



**Florida Department of Environmental Protection**

**CITIZEN SUPPORT ORGANIZATION  
2017 REPORT  
(pursuant to Florida Statute 20.058)**

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

Mailing Address: 15 Fort Mose Trail Saint Augustine, Florida 32084

Telephone Number: (904) 823-2232

Website Address (if applicable): <https://www.fortmose.org/>

**Statutory Authority:**

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

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

**Brief Description of the CSO's Mission:** The mission of the Fort Mose Historical Society is to support the Florida Park Service in its effort to preserve, protect and interpret Fort Mose Historic State Park, the site of the first free Black leg all sanctioned settlement in Continental USA and its significance as the birth place of freedom in America for current and future generations. In its 21st year, the Fort Mose Historical Society is dedicated to ensuring that the Fort Mose site and its story are seamlessly woven into the tapestry of American history.

**Brief Description of the CSO's Results Obtained:**

- **Building a representation of the 1738 fortification at Mose was approved**
- **Awarded a \$5000 mini-grant by the Florida Humanities Council**
- **Strengthening and expanding the living history program**
- **The Mose Story continued to reach a national and international audience**
- **Membership continued to increase as a result of updating website and social media**
- **First Saturday Militia training has impacted attendance at Fort Mose Park**

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

- **Architectural bid package to select a contractor to build the representation of The 1738 fortification.**
- **Raise funds for Mose through the annual golf tournament and grants program**
- **Strengthen the quality and outreach of the living history program at Mose**
- **Continue to build on the number of Militia personnel at Fort Mose Park**
- **Continue to grow the membership at Fort Mose Park**
- **Expand state, national and international awareness of Fort Mose Park**

**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**

## Model CSO Code of Ethics – June 2014

### FORT MOSE HISTORICAL SOCIETY – AFRICAN AMERICAN COMMUNITY OF FREEDOM INC CODE OF ETHICS

#### PREAMBLE

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

#### STANDARDS

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

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

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

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

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

##### **3. Salary and Expenses**

## **Model CSO Code of Ethics – June 2014**

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

### **4. Prohibition of Misuse of Position**

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

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

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

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

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

### **7. Prohibition of Employees Holding Office**

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

### **8. Requirements to Abstain From Voting**

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

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

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

## Model CSO Code of Ethics – June 2014

### ATTACHMENT ONE

The Fort Mose Historical Society – African American Community of Freedom Inc.'s Code of Ethics as a CSO for Fort Mose Historic State Park is further supported and reinforced in Article VI – Officers, Section 9.0 – Conflict of Interests which is as follows.

“Section 9.0: Conflicts of Interests. Officers and Directors of the Corporation are to act and carry out their duties and responsibilities solely in the interests of the Corporation and the State’s Department of Environmental Protection without regard to personal, financial or political interest or gain. Whenever an Officer or Director has a personal, financial or political interest, whether actual or the appearance of, in any matter coming before the Board of Directors, the Board shall ensure that:

- (a) The nature of the interest of such Officer or Director is fully disclosed to the Board of Directors.
- (b) Any transaction in which an Officer or Director has a personal, financial or political interest shall be duly approved by the members of the Board of Directors not so interested or connected as being in the best interests of the Corporation and the State’s Department of Environmental Protection.
- (c) No interested Officer or Director may discuss, lobby or vote on the matter or be counted in determining the existence of a quorum at the meeting of the Board of Directors at which such a matter is voted upon. Any matter involving a conflict of interest shall be approved only when a majority of disinterested Officers and Directors determine that it is in the best interest of the Corporation and the State’s Department of Environmental Protection to do so.
- (d) Any payment or compensation to the interested Officer or Director as a result of action taken by a majority of disinterested Officers and Directors shall be reasonable and shall not exceed fair market value.
- (e) The minutes of the meeting at which such votes are taken shall record such disclosure, abstention and rationale for approval.”

Florida Department of  
**Environmental Protection**

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Memorandum

June 9, 2017

TO: Larry Fooks, Bureau Chief  
District III Administration

FROM: Mark Giblin, Park Manager IV  
Anastasia State Park

SUBJECT: Fort Mose Historical Society 2016 Annual Report

The Fort Mose Historical Society continues to be essential in supporting the park's operations and goals to increase visitation and park revenue. This group is dedicated to promoting awareness of Fort Mose and garnering community support for the park.

The events that they supported last year were the "Harvest Time at Fort Mose", a celebration of Thanksgiving, the "Finding The Way" re-enactment of how to follow travel directions in the 18<sup>th</sup> century, the 3 day "Flight to Freedom" event that re-enacts a freedom seeker's experience, the "Commemoration of the Founding of Fort Mose" and the 2 day "Battle of Bloody Mose" re-enactment. In addition to the events at the park the Society sponsored a golf tournament to raise funds to help with the costs of constructing a replica of a bastion wall on the park property.

The society has increased their use of social media sites such as Facebook and Twitter. The group also continues with their outreach efforts by setting up informational booths at local events and attending conferences that are applicable to the support of Fort Mose Historic State Park.

Some of the main projects for this upcoming year include working to increase fundraising and increasing visitation at the multiple events held at the park. This year I encourage the society to develop ways to better track their revenue and expenses. I also encourage them to assign someone to manage their merchandise and better track the merchandise.

cc: Robert Yero  
Charles Ellis

May 29, 2017

Mark Giblin, Park Manager  
Fort Mose State Park  
15 Fort Mose Trail  
St. Augustine, FL 32084

Dear Mark,

It has been another great year at Fort Mose Historic State Park seeing the attendance continue to increase with record breaking attendance at our annual events this year.

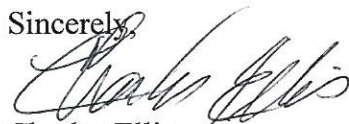
- Building a representation of the 1738 fortification at Mose was approved
- Awarded a \$5000 mini-grant by the Florida Humanities Council
- Strengthening and expanding the living history program
- The Mose Story continued to reach a national and international audience
- Membership continued to increase as a result of updating website and social media
- First Saturday Milita training has impacted attendance at Fort Mose Park

Our goals for fiscal year Jan. – Dec. 2017 include:

- Architectural bid package to select a contractor to build the representation of The 1738 fortification.
- Raise funds for Mose through the annual golf tournament and grants program
- Strengthen the quality and outreach of the living history program at Mose
- Continue to build on the number of Milita personnel at Fort Mose Park
- Continue to grow the membership at Fort Mose Park
- Expand state, national and international awareness of Fort Mose Park

Fort Mose Historical Society is excited about the things that are happening at Fort Mose Park and are looking forward to continue to build on the excitement in telling the Story.

Sincerely,



Charles Ellis  
President, Fort Mose Historical Society

## **Citizen Support Organization Statement of Accomplishments and Goals**

This statement is part of the Citizen Support Organization's (CSO's) Annual Financial Report (see Chapter 5: Section 7) of the 2014 CSO Handbook. The primary purpose of the Annual Financial Report is to provide a summary of the most relevant information to the Department and Division, and to meet the common interests of donors, members, creditors, and others who provide resources to the not for profit organization. Report the accomplishments for the CSO's past fiscal year and goals for the upcoming year.

**Name of the CSO** Fort Mose Historical Society

**CSO Address** 15 Fort Mose Trail

**City, State, Zip Code** Saint Augustine, Florida 32084

A summary of CSO accomplishments from the period of January 2016 through December 2016 is as follows:

**Estimated Total Volunteer Hours** 1420

**Total Membership** 98

**Total Volunteer Hours:** Include CSO officers, board members, and general members.

**Total Membership:** The current number of members in good standing at the end of the CSO's fiscal year including officers, board members, and general members. When totaling the number of members in the CSO, typically individuals and corporate members are counted as "one (1)" member. Family, patron, or not for profit organization members are counted as "two (2)" members.

### **List of CSO Board Members**

Attach a current list of board members' and officers' names, addresses, phone numbers, and email addresses in order of position title.

Fort Mose Historical Society  
P.O. Box 4230  
St. Augustine, FL 32085

### **2016 Board Members/ Park Service 01-07-16**

**Charles Ellis, President 2016**

725 Willow Wood Place  
St. Augustine, FL 32086  
904-501-8299 cell  
[ceellis@bellsouth.net](mailto:ceellis@bellsouth.net)

**Thomas Jackson, Treasurer 2016**

917 Chippewa Street  
St. Augustine, FL 32086  
904-669-8863 cell  
904-794-5443 home  
[tomjack@aug.com](mailto:tomjack@aug.com)

Dr. Richard Shortlidge  
797 Perimeter Park Circle  
St. Augustine, FL 32084  
904-501-9030 cell  
[shortledger@bellsouth.net](mailto:shortledger@bellsouth.net)

Dr. Dorothy H. Israel  
Ocean Villas  
850 A1A Beach Blvd. #82  
St. Augustine, FL 32080  
904-471-8478 home  
[Deehisrael@comcast.net](mailto:Deehisrael@comcast.net)

Mildred Williams  
243 Marius Court  
St. Augustine, FL 32086  
904-553-3660 cell  
904-797-5457 home  
[ClarenceBWilliams@Comcast.net](mailto:ClarenceBWilliams@Comcast.net)

Viola W. White  
848 White Eagle Circle  
St. Augustine, FL 32086  
904-794-5609 home  
[vwhite39@hotmail.com](mailto:vwhite39@hotmail.com)

Robert Nimmons  
871 West 9<sup>th</sup> St.  
St. Augustine, FL 32084  
904-545-6452 cell  
[rnnimmons131@gmail.com](mailto:rnnimmons131@gmail.com)

Lawson Duke, **VP 2016**  
600 Domenico Cr A1  
St. Augustine, FL 32086  
904-814-6610 cell  
386-385-2039 Preferred  
[lawkes@yahoo.com](mailto:lawkes@yahoo.com)

Melissa A Schuster, **Secretary 2016**  
394 Hefferon Dr  
St. Augustine, FL 32084  
904-495-5247 Cell  
904-823-0331 Work  
[Melissa.a.schuster.mil@mail.mil](mailto:Melissa.a.schuster.mil@mail.mil)



Twila Hudson  
P.O. Box 694  
St. Augustine, FL 32085  
904-599-8393 cell  
904-829-8073 home  
[twilahudson@att.net](mailto:twilahudson@att.net)

Franklin Givens  
117 Corral Cr  
St. Augustine, FL 32092  
904-315-8490  
[franklingivens@gmail.com](mailto:franklingivens@gmail.com)

Meri McCarthy, **Financial Secretary**  
904-687-3133 cell  
[Lmccarthy3@comcast.net](mailto:Lmccarthy3@comcast.net)

Vicki Tiseth, **Park Specialist** / Carl Marchand, **Park Services Specialist**  
904-823-2232  
772-209-2456 cell                      904-547-9407 cell  
[Vicki.tiseth@dep.state.fl.us](mailto:Vicki.tiseth@dep.state.fl.us)      [carl.marchand@dep.state.fl.us](mailto:carl.marchand@dep.state.fl.us)

**Summary of Accomplishments** (Attach additional pages as needed)

Provide a report of the CSO's short term and long term accomplishments for the past year, according to the Annual Program Plan. These accomplishments will support the CSO's mission statement and will illustrate support of the park's expressed needs.

- Building a representation of the 1738 fortification at Mose was approved
- Awarded a \$5000 mini-grant by the Florida Humanities Council
- Strengthening and expanding the living history program
- The Mose Story continued to reach a national and international audience
- Membership continued to increase as a result of updating website and social media
- First Saturday Milita training has impacted attendance at Fort Mose Park

**Summary of Goals or Priorities for the Upcoming Fiscal Year** (Attach additional pages as needed)

Build on the accomplishments from the CSO's past reporting year and include new goals voted on by the board and approved by the Park Manager for the upcoming year. Projected time frames for multiple year projects, like Partnership in Parks projects, will be provided. The CSO should attach the CSO's signed Annual Program Plan for the upcoming year to this statement.

- Architectural bid package to select a contractor to build the representation of The 1738 fortification.
- Raise funds for Mose through the annual golf tournament and grants program
- Strengthen the quality and outreach of the living history program at Mose
- Continue to build on the number of Milita personnel at Fort Mose Park
- Continue to grow the membership at Fort Mose Park
- Expand state, national and international awareness of Fort Mose Park

## **Citizen Support Organization Statement on Value of Contributed Services**

This statement reports on services provided to the Citizen Support Organization (CSO) from park staff support and in-kind support for the past fiscal year. The statement is part of the CSO's Annual Financial Report described in Chapter 5: Section 7 of the 2014 CSO Handbook. The primary purpose of the Annual Financial Report is to provide a summary of the most relevant information to the Department and Division, and to meet the common interests of donors, members, creditors, and others who provide resources to the not for profit organization.

This Value of Contributed Services for a park is provided to the CSO by the park or District through the Park Programs Development Specialist. Note, the Division of Recreation and Parks operates on a cash-based method of accounting.

**Park Name:** Fort Mose Historic State Park

**Park Address:** 15 Fort Mose Trail Saint Augustine, Florida 32084

**Name of the CSO:** Fort Mose Historical Society

A summary of contributed services from the period of January 2016 through December 2016 is as follows:

### **Park Staff Support**

The total number of hours contributed in staff support services converted to a monetary amount.

The park contributed a total of \$3124.23 in staff support services to the CSO.

### **Park Facilities Support**

The total amount of water, electric, and utility expenses used to support CSO events, concessions, etc.

The CSO received a total of \$ 235.43 in park facilities support.

### **In-Kind Support**

The CSO receives additional services outside of the park staff contributed hours called in-kind services. In-kind services are a type of charitable giving in which, instead of money, a person contributes some kind of service, good, or commodity. Examples are professional services of a lawyer, accountant, or any professional or the estimated value of a good or commodity.

The CSO received a total of \$ 0 in in-kind support services.

### **List of Program Services**

Federal charitable 501(c)(3) organizations are required to report total expenses and revenue for each program service. According to the IRS, a program service is any activity by the organization which accomplishes its charitable purposes.

For *each* program service provide a description, total expense, and total revenue. For *each* program service description, clearly and concisely describe the accomplishments through specific measurements such as visitors served, days of an event, number of sessions or events held, publications issued, etc. (add pages as appropriate).

**Program Service Description:** Flight to Freedom February 11-13, 2016

This event recreates the experience of the slaves who traveled to Fort Mose in search of freedom. February 11 & 12, 2016 is reserved for school groups. Attendance 1116 park visitors

Total Expense \$1184.53.00

Total Revenue \$207.00

**Program Service Description:** Golf Tournament held at Cimmarone Golf Club June 4, 2016

Total Expense \$5013.19

Total Revenue \$13,120.00

**Program Service Description:** Battle of Bloody Mose June 18, 2016 10:00 AM to 6:30 PM

This event recreates the days leading up to and including the 1740 Battle of Bloody Mose. Visit with all the re-enactors in their encampments. Attendance 1725 park visitors

Total Expense \$850.60

Total Revenue \$400.00

**Program Service Description:** Harvest Time and CSO Annual Meeting November 12, 2016

Celebration of foods and the first harvest and meal of Thanksgiving at Fort Mose. Demonstrations, children's stories, activities and crafts. Attendance 680 park visitors

Total Expense \$1346.91

Total Revenue \$160.00

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization  
**FORT MOSE HISTORICAL SOCIETY, INC**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**P.O. BOX 4230**

City or town, state or province, country, and ZIP or foreign postal code  
**ST AUGUSTINE FL 32085**

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

**E** Telephone number

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

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

**I** Website: ▶ \_\_\_\_\_

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ \_\_\_\_\_

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

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

|  | Description  | Code   | Amount |
|--|--|--------|--------|
| Revenue  | 1 Contributions, gifts, grants, and similar amounts received   | 1      | 5,553  |
|  | 2 Program service revenue including government fees and contracts  | 2      |        |
|  | 3 Membership dues and assessments  | 3      | 790    |
|  | 4 Investment income  | 4      | 5      |
|  | 5a Gross amount from sale of assets other than inventory   | 5a     |        |
|  | b Less: cost or other basis and sales expenses   | 5b     |        |
|  | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | 5c     |        |
|  | 6 Gaming and fundraising events  |        |        |
|  | a Gross income from gaming (attach Schedule G if greater than \$15,000)  | 6a     |        |
|  | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b     | 13,120 |
| c Less: direct expenses from gaming and fundraising events   | 6c   | 5,013  |        |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d   | 8,107  |        |
| 7a Gross sales of inventory, less returns and allowances   | 7a   | 825    |        |
| b Less: cost of goods sold   | 7b   | 1,098  |        |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                     | 7c   | -273   |        |
| 8 Other revenue (describe in Schedule O)   | 8  | -2,790 |        |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | 9  | 11,392 |        |
| Expenses   | 10 Grants and similar amounts paid (list in Schedule O)  | 10     |        |
|  | 11 Benefits paid to or for members   | 11     |        |
|  | 12 Salaries, other compensation, and employee benefits   | 12     |        |
|  | 13 Professional fees and other payments to independent contractors   | 13     | 600    |
|  | 14 Occupancy, rent, utilities, and maintenance   | 14     |        |
|  | 15 Printing, publications, postage, and shipping   | 15     | 556    |
|  | 16 Other expenses (describe in Schedule O)   | 16     | 5,338  |
|  | 17 Total expenses. Add lines 10 through 16   | 17     | 6,494  |
| Net Assets   | 18 Excess or (deficit) for the year (Subtract line 17 from line 9)   | 18     | 4,898  |
|  | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  | 19     | 13,070 |
|  | 20 Other changes in net assets or fund balances (explain in Schedule O)  | 20     |        |
|  | 21 Net assets or fund balances at end of year. Combine lines 18 through 20   | 21     | 17,968 |

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

**Part II Balance Sheets** (see the instructions for Part II)

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

|  | (A) Beginning of year |    | (B) End of year |
|--|-----------------------|----|-----------------|
| 22 Cash, savings, and investments  | 10,789                | 22 | 16,684          |
| 23 Land and buildings  | 0                     | 23 |                 |
| 24 Other assets (describe in Schedule O)                                       | 2,581                 | 24 | 1,584           |
| 25 Total assets  | 13,370                | 25 | 18,268          |
| 26 Total liabilities (describe in Schedule O)                                  | 300                   | 26 | 300             |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 13,070                | 27 | 17,968          |

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

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

What is the organization's primary exempt purpose?  
EDUCATE THE PUBLIC TO SUPPORT THE FIRST FREE BLACK COLONY IN THE U.S.A.

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

|  |     |       |
|--|-----|-------|
| 28 <u>ENCOURAGED CITIZEN SUPPORT OF THE ORGANIZATION'S GOALS</u>                         |     |       |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 5,223 |
| 29   |     |       |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |       |
| 30   |     |       |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a |       |
| 31 Other program services (describe in Schedule O)                                       |     |       |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |       |
| 32 Total program service expenses (add lines 28a through 31a)                            | 32  |       |

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

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

| (a) Name and title            | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------|--|--|---|--|
| THOMAS J JACKSON<br>TREASURER | 3.00   |  |   |  |
| CHARLES E. ELLIS<br>PRESIDENT | 4.00   |  |   |  |
|                               |  |  |   |  |
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|                               |  |  |   |  |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of THOMAS J JACKSON Telephone no. 904-471-2121
Located at P.O. BOX 4230, ST. AUGUSTINE, FL 32085-4230 ZIP + 4
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No  
46

**Part VI Section 501(c)(3) organizations only**  
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 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 Yes No  
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: **THOMAS J JACKSON** Date: **TREASURER**  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: **Robert A. Eberling CPA** Preparer's signature: **Robert A. Eberling CPA** Date: **06/05/17** Check  if self-employed PTIN: **P01206366**  
Firm's name: **W H O'Connell & Associates PA** Firm's EIN: **20-1958673**  
Firm's address: **2825 Lewis Speedway # 104 St. Augustine, FL 32084** Phone no.: **904-829-0082**

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**FORT MOSE HISTORICAL SOCIETY, INC**

Employer identification number

**31-1516528**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 6,558    | 13,022   | 8,188    | 923      | 5,553    | 34,244    |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3  | 6,558    | 13,022   | 8,188    | 923      | 5,553    | 34,244    |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public support. Subtract line 5 from line 4.  |          |          |          |          |          | 34,244    |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2012                 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|--------------------------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4  | 6,558                    | 13,022   | 8,188    | 923      | 5,553    | 34,244    |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |                          |          |          |          | 5        | 5         |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on   |                          |          |          |          |          |           |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |                          |          |          |          |          |           |
| 11 Total support. Add lines 7 through 10   |                          |          |          |          |          | 34,249    |
| 12 Gross receipts from related activities, etc. (see instructions)   |                          |          |          |          | 12       | 5,234     |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | <input type="checkbox"/> |          |          |          |          |           |

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

|  |                                     |        |
|--|-------------------------------------|--------|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  | 14                                  | 100.0% |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14  | 15                                  | 100.0% |
| 16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   | <input checked="" type="checkbox"/> |        |
| b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  | <input type="checkbox"/>            |        |
| 17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    | <input type="checkbox"/>            |        |
| b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/>            |        |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  | <input type="checkbox"/>            |        |

**SCHEDULE O**  
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

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

**2016**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**FORT MOSE HISTORICAL SOCIETY, INC**

**31-1516528**

**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**

**DESCRIPTION**

|                                    |                 |
|------------------------------------|-----------------|
| <b>ADVERTISING &amp; PROMOTION</b> | <b>\$ 1,017</b> |
| <b>INSURANCE</b>                   | <b>\$ 402</b>   |
| <b>SUPPLIES</b>                    | <b>\$ 2,701</b> |
| <b>OFFICE EXPENSES</b>             | <b>\$ 71</b>    |
| <b>MEETINGS</b>                    | <b>\$ 20</b>    |
| <b>TAXES &amp; LICENSES</b>        | <b>\$ 129</b>   |
| <b>TOTAL</b>                       | <b>\$ 4,340</b> |

**FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS**

**DESCRIPTION**

**BEG. OF YEAR**

**END OF YEAR**

|                                      |                  |                  |
|--------------------------------------|------------------|------------------|
| <b>EQUIPMENT</b>                     | <b>\$ 21,060</b> | <b>\$ 21,060</b> |
| <b>LESS ACCUMULATED DEPRECIATION</b> | <b>\$ 18,469</b> | <b>\$ 19,476</b> |
| <b>TOTAL</b>                         | <b>\$ 2,591</b>  | <b>\$ 1,584</b>  |

**FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES**

**DESCRIPTION**

|  |               |               |
|--|---------------|---------------|
| <b>ACCOUNTS PAYABLE &amp; ACCRUED EXPENSES</b> | <b>\$ 300</b> | <b>\$ 300</b> |
|--|---------------|---------------|