

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2022 LEGISLATIVE REPORT (pursuant to Section 20.058 Florida Statutes)

Citizen Support Organization (CSO) Name:

Mailing Address:

Telephone Number:

Website Address (required if applicable):

Check to confirm your Code of Ethics is posted conspicuously on your website.

Statutory Authority:

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

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.

YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS:

CSO's Mission: (Consistent with your Articles and Bylaws)

Describe Last Calendar Year's Results Obtained: <u>Brag!</u> (List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.)

Describe the CSO's Plans for the Next Three Calendar Years:

CSO's LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership:

Total Number of Board of Directors:

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

PARK & CSO RELATIONSHIP:

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

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

Provide your perspective on

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

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

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

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

Program Service Expenses are costs related to providing your organization's programs or services in accordance with your mission. Describe and provide <u>expenses that directly support the park(s)</u>. For established nonprofit organizations, program service expenses generally represent most of the overall expense of the organization. Provide description and total \$ for each that apply.

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

- Park exhibits, displays, signage \$
- Park publications, brochures, maps, etc. \$
- Programing/interpretation support material purchases \$
 - Other program services \$

Total Program Service Expenses \$ 11504

Visitor Services Revenue

Describe revenues and the sources generated from fundraising on park property.

- Park gift shops, craft stores, and concession sales \$4999.00
- Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$
- Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$ 2296.00
 - Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$
 - Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$
 - In-park donation boxes \$
 - Other visitor services revenue \$17123.00
 - Total Visitor Services Revenue\$ 24418

NET ASSETS: \$ 33,755

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

CSO AUDIT THRESHOLD:

Last Calendar Year's <u>Total Expenses</u> (including grants) \$ 22,928

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

CSO President	Chen In fetto	6/8/22
Park Manager	Michael Watkins Digitally signed by Michael Watkins Date: 2022.06.08 12:12:08 -04'00'	6/8/22

✓ CSO's Code of Ethics is attached

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

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.

<u>"Section 9.0:</u> 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."

Short Form

OMB No. 1545-0047

Form 990-EZ)-EZ	Return of Organization Exempt From In				2021
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			ations)	Open to Public
Depar	tment of t	he Treasury	Do not enter social security numbers on this form as it may				Inspection
Intern	al Revenu	le Service	► Go to www.irs.gov/Form990EZ for instructions and the la		mation.		
100			ar year, or tax year beginning , 2021, and end	ding	D Freedow		, 20
-	heck if ap		C Name of organization				ification number
	ddress ch		FORT MOSE HISTORICAL SOCIETY INC	1.1.		15165	
	ame chan	C11	Number and street (or P.O. box if mail is not delivered to street address) Room	m/suite	E Telepho	one num	ber
=	itial return	- C					
8		/terminated	POST OFFICE BOX 4230				
	mended re	eturn	City or town, state or province, country, and ZIP or foreign postal code		F Group E		on
	pplication		SAINT AUGUSTINE, FL 32085-4230		Number		
		ng Method:	□ Cash 🛛 Accrual Other (specify) ►	C			organization is not
	Vebsite	1		_	required to a		chedule B
				527	(Form 990).		
		•	Corporation Trust Association Other				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more				
-			\$500,000 or more, file Form 990 instead of Form 990-EZ				24,418
Pa	rtl		e, Expenses, and Changes in Net Assets or Fund Balance				
_	_		the organization used Schedule O to respond to any question in this F				
	1		s, gifts, grants, and similar amounts received			1	4,999
	2		rvice revenue including government fees and contracts			2	10.000
- 1	3		dues and assessments			3	2,296
	4	Investment i	ncome			4	
	5a		Int from sale of assets other than inventory		4,653		
	b	Less: cost o	r other basis and sales expenses				
	c	Gain or (los	s) from sale of assets other than inventory (subtract line 5b from line 5a) $\$.			5c	4,653
	6	Gaming and	I fundraising events:				
	а	Gross incon	ne from gaming (attach Schedule G if greater than				
ne		\$15,000) .					
Revenue	b	Gross incon	ne from fundraising events (not including <u>\$</u> of contrib	outions			
Re		from fundrai	sing events reported on line 1) (attach Schedule G if the				
		sum of such	gross income and contributions exceeds \$15,000) 6b		12,470		
	c	Less: direct	expenses from gaming and fundraising events 6c	-			
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract				
		line 6c)				6d	12,470
	7a	Gross sales	of inventory, less returns and allowances	1.1.1.1.1.1			
			f goods sold	1.			
	c		or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	
	8		ue (describe in Schedule O)			8	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and &			9	24,418
-	10	Grants and	similar amounts paid (list in Schedule O)			10	/
	11		d to or for members			11	
	12		ner compensation, and employee benefits			12	
es	13		I fees and other payments to independent contractors			13	350
ens	14		rent, utilities, and maintenance			14	
Expenses	15		plications, postage, and shipping			15	
-	16		ises (describe in Schedule O).			16	22,570
	17		nses. Add lines 10 through 16			17	
	18	Excess or /	deficit) for the year (subtract line 17 from line 9)		· · · · · *	17	22,928
2	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with			10	1,490
Net Assets	10		figure reported on prior year's return)		0.04	10	20.000
t As	20					19	32,265
Net	20		jes in net assets or fund balances (explain in Schedule O)			20	
_	21		or fund balances at end of year. Combine lines 18 through 20			21	33,755

EEA 1

1

Form **990-EZ** (2021)

Part II Balance Sheets (see the instructions for	ICAL SOCIETY INC			5165	28 Page 2
	or Part II)				
Check if the organization used Schedul	e O to respond to any que	estion in this Part II			[]
		(A) Beginning of year		(B) End of year
2 Cash, savings, and investments			32,265	22	33,755
3 Land and buildings			0	23	0
4 Other assets (describe in Schedule O)			0	24	0
5 Total assets			32,265	25	33,755
6 Total liabilities (describe in Schedule O)			0	26	0
7 Net assets or fund balances (line 27 of column (B)		and the second	32,265	27	33,755
Part III Statement of Program Service Acco)		
Check if the organization used Schedu					Expenses
Vhat is the organization's primary exempt purpose? TO				1.5	ired for section
	and the set of the set	the second s)(3) and 501(c)(4)
escribe the organization's program service accomplishm	ents for each of its three large	est program services,		organ	izations; optional for
s measured by expenses. In a clear and concise manner ersons benefited, and other relevant information for each		ed, the number of		others	5.)
8 THE BLACK AMERICAN EXPERIENCE HAS		TC		1.2	1
		10			
BEING SHARED WITH ALL PEOPLE WHO V	ISII INE PARK.				
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A second se	s amount includes foreign gra	nis, check here		208	0
9					· · · · · · · · · · · · · · · · · · ·
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(Grants \$) If th	is amount includes foreign gra	nts, check here	· · · · · · • 📋	29a	
0					
		in the second second		Same	
(Grants \$) If th	is amount includes foreign gra	ints, check here	· · · · · • 📘	30a	
1 Other program services (describe in Schedule O) .					
(Grants \$) If th	is amount includes foreign gra	ints, check here		31a	
			•••••	ora	
2 Total program service expenses (add lines 28a thr				32	0
2 Total program service expenses (add lines 28a thr Part IV List of Officers, Directors, Trustees, and				32	()
	I Key Employees (list each o	one even if not comper	►	32 truction	s for Part IV)
Part IV List of Officers, Directors, Trustees, and	to respond to any question in	one even if not comper	hsated - see the inst (d) Health benefits,	32 tructior	ns for Part IV)
Part IV List of Officers, Directors, Trustees, and	I Key Employees (list each o	this Part IV	 (d) Health benefits, contributions to employ 	32 tructior	s for Part IV)
Part IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O	to respond to any question in (b) Average	this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/	 (d) Health benefits, contributions to employ benefit plans, and 	32 truction	s for Part IV)
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Form 9	90-EZ (2021) FORT MOSE HISTORICAL SOCIETY INC 31-15165	28	P	age 3
Par				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			<u> </u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	1	111	
	detailed description of each activity in Schedule O	33		х
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	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	-		1Cic
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	35b	_	-
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	-		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
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	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	-	1	
	Did the organization file Form 1120-POL for this year?	37b	-	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	100		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			1
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ►; section 4912 ►; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	50		
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed FL			
42 a	The organization's books are in care of LAWSON DUKES Telephone no. > 904-6			_
	Located at > P O BOX 4230, SAINT AUGUSTINE, FL ZIP + 4 > 32085	5-423		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	1222	Yes	N
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	-	X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).	5.5		i.
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			r
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here.	• • •	• • •	
	and enter the amount of tax-exempt interest received or accrued during the tax year			-
		-	Yes	N
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		101	
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			10
	completed instead of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	4.73		
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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	45b		x

Form 99	90-EZ (20)	21) FORT MOSE HISTO	RICAL SOCIETY IN	C		31-15	16528	F	age
				and the second second second second	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			Yes	No
		organization engage, directly or indirectly, i		and the second second stars and share a second			10		
Part		lidates for public office? If "Yes," complete Section 501(c)(3) Organizations		**********	******		. 46		X
Fall		All section 501(c)(3) organizations		ions 17 - 19h and 5	and comp	loto the t	ables for	lines	
		50 and 51.	indot answer quest	10113 47 - 450 and 5	, and comp			in ico	
		Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI	20020			.П
								Yes	No
47	Did the	organization engage in lobbying activities	or have a section 501(h) e	election in effect during th	e tax				
		f "Yes," complete Schedule C, Part II					. 47	1 mil	X
48	Is the c	organization a school as described in sectio	n 170(b)(1)(A)(ii)? If "Yes	," complete Schedule E.			. 48		x
49a	Did the	organization make any transfers to an exer	mpt non-charitable related	organization?			. 49a	1	x
b	If "Yes,	" was the related organization a section 527	organization?				. 49b		
50	Comple	ete this table for the organization's five highe	st compensated employee	es (other than officers, dire	ectors, trustees	and key			
· · · · ·	employ	ees) who each received more than \$100,00	0 of compensation from th	he organization. If there i	s none, enter "N	one."	-		
			(b) Average	(c) Reportable	(d) Health ber		(e) Estimate	d amou	at of
		(a) Name and title of each employee	hours per week	compensation (Forms W-2/1099-MISC/	contributions to e benefit plans, and	deferred	other co		
	1		devoted to position	1099-NEC)	compensa	tion			
NONE	2								
-									
					-				
					2 · · · · · · · · · · · · · · · · · · ·				
f	Total n	umber of other employees paid over \$100,0	00		4				
51		ete this table for the organization's five highe		lent contractors who each	- received more	than			
	10 Dia 10 C	00 of compensation from the organization.				0.000			
_	(a) Name and business address of each independent contr	actor	(b) Type of servic	ie .	(c)	Compensatio	n	
NONE	2								
-									
d	Total n	umber of other independent contractors eac	b reaciving over \$100.00	0					
52		organization complete Schedule A? Note		and the second sec					
UL.		ted Schedule A				1.10	X Yes	n	Ma
Under		s of perjury, I declare that I have examined this re							No
		nd complete. Declaration of preparer (other than				THY KIOWIEC	ige and belie	1, 11 15	
		CHARLES ELLIS		later of which proparel has	any knowledge.				
Sign	1	Signature of officer			Date				
Here		CHARLES ELLIS, PRESIDENT							
		Type or print name and title							-
		Print/Type preparer's name	Preparer's signature	Date	Che	ck 🗶 if	PTIN		
Paid		Melvin Denwiddie, Enrolle	Melvin Denwiddie	Enroll 05-19-20		employed	P001852	65	
	barer	Firm's name > Denwiddie, Vird			Firm's EIN		1001032	.05	
	Only	Firm's address > 8204 Riverside			i un s env			_	-
1.1		Alexandria VA 2			Phone no.	703-4	07-5454		
May t	he IRS	discuss this return with the preparer shown					X Yes		No
FFA		and result with the preparer showin			· · · · · · · ·		A Yes		NC

SCHEDULE A	١
(Form 990)	

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.

Department of the Treasury Internal Revenue Service					► Attach to Form 990 or Form 990-EZ. O ww.irs.gov/Form990 for instructions and the latest information.				
Name of the organization				co to minino.gom	Employer id				
FOD	MOC	E UTOTOD	ICAL SOCIE	TNC				31-151652	8
Par					Il organizations mus	st comple	ete this n		
	10 m m				nes 1 through 12, check				
					churches described in se				
1									
2	_				ch Schedule E (Form 99				
3			and the second second second second		tion described in section				
4			earch organizat e, city, and state		ction with a hospital desc	ribed in se	ction 170(b)(1)(A)(III). Enter the	
5	Ar	n organizatio	n operated for t	he benefit of a college of	or university owned or op	erated by a	a governme	ental unit described in	
	se	ction 170(b)(1)(A)(iv). (Co	mplete Part II.)					
6	A	federal, stat	e, or local gove	rnment or governmenta	al unit described in secti	on 170(b)(1)(A)(v).		
7	X Ar	n organizatio	n that normally	receives a substantial p	part of its support from a	governmen	tal unit or f	rom the general public	
	de	scribed in s	ection 170(b)(1	1)(A)(vi). (Complete Pa	art II.)				
8	A	community f	rust described	in section 170(b)(1)(A)(vi). (Complete Part II.)				
9	🗌 Ar	n agricultura	research organ	nization described in se	ection 170(b)(1)(A)(ix) c	perated in	conjunctio	n with a land-grant co	llege
	or	university o	r a non-land-gra	ant college of agricultur	e (see instructions). Enter	the name,	city, and st	tate of the college or	
	ur	niversity:		and the second					
10	re su	ceipts from a pport from c	activities related ross investmen	to its exempt functions tincome and unrelated	a 33 1/3% of its support fits, subject to certain except business taxable income section 509(a)(2). (C	otions; and e (less sect	(2) no mor tion 511 tax	e than 33 1/3% of its	SS
11	_				to test for public safety.			4).	
12	Ar	n organizatio	n organized and	d operated exclusively f	for the benefit of, to perfor	rm the fund	tions of, or	to carry out the purpor	ses of
					bed in section 509(a)(1)				
			in the second second second		pe of supporting organiz				
a		and the second of the second second			ervised, or controlled by				iving
	_				arly appoint or elect a ma			a service of the service of the service of	
		supporting	organization.	You must complete P	art IV, Sections A and	в.			
b					r controlled in connectior		upported or	ganization(s), by havi	ng
	_				ation vested in the same				-
				st complete Part IV, S		Paranta at		· ····································	
c	П				organization operated in	connection	with and	functionally integrated	with
			THE APPENDING STOCK		You must complete Pa			and the state of the state of the state	, mag
c	i П	2	Call of the second second		ting organization operate				ation(s)
				그는 아랫동안에서 아이가 가지 않는다.	on generally must satisfy				
					elete Part IV, Sections A			ient and an attentivene	55
			CARLS INCOMENTATIONS		ten determination from th			L Tuno II Tuno III	
e	· L	1 M M M M M M M M	이 이 이 이 나는 것이 많이.					і, туре ії, туре ії	
	Ente		of supported		ly integrated supporting of	organizatio	n.		
f				n about the supported of	•••••			*********	
9					Ť ()	1	and the second states	6.1	T and the second
	(i) Name	e of supported a	rganization	(ii) EIN	(iii) Type of organization (described on lines 1-10	and the second sec	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docur		instructions)	instructions)
							1		
						Yes	No		
(A)									
(B)						1	1		
						1			
(C)									
						-			1
(D)							1 1		
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. $_{\rm EEA}$

OMB No. 1545-0047

2021

	A (Form 990) 2021 FORT MOSE H					31-1516528	
Part							
	(Complete only if you checked th Part III. If the organization fails to						iny under
Casti		quality unue	er the tests its	ted below, ple	ease complet	e Fait III.)	
	on A. Public Support	(-) 0047	(1) 0040	(-) 2010	0000 (F)	(-) 2021	(A) Total
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		30.444				
1.2	include any "unusual grants.")		14,823	11,512	28,026	24,418	78,779
2	Tax revenues levied for the				1.		
	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)	1		
	organization without charge		1		have seen of	2	
4	Total. Add lines 1 through 3		14,823	11,512	28,026	24,418	78,779
5	The portion of total contributions by				and the second second	1	
	each person (other than a						
	governmental unit or publicly				(I)		
	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.			1			78,779
Section	on B. Total Support			1			
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4		14,823	11,512	28,026	24,418	78,779
8	Gross income from interest, dividends,						
Ů	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources			1			
•				1			
9	Net income from unrelated business						
	activities, whether or not the business						
0.1	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						78,779
12	Gross receipts from related activities, etc.						
13	First 5 years. If the Form 990 is for the or	rganization's f	irst, second, thi	rd, fourth, or fif	th tax year as	a section 501(c)(3)
	organization, check this box and stop her	æ					►
Secti	on C. Computation of Public Suppor	rt Percentag	je				
14	Public support percentage for 2021 (line 6	6, column (f), c	divided by line 1	11, column (f))		14	100.00 %
15	Public support percentage from 2020 Sch	edule A, Part	II, line 14			15	100.00 %
16a	33 1/3% support test - 2021. If the organ	ization did no	t check the box	on line 13, and	d line 14 is 33	1/3% or more,	
	box and stop here. The organization qua						
b	33 1/3% support test - 2020. If the organ						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 202						
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa						
	organization						
h							
b	10%-facts-and-circumstances test - 202						
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						
	organization						···· Þ [
18	Private foundation. If the organization di						
	instructions				<u></u> .		►
EEA				A CONTRACTOR OF			A (Form 990) 2021