Other | | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's colle | ctions and explain | how they | / further the | organization's | exempt pu | urpose | in Part | | | |
| | XIII. | | | | | | | | | | |
| 5 | During the year, did the organization solicit or i | | | | | | | | _ | | |
| | assets to be sold to raise funds rather than to | | | | | | | | | | No |
| Pa | t IV Escrow and Custodial Arra | | | | nization ans | wered " | res" to | o Form 99 | 0, Part l' | V, | |
| | line 9, or reported an amount | | the second se | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodian | | | | | | | | | | 1 |
| | | | | | | | | | Ye | s 🗌 | No |
| b | If "Yes," explain the arrangement in Part XIII and | nd complete the fo | bllowing ta | ble: | | | 1 | | | | |
| | | | | | | | | | Amount | | |
| C | Beginning balance | | | | · · · · · · · · · · · · · · · · · · · | | | 1c | | | |
| | Additions during the year | | | | | | | <u>1d</u> | | | |
| | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | ••••••• | <i>.</i> . | 1f | <u> </u> | | <u> </u> |
| | Did the organization include an amount on For | | | | | | | | Ye | s | No |
| 1.1 | If "Yes," explain the arrangement in Part XIII. C | | | | | | | | <u>.</u> | | L |
| Pa | rt V Endowment Funds. Comple | | | | 1 | | | | | | · · |
| | | (a) Current year | (d) | Prior year | (c) Two year | rs back | (d) Th | ee years back | (e) Four | years t | заск |
| | Beginning of year balance | | | | | | | | | | |
| | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and | | | | | | | | | | |
| | | | | | <u> </u> | | | | | | |
| | Grants or scholarships | | | | | | | | _ | | · · · · · |
| e | Other expenditures for facilities and | | | | | | | | | | |
| 4 | programs | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| | Administrative expenses | | | w | | | ······································ | | | | |
| · | End of year balance Provide the estimated percentage of the currer | t yoor and balance | | oolumn (a)) | hold as: | ···· | | | | | |
| 2 | Board designated or quasi-endowment | • | e (inte ty | | neiu as. | | | | | | |
| | Permanent endowment > % | | | | | | | • | | | |
| | Temporarily restricted endowment | % | | | | | | | | | |
| Ŭ | The percentages in lines 2a, 2b, and 2c should | | | | | | | | | | |
| 3a | Are there endowment funds not in the possess | • | ation that | are held and | administered | for the | | | , | | |
| ou | organization by: | sion of the organiz | | | aanninotoroa | | | | 1 | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | ••••• | | | | 3a(ii) | | |
| b | If "Yes" to 3a(ii), are the related organizations | listed as required | on Sched | ule R? | • • • • • • • • • • • • • • • • • • • • | | • • • • • • • • | ••••• | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | • • • • • • • • | ••••• | | | |
| | rt VI Land, Buildings, and Equip | | | | e 10. | | | | | | |
| | Description of property | (a) Cost or other | | (b) Cost or | | (c) A | ccumulate | ed | (d) Book | value | |
| | | (investment) |) | (oth | ier) | dep | preciation | | | | |
| 1a | Land | | | | | | | | | | |
| | Buildings | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | |
| | Equipment | | | | | | | | | | |
| | Other | 27 | ,794 | | | | | | | 27, | 794 |
| ota | Add lines 1a through 1e. (Column (d) must ed | ual Form 990, Pa | irt X, colu | mn (B), line 1 | 0(c).) | | | • | | 27, | 794 |

Schedule D (Form 990) 2012

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| Schedule D (Form 990) 2012 | Battlefield | Citizens |
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59-3039233

Page 3

| Part VII | Investments-Other Securities. See Form 990, | Part X, line 12. | |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------|
| | (a) Description of security or category | (b) Book value | (c) Method of valuation: |
| | (including name of security) | - | Cost or end-of-year market value |
| (1) Financial | derivatives | | |
| (2) Closely-he | eld equity interests | · · · · · · · · · · · · · · · · · · · | |
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| | n (b) must equal Form 990, Part X, col. (B) line 12.) | <u> </u> | |
| Part VIII | Investments—Program Related. See Form 990 | Part X line 12 | |
| | (a) Description of investment type | (b) Book value | (c) Method of valuation: |
| | (a) reaction of mixestment type | (b) DOOK value | (c) Metriod of Valuation: Cost or end-of-year market value |
| (4) | ······································ | ····· | |
| (1) | | | |
| (2) | · · · · · · · · · · · · · · · · · · · | | |
| (3) | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | |
| (4) | | · · · · · · · · · · · · · · · · · · · | |
| (5) | | | |
| (6) | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · |
| (7) | and the second | | |
| (8) | New Construction of the Second Se | · · · · · | |
| (9) | · · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
| (10) | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) | L <u>ang</u> | |
| Part IX | Other Assets. See Form 990, Part X, line 15. | | |
| | (a) Description | | (b) Book value |
| (1) | | | |
| _(2) | | | |
| (3) | ······································ | | ····· |
| (4) | ······································ | <u></u> | ····· |
| (5) | | <u></u> | |
| (6) | | | |
| _(7) | | | |
| _(8) | | · · · · · · · · · · · · · · · · · · · | |
| _(9) | | <u></u> | ········ |
| (10) | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 15.) | <u></u> | ▶ <u> </u> |
| Part X | Other Liabilities. See Form 990, Part X, line 25. | | · · · · · · · · · · · · · · · · · · · |
| 1 | (a) Description of liability | (b) Book value | |
| (1) Federa | income taxes | | |
| (2) | | · · · · · · · · · · · · · · · · · · · | 이는 이는 것 같아요. 승규는 것 같아요. |
| (3) | | · · · · · · · · · · · · · · · · · · · | 그는 그는 모양은 눈가 잘 못했다. 것을 가 같은 것을 다 가지? |
| _(4) | | | 그는 그는 것이 같이 가슴 것을 깨끗한 사람을 했다. |
| (5) | | | |
| (6) | | | 이 지는 것 같은 것 같 |
| (7) | · · · · · · · · · · · · · · · · · · · | | |
| (8) | | | |
| (9) | | | 기가 그는 것 같은 것 같은 방법에 앉아 있을까? |
| (10) | | | 기 - 영양 영상 이상 운영을 통하는 것이다. |
| (11) | | · · · · · · · · · · · · · · · · · · · | 기가 그는 것이 가지 않는 것이 같을 것 같아. |
| | nn (b) must equal Form 990, Part X, col. (B) line 25.) | | |
| | SC 740) Ecotpote in Part XIII, provide the text of the footnote i | t: | |

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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| Schedule D (Form 990) 2012 Olustee Battlefield Citize | | -3039233 | Page 4 |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------|-----------------------------------------|
| Part XI Reconciliation of Revenue per Audited Financial Stat | tements With Reven | ue per Return | |
| 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: | · • | | |
| a Net unrealized gains on investments | 2a | | |
| b Donated services and use of facilities | 2b | | |
| c Recoveries of prior year grants | 2c | | |
| d Other (Describe in Part XIII.) | 2d | | |
| e Add lines 2a through 2d | | 2e | |
| 3 Subtract line 2e from line 1 | | 3 | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b Other (Describe in Part XIII.) | | | |
| c Add lines 4a and 4b | | 4c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | |
| Part XII Reconciliation of Expenses per Audited Financial St | | | |
| 1 Total expenses and losses per audited financial statements | | | · · · · · · · · · · · · · · · · · · · |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a Donated services and use of facilities | 2a | | |
| b Prior year adjustments | | | |
| c Other losses | | | |
| d Other (Describe in Part XIII.) | 2d | | |
| | | 2e | |
| 33 | | 3 | |
| 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | ······ | | |
| | 4a | | |
| | | | - |
| b Other (Describe in Part XIII.) | | | |
| c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | |
| Part XIII Supplemental Information | <u></u> | | · · · · · · · · · · · · · · · · · · · |
| Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Al information. | | - | |
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Schedule D (Form 990) 2012

| Part XIII Supplemental Information (continued) | Schedule D | (Form 990) 2012 | Olustee | Battlefield | Citizens | 59-3039233 | Page 5 |
|------------------------------------------------|-----------------------------------------|-----------------------------------------|---------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|---------------------------------------|
| | Part XIII | Supplementa | al Informatio | on (continued) | | | |
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Schedule D (Form 990) 2012

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| SCHEDULE G | 1 | Sup | plemen | tal Info | orm | atio | n Regarding | | OMB No. 1545-0047 |
|-------------------------------------------------------------------|-----------------------------------------|-------------------------|-------------------------------|---------------------------------------|--------------------|------------------|------------------------------------------------------------------------------------|------------------------------------------|----------------------------------|
| Form 990 or 990-E | EZ) | Fu | undrais | ing or | Gan | ning | Activities | | 2012 |
| epartment of the Treasury | | Complete if the | organization | answered "Ye | s" to Fr | 5rm 990 | , Part IV, lines 17, 18, or 1 Form 990-EZ, line 6a. See separate instructior | 9, or if the | Open to Public |
| nternal Revenue Service | | Battlefi | Attach to For | m 990 or Forr | n 990-E | <u>z,</u> 🕨 | See separate instruction | IS. Employer identi | Inspection |
| | | Organiza | | | | | | 59-3039 | |
| Fundra | aising Activ | | e if the or | ganizatio | | | ed "Yes" to Form | 990, Part IV, lin | e 17. |
| | | | | | | | Check all that apply. | | |
| a Mail solicitatio | | | | | | | ernment grants | | |
| | mail solicitation | IS | | Solicitation | | · · | • | | |
| c Phone solicita | | | | Special fun | - | | - | | |
| d In-person soli | | | 9 | | : | .g ore | | | |
| 2a Did the organization | | | | | | | | | |
| or key employees b If "Yes," list the ter compensated at le | n highest paid i | individuals or entition | | | nt to | agreer | I fundraising service nents under which th | | Yes No |
| (1) M | - dealer - Alert | 24 1 | | | (iii) Di raiser | d fund- have | | (v) Amount paid to | (vi) Amount paid to |
| | and address of indiventity (fundraiser) | vidual | (ii) | Activity | cont | ody or rol of | (iv) Gross receipts from activity | (or retained by) fundraiser listed in | (or retained by) organization |
| <u></u> | | | | <u> </u> | | utions? | · · · · · · · · · · · · · · · · · · · | col. (i) | |
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Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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| Schedule G (F | form 990 or 990-EZ) 2012 | 2Olustee | Battlefield | Citizens | 59-30 | 39233 P |
|---------------|--------------------------|--------------|----------------------------------------------------------|----------|------------------|------------------|
| Part II | more than \$15,000 | | organization answe nt contributions and n \$5,000. | | | |
| | | (a) Event #1 | (b) Even | t #2 | (c) Other events | (d) Total events |
| | D | oonaatmont (| | N | ~~~ | |

| 0 | | | Reenactment Gat (event type) | (event type) | None (total number) | (d) Total events (add col. (a) through col. (c)) |
|-----------------|------|------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------|--------------------------------------------------------|
| Revenue | 1 | Gross receipts | 37,925 | · · · · · · · · · · · · · · · · · · · | | 37,925 |
| | | Less: Contributions | 37,925 | | | 37,925 |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | · · · | |
| | 5 | Noncash prizes | , the second | | | |
| nses | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| Direct | 8 | Entertainment | | · · · · · · · · · · · · · · · · · · · | | |
| | 9 | Other direct expenses | 34,580 | | | 34,580 |
| | 10 | Direct expense summary. | Add lines 4 through 9 in column (| (d) | | <u>34,580</u> -34,580 |
| P | art | III Gaming. Com | mbine line 3, column (d), and line plete if the organization ans | | | |
| — | r | than \$15,000 c | n Form 990-EZ, line 6a. | (b) Pull tabs/instant | | (d) Total gaming (add |
| Revenue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| Ř | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | · · | |
| | 6 | Volunteer labor | Yes % | Yes % | Yes No | % |
| | 7 | Direct expense summary. | Add lines 2 through 5 in column | (d) | | • |
| | 8 | Net gaming income sumr | nary. Combine line 1, column d, a | nd line 7 | | ▶ |
| 9 a b | ls i | | e organization operates gaming a o operate gaming activities in each | | | Yes No |
| | | | 's gaming licenses revoked, suspe | | | Yes No |
| | • • | ····· | | | | · · · · · · · · · · · · · · · · · · · |

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Page 2

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| · · · · · | (Form 990 or 990-EZ) 2012 | Olustee | Battlefield | Citizens | 59-3039233 | Pa | age 3 |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------|--------------|-----------|
| 11 Does | the organization operate gaming | | | | | Yes | No |
| | organization a grantor, beneficia | | rust or a member of a pa | artnership or other entity | | | _ |
| | d to administer charitable gamir | | | | | Yes | _ No |
| | te the percentage of gaming ac | | | | | | |
| a The o | rganization's facility | | | | 13a | | <u>%</u> |
| b An o | tside facility | ••••••• | | | 13b | | <u>%</u> |
| | the name and address of the p | erson who prepare | s the organization's gami | ing/special events books and | | | |
| record | S | | | | | | |
| Name | | | | | | | |
| Inding | • | ••••••• | ••••••••••••••••••••••••••••••••••••••• | | | | |
| Addre | ss 🕨 | | | | | | |
| | | ••••••• | | ···· | | | |
| 15a Does | the organization have a contrac | ct with a third party | from whom the organiza | tion receives gaming | | | |
| reven | - | | | | | Yes | No |
| b If "Ye | s," enter the amount of gaming | revenue received k | oy the organization ► \$ | β | and the | | |
| | nt of gaming revenue retained b | | | | | | |
| | s," enter name and address of t | | | | | | |
| | | | | | | | |
| Nam | • | | | | | | |
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| 16 .Gam | ng manager information: | | | | | | |
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| Com | ng manager compensation 🕨 S | ¢ | | | | | |
| Gam | | Ψ | · • • • • • • • • • • • • • • • • • • • | | | | |
| Desc | iption of services provided | | | | | | |
| 2000 | | | | • • • • • • • • • • • • • • • • • • • • | • • • • • • • • • • • • • • • • • • • • | | |
| | Director/officer | mployee | Independent contra | actor | | | |
| | | | | | | | |
| | atory distributions: | · | ÷., | | | | |
| 17 Mano | | | | a the gaming proceeds to | | | |
| | organization required under sta | ate law to make ch | aritable distributions from | r the gaming proceeds to | | | |
| a Is the | • | | | • • • | | Yes | |
| a Is the retain | organization required under state the state gaming license? the amount of distributions requ | | | ····· | | Yes | No |
| a Is the retain b Ente | the state gaming license? the amount of distributions req in the organization's own exem | uired under state la npt activities during | aw to be distributed to ot the tax year ► \$ | her exempt organizations or | | | No |
| a Is the retain b Ente spen | the state gaming license? the amount of distributions require in the organization's own exern Supplemental Inform | uired under state la npt activities during nation. Complet | aw to be distributed to oth the tax year ► \$ te this part to provide | her exempt organizations or e the explanations requir | red by Part I, line 2b |), | No |
| a Is the retain b Ente spen | the state gaming license? the amount of distributions requine the organization's own exem Supplemental Inform columns (iii) and (v), a | uired under state la n <u>pt activities during</u> nation. Complet und Part III, lines | aw to be distributed to oth the tax year ▶ \$ te this part to provide s 9, 9b, 10b, 15b, 15 | her exempt organizations or e the explanations requir 5c, 16, and 17b, as appli | red by Part I, line 2b |), | No |
| a Is the retain b Ente spen | the state gaming license? the amount of distributions require in the organization's own exern Supplemental Inform | uired under state la n <u>pt activities during</u> nation. Complet und Part III, lines | aw to be distributed to oth the tax year ▶ \$ te this part to provide s 9, 9b, 10b, 15b, 15 | her exempt organizations or e the explanations requir 5c, 16, and 17b, as appli | red by Part I, line 2b |), | No |
| a Is the retain b Ente spen | the state gaming license? the amount of distributions requine the organization's own exem Supplemental Inform columns (iii) and (v), a | uired under state la n <u>pt activities during</u> nation. Complet und Part III, lines | aw to be distributed to oth the tax year ▶ \$ te this part to provide s 9, 9b, 10b, 15b, 15 | her exempt organizations or e the explanations requir 5c, 16, and 17b, as appli | red by Part I, line 2b |), | No |
| a Is the retain b Ente spen | the state gaming license? the amount of distributions requine the organization's own exem Supplemental Inform columns (iii) and (v), a | uired under state la n <u>pt activities during</u> nation. Complet und Part III, lines | aw to be distributed to oth the tax year ▶ \$ te this part to provide s 9, 9b, 10b, 15b, 15 | her exempt organizations or e the explanations requir 5c, 16, and 17b, as appli | red by Part I, line 2b |), | No |
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| SCHEDULE O Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | | Supplemental Information to Form Complete to provide information for responses to Form 990 or 990-EZ or to provide any addition Attach to Form 990 or 990-E | specific questions on onal information. | OMB No. 1545-0047 2012 Open to Public Inspection |
|---------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------|
| Name of the organization | Olustee Support | Battlefield Citizens Organization, Inc. | Employer identii 59-3039 | |
| | Part VI, | Line 11b - Organization's P ill be conducted. | | |
| Form 990, | Part VI, | Line 19 - Governing Documer | nts Disclosure Exp | lanation |
| No documen | ts avail | able to the public | | · · · · · · · · · · · · · · · · · · · |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)