



**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:** Brag! (List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.)

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

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

**Total Number of CSO General Membership:**

**Total Number of Board of Directors:**

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

**PARK & CSO RELATIONSHIP:**

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

**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 expenses that directly support the park(s). 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 \$ 1945.00  
 Park publications, brochures, maps, etc. \$  
 Programing/interpretation support material purchases \$  
 Other program services \$ 434.69  
**Total Program Service Expenses \$ 6026.75**

**Visitor Services Revenue**

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

Park gift shops, craft stores, and concession sales \$  
 Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$  
 Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$  
 Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$  
 Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$  
 In-park donation boxes \$  
 Other visitor services revenue \$ 7180.00  
**Total Visitor Services Revenue \$ 7180**

**NET ASSETS: \$ 441,757.59**

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

**CSO AUDIT THRESHOLD:**

**Last Calendar Year's Total Expenses (including grants) \$ 293,715.83**

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.S. GAO Yellow Book](#)). 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.

This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes		
CSO President	<b>Chantal Hevia</b> Digitally signed by Chantal Hevia Date: 2022.06.14 18:44:50 -04'00'	
Park Manager	<b>Kyle Easley, Park Manager</b> Digitally signed by Kyle Easley, Park Manager Date: 2022.06.15 09:35:01 -04'00'	

- 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.

# **Ybor City Museum Society, Inc.**

## **CODE OF ETHICS**

### **PREAMBLE**

- (1) It is essential to the proper conduct and operation of Ybor City Museum Society, 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 Ybor City Museum Society, 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.

**Application for Automatic Extension of Time To File an Exempt Organization Return**

(Rev. January 2022)

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>YBOR CITY MUSEUM SOCIETY INC</b>	Taxpayer identification number (TIN) <b>59-2274494</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2009 N ANGEL OLIVA SR STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TAMPA FL 33605</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**CHANTAL HEVIA**  
**2009 N ANGEL OLIVA SR STREET**

• The books are in the care of ► **TAMPA** ..... **FL 33605**

Telephone No. ► **813-247-1434** ..... Fax No. ► .....

• If the organization does not have an office or place of business in the United States, check this box ..... ►

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ..... If this is for the whole group, check this box ... ► . If it is for part of the group, check this box ..... ►  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **11/15/22**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year **2021** or
- tax year beginning ....., and ending .....

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0</b>

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

## Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning

, and ending

\*\*-\*\*\*4494

### YBOR CITY MUSEUM SOCIETY INC

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u><b>745,072</b></u>
<b>Revenue</b>		
Contributions	<u>144,032</u>	
Program service revenue	<u>32,934</u>	
Investment income	85	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>123,926</u>	
<b>Total revenue</b>		<u><b>300,977</b></u>
<b>Expenses</b>		
Program services	<u>177,729</u>	
Management and general	<u>33,683</u>	
Fundraising	<u>22,127</u>	
<b>Total expenses</b>		<u><b>233,539</b></u>
<b>Excess / (deficit)</b>		<u><b>67,438</b></u>
<b>Changes</b>		<u><b>-29,623</b></u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><b>782,887</b></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>308,449</u>
Less:	
Unrealized gains	
Donated services	<u>7,472</u>
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
<b>Total revenue per return</b>	<u><b>300,977</b></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>270,634</u>
Less:	
Donated services	<u>9,896</u>
Prior year adjustments	
Losses	
Other	<u>27,199</u>
Plus:	
Investment expenses	
Other	
<b>Total expenses per return</b>	<u><b>233,539</b></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>913,883</u>	<u>930,708</u>	
Liabilities	<u>168,811</u>	<u>147,821</u>	
<b>Net assets</b>	<u><u>745,072</u></u>	<u><u>782,887</u></u>	<u>37,815</u>

#### Miscellaneous Information

Amended return  
Return / extended due date 11/15/21  
Failure to file penalty

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

**2020**  
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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2020 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: **YBOR CITY MUSEUM SOCIETY INC**  
Doing business as: \_\_\_\_\_  
Number and street (or P O box if mail is not delivered to street address): **2009 N ANGEL OLIVA SR STREET**  
City or town state or province country and ZIP or foreign postal code: **TAMPA FL 33605**  
**F** Name and address of principal officer: **CHANTAL HEVIA**  
**2009 N ANGEL OLIVA SR STREET**  
**TAMPA FL 33605**

**D** Employer identification number

**\*\* - \*\*\*4494**  
**E** Telephone number: **813-247-1434**

**G** Gross receipts \$ **300,977**

H(a) Is this a group return for subordinates?  Yes  No

H(b) Are all subordinates included?  Yes  No

If "No," attach a list. See instructions.

**I** Tax-exempt status:  501(c)(3),  501(c) ( ) (insert no. ) | 4947(a)(1) or | 527

H(c) Group exemption number ▶

**J** Website: **WWW.YBORMUSEUM.ORG**

**L** Year of formation **1982** | **M** State of legal domicile **FL**

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

**Part Summary**

**1** Briefly describe the organization's mission or most significant activities:  
**PRESERVING, PROMOTING AND CELEBRATING THE UNIQUE CULTURAL HERITAGE OF YBOR CITY AND SUPPORTING THE YBOR CITY MUSEUM STATE PARK.**

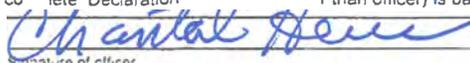
**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

ctivi s &	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>	
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>3</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>47</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
ue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>137,987</b>	Current Year <b>144,032</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>34,228</b>	<b>32,934</b>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>65</b>	<b>85</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>101,313</b>	<b>123,926</b>	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>273,593</b>	<b>300,977</b>	
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>96,251</b>	<b>101,749</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>22,127</b>			
Net Assets or Fund Balances	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>147,071</b>	<b>131,790</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>243,322</b>	<b>233,539</b>	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>30,271</b>	<b>67,438</b>	
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	<b>913,883</b>	<b>930,708</b>
		End of Year	<b>168,811</b>	<b>147,821</b>
	<b>21</b> Total liabilities (Part X, line 26)		<b>745,072</b>	<b>782,887</b>
		<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		

**Part II Signature Block**

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: **CHANTAL HEVIA**  
Type or print name and title

**PRESIDENT & CEO**

**Paid** Preparer's name: **GERALD L APPELBY**

Preparer's signature: 

Date: **08/20/21** Check  if self-employed PTIN: **\*\*\*\*\***  
Firm's EIN ▶ **\*\* - \*\*\*1960**

**Preparer Use Only** Firm's name: **MARSOCCI APPELBY AND COMPANY PA**  
Firm's address: **3815 WEST HUMPHREY STREET, SUITE 101 TAMPA, FL 33614**

Phone no: **813-932-2116**

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No

**Part III Statement of Program Service Accomplishments**



Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

**PRESERVING, PROMOTING AND CELEBRATING THE UNIQUE CULTURAL HERITAGE OF YBOR CITY AND SUPPORTING THE YBOR CITY MUSEUM STATE PARK.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **177,729** including grants of \$ ) (Revenue \$ )  
**TO DEVELOP EXHIBITS AND EDUCATIONAL PROGRAMMING, RAISE FUNDS, PROVIDE MARKETING AND COMMUNICATIONS, DEVELOP CULTURAL AND EDUCATIONAL EXHIBITS AND PROGRAMMING, PROVIDE COMMUNITY OUTREACH, AND REHABILITATE AND MAINTAIN HISTORICAL PROPERTIES.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **▶ 177,729**

**Part IV Checklist of Required Schedules**

	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	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>X</b>	
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		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> 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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
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		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
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		<b>X</b>
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<b>X</b>
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		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>X</b>	
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		<b>X</b>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
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		<b>X</b>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
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		<b>X</b>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		<b>X</b>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	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 through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 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 controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
		1a	0
		1b	0
		1c	

**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a <b>3</b>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	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)?		<b>X</b>
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		<b>X</b>

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

**Section 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 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 committee, explain on Schedule O.		
	1a	17	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	17	
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, 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	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
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 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
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	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	

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►  
**CHANTAL HEVIA**  
**2009 N ANGEL OLIVA SR STREET**  
**TAMPA** **FL 33605** **813-247-1434**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
  - List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>CHANTAL HEVIA</b>	40.00									
<b>PRESIDENT &amp; CEO</b>	0.00	X		X			62,457	0	0	
(2) <b>STEPHANIE AGLIANO</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(3) <b>DR. KEITH BERRY</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(4) <b>BRIAN BRESEMAN</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(5) <b>LISSETTE CAMPOS</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(6) <b>VINCENT DOLAN</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(7) <b>STEVE HOVSEPIAN</b>	2.00									
<b>SECRETARY</b>	0.00	X		X			0	0	0	
(8) <b>JAMES HOWARD</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(9) <b>KINSEY JANKE</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(10) <b>LYNN KROESEN</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(11) <b>RAFAEL MARTINEZ-YBOR</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>LARRY MCCABE</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(13) <b>ROBERT SMEDLEY</b>	2.00									
<b>TREASURER</b>	0.00	X		X			0	0	0	
(14) <b>COOKIE RODANTES SPOTO</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(15) <b>CHELSEA TOWNES</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(16) <b>PATRICK VENABLE</b>	2.00									
<b>CHAIR</b>	0.00	X		X			0	0	0	
(17) <b>AMY WAITE</b>	2.00									
<b>VICE CHAIR</b>	0.00	X		X			0	0	0	
<b>1b Subtotal</b>							<b>62,457</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>62,457</b>			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b	6,040			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	71,730			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	66,262			
	g Noncash contributions included in lines 1a-1f	1g \$				
	<b>h Total. Add lines 1a-1f</b>		<b>144,032</b>			
	<b>Program Service Revenue</b>	2a HOMERUNS & HISTORY	Business Code	19,839		
b LEGACY			6,555			6,555
c BUILDINGS ALIVE			6,440			6,440
d BRICK PAVER			100			100
e						
f All other program service revenue						
<b>g Total. Add lines 2a-2f</b>			<b>32,934</b>			
<b>Other Revenue</b>		3 Investment income (including dividends, interest, and other similar amounts)		85		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	122,323			
		(ii) Personal				
		6a	122,323			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c	122,323			
	<b>d Net rental income or (loss)</b>		<b>122,323</b>	<b>122,323</b>		
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
<b>d Net gain or (loss)</b>						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b				
<b>c Net income or (loss) from fundraising events</b>						
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
<b>c Net income or (loss) from gaming activities</b>						
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
<b>c Net income or (loss) from sales of inventory</b>						
<b>Miscellaneous Revenue</b>	11a MISCELLANEOUS	Business Code	1,603			1,603
	b					
	c					
	d All other revenue					
	<b>e Total. Add lines 11a-11d</b>		<b>1,603</b>			
<b>12 Total revenue. See instructions</b>		<b>300,977</b>	<b>122,323</b>	<b>0</b>	<b>34,622</b>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	62,457	43,720	9,369	9,368
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	34,492	24,144	5,174	5,174
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	4,800	3,360	720	720
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	4,750	3,325	1,425	
d Lobbying				
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 (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	7,422	5,938	891	593
14 Information technology				
15 Royalties				
16 Occupancy	17,347	14,868	1,239	1,240
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,854		3,854	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,705	34,163	4,271	4,271
23 Insurance	7,608	6,086	761	761
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SPECIAL EVENTS</b>	34,823	34,823		
b <b>REPAIRS &amp; MAINTENANCE</b>	7,019	6,598	421	
c <b>BAD DEBT EXPENSE</b>	5,225		5,225	
d <b>MISCELLANEOUS</b>	704	704		
e All other expenses	333		333	
25 Total functional expenses. Add lines 1 through 24e	233,539	177,729	33,683	22,127
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	1	Cash—non-interest-bearing	37,110	1	35,182	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4	954	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	5,000	8	1,500	
	9	Prepaid expenses and deferred charges	126,502	9	122,344	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,230,182		
	b	Less: accumulated depreciation	10b	459,454	10c	770,728
	11	Investments—publicly traded securities		11		
	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	Other assets. See Part IV, line 11		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	913,883	16	930,708		
<b>Liabilities</b>	17	Accounts payable and accrued expenses	31,813	17	34,858	
	18	Grants payable		18		
	19	Deferred revenue	47,459	19	37,824	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties	47,500	23	47,500	
	24	Unsecured notes and loans payable to unrelated third parties	20,375	24	10,675	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	21,664	25	16,964	
	26	<b>Total liabilities.</b> Add lines 17 through 25	168,811	26	147,821	
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	621,712	27	660,629	
	28	Net assets with donor restrictions	123,360	28	122,258	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	<b>Total net assets or fund balances</b>	745,072	32	782,887	
33	<b>Total liabilities and net assets/fund balances</b>	913,883	33	930,708		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	300,977
2	Total expenses (must equal Part IX, column (A), line 25)	2	233,539
3	Revenue less expenses. Subtract line 2 from line 1	3	67,438
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	745,072
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	-2,424
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-27,199
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	782,887

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

**YBOR CITY MUSEUM SOCIETY INC**

Employer identification number

**\*\* - \*\*\*4494**

**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>						

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

Schedule A (Form 990 or 990-EZ) 2020

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2020. 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 type="checkbox"/>		
b 33 1/3% support test—2019. 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—2020. 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—2019. 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"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	126,845	156,605	126,019	137,987	144,032	691,488
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			126,123	133,763	122,323	382,209
3 Gross receipts from activities that are not an unrelated trade or business under section 513	63,037	29,515	35,302	34,228	32,934	195,016
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	189,882	186,120	287,444	305,978	299,289	1,268,713
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						1,268,713

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	189,882	186,120	287,444	305,978	299,289	1,268,713
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	118,416	122,458	42	65	85	241,066
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	118,416	122,458	42	65	85	241,066
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					603	603
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	308,298	308,578	287,486	306,043	299,977	1,510,382

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	84.00 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	78.77 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	16 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	21 %

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Schedule B**  
 (Form 990, 990-EZ,  
 or 990-PF)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**YBOR CITY MUSEUM SOCIETY INC**

**\*\*-\*\*\*4494**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

▶ S

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**YBOR CITY MUSEUM SOCIETY INC**

Employer identification number

**\*\*-\*\*\*4494**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<b>CITY OF TAMPA</b> <b>E. JACKSON ST, 8E</b>  <b>TAMPA</b> FL <b>33602</b>	\$ <b>46,080</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>HISTORIC PRESERVATION</b> <b>306 EAST JACKSON ST</b>  <b>TAMPA</b> FL <b>33602</b>	\$ <b>19,431</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<b>UNITED STATES SMALL BUSINESS ADMINIS</b> <b>409 THIRD STREET, SW</b>  <b>WASHINGTON</b> DC <b>20024</b>	\$ <b>25,650</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

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**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	2d
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Term endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,187,412	418,069	769,343
c Leasehold improvements				
d Equipment		42,770	41,385	1,385
e Other				
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)</b>				<b>770,728</b>

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	▶	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>REFUNDABLE DEPOSITS</b>	<b>16,964</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ <b>16,964</b>

2. Liability for uncertain tax positions. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>308,449</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>7,472</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	<b>7,472</b>
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	<b>300,977</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>300,977</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>270,634</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>9,896</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>27,199</b>	
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	<b>37,095</b>
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	<b>233,539</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>233,539</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

<b>DIRECT RENTAL EXPENSES</b>	<b>\$</b>	<b>22,892</b>
<b>PARK RANGER FEES</b>	<b>\$</b>	<b>4,307</b>

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Employer identification number

**YBOR CITY MUSEUM SOCIETY INC**

**\*\* - \*\*\*4494**

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

TO DEVELOP EXHIBITS AND EDUCATIONAL PROGRAMMING, RAISE FUNDS, PROVIDE  
MARKETING AND COMMUNICATIONS, DEVELOP CULTURAL AND EDUCATIONAL EXHIBITS AND  
PROGRAMMING, PROVIDE COMMUNITY OUTREACH, AND REHABILITATE AND MAINTAIN  
HISTORICAL PROPERTIES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
PRESIDENT & CEO REVIEWS ALONG WITH THE FINANCE COMMITTEE WHO THEN MAKES IT  
AVAILABLE TO ALL VOTING BOARD MEMBERS FOR THEIR REVIEW.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
OFFICERS AND DIRECTORS SIGN A CONFLICT OF INTEREST POLICY AT THE BEGINNING  
OF EACH FISCAL YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE PRESIDENT'S PERFORMANCE AND SALARY ARE REVIEWED ANNUALLY BY A COMMITTEE  
OF BOARD MEMBERS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

DIRECT RENTAL EXPENSES	\$	-22,892
PARK RANGER FEES	\$	-4,307
<b>TOTAL</b>	<b>\$</b>	<b>-27,199</b>

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return

**YBOR CITY MUSEUM SOCIETY INC**

Identifying number

**\*\*-\*\*\*4494**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	33,573

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	33,573
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

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## Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>										
1	Cabinets	9/20/92	560				560	5 MO S/L	560	0
2	Equipment	10/16/95	250				250	5 MO S/L	250	0
3	Akia Copier	1/01/96	1,100				1,100	5 MO200DB	1,100	0
4	Computer Assembly	1/20/96	830				830	5 MO200DB	830	0
5	Cash Register	3/16/98	499				499	5 MO S/L	499	0
6	Telephones	1/20/99	463				463	7 MO S/L	463	0
7	VCR	1/23/99	106				106	5 MO S/L	106	0
8	Equipment - Sears	3/08/99	181				181	5 MO S/L	181	0
9	Fax Machine	6/28/99	160				160	5 MO S/L	160	0
10	Copier	3/15/99	2,204				2,204	5 MO S/L	2,204	0
11	Digital Camera	4/13/01	420				420	5 MO S/L	420	0
12	copier	10/01/00	3,361				3,361	5 MO S/L	3,361	0
13	Equipment - Puip	1/16/03	69				69	3 MO S/L	69	0
14	Bunker Building	10/01/00	37,001				37,001	25 MO S/L	19,610	1,480
15	Survey	1/11/02	440				440	25 MO S/L	316	18
16	Bunker Building Improvements	9/30/06	175,078				175,078	25 MO S/L	92,791	7,003
17	Computers	10/29/02	1,450				1,450	5 MO S/L	1,450	0
18	Surge Protector	10/29/02	29				29	3 MO S/L	29	0
19	Computer Systems Improvement	11/12/02	1,735				1,735	5 MO S/L	1,735	0
20	Computer Equipment - Alicia	11/25/02	100				100	5 MO S/L	100	0
21	Computer Equipment	12/10/02	360				360	5 MO S/L	360	0
22	Computer Improvement	12/16/02	305				305	5 MO S/L	305	0
23	Peachtree Upgrade	1/16/03	400				400	5 MO S/L	400	0
24	Computer Equipment - Alicia	1/16/03	53				53	5 MO S/L	53	0
25	Computer Equipment	1/31/03	60				60	5 MO S/L	60	0
26	Software upgrade	2/03/03	110				110	5 MO S/L	110	0
27	Computer Equipment - Alicia	8/13/03	177				177	5 MO S/L	177	0
28	Software Upgrades	10/15/03	900				900	3 MO S/L	900	0
29	Computer Monitor	1/24/05	827				827	5 MO S/L	827	0
30	Computer	3/08/05	1,308				1,308	5 MO S/L	1,308	0
31	dell Computers	3/16/05	2,478				2,478	5 MO S/L	2,478	0
32	Computer Equipment	1/23/07	204				204	5 MO S/L	204	0
33	Museum Improvements	4/09/99	4,750				4,750	20 MO S/L	4,750	0
34	Carpet	6/05/96	1,145				1,145	10 MO S/L	1,145	0
35	Arnold's Custom design	7/30/02	1,350				1,350	25 MO S/L	941	54
36	Improvements	8/31/02	403				403	25 MO S/L	279	16
37	Blueprints	11/12/02	29				29	3 MO S/L	29	0
38	Museum Improvements	4/01/06	1,612				1,612	25 MO S/L	885	65
39	Electrical Improvements	1/11/07	135				135	5 MO S/L	135	0
40	Computer Equip. & Software	8/01/08	2,394				2,394	5 MO S/L	2,394	0
41	Centro Ybor Museum	9/30/01	437,648				437,648	40 MO S/L	199,677	10,941
42	Projector	10/21/03	1,894				1,894	7 MO S/L	1,894	0
43	Furniture & Fixtures	1/01/95	787				787	10 MO S/L	787	0
44	Furniture - Nerrero	3/03/99	150				150	10 MO S/L	150	0
45	Store Shelves	9/30/03	83				83	5 MO S/L	83	0
46	Concrete Specialties	9/30/03	344				344	5 MO S/L	344	0
47	Store Shelves	6/30/03	70				70	5 MO S/L	70	0
48	Cabinets	1/09/04	1,500				1,500	10 MO S/L	1,500	0
49	Outdoor Table & Chairs	12/27/05	5,842				5,842	10 MO S/L	5,842	0
50	Furn & Fixtures	3/14/07	5,027				5,027	10 MO S/L	5,027	0
51	Furniture & Fixtures	5/24/07	132				132	7 MO S/L	132	0
52	Dell Vostro Mini-Tower	3/31/09	578				578	5 MO S/L	578	0
53	Dell Vostro 410	12/24/08	657				657	5 MO S/L	657	0
54	Dell Vostro Tower #2	12/24/08	657				657	5 MO S/L	657	0
55	Museum Improvements	6/01/11	12,850				12,850	25 MO S/L	4,412	514
56	Dell Latitude	4/06/12	900				900	5 MO S/L	900	0
57	Permits & Architects	5/18/16	25,000				25,000	40 MO S/L	2,240	625
58	Baseball exhibit	5/18/16	17,500				17,500	10 MO S/L	6,271	1,750
59	Apple iPad	2/06/13	529				529	5 MO S/L	529	0
60	ApplemKiost	2/07/13	734				734	5 MO S/L	734	0
61	Permits & Architects	5/18/16	23,576				23,576	40 MO S/L	2,112	589
62	Architects & Contractors	5/18/16	12,223				12,223	40 MO S/L	1,096	306
63	Museum Construction	5/18/16	185,974				185,974	40 MO S/L	16,660	4,649
64	Museum Construction FY2015	5/18/16	93,018				93,018	40 MO S/L	8,333	2,325
65	Creative Arts Exhibits FY2015	5/18/16	20,000				20,000	10 MO S/L	7,167	2,000
66	Museum Construction Drywall	5/18/16	49,539				49,539	40 MO S/L	4,438	1,238
67	Mask for TBM Exhibit	10/07/19	0				0	0 HY	0	0
68	Al Lopez Installation	10/17/19	0				0	0 HY	0	0

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## Federal Asset Report

FYE: 12/31/2020

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
69	Al Lopez Installation	10/17/19	0		0	0 HY	0	0
70	Al Lopez Plaque	10/18/19	0		0	0 HY	0	0
71	Dell Computer	9/19/19	0		0	0 HY	0	0
72	Baseball diamond on floor	1/28/20	0		0	0 HY	0	0
73	Baseball diamond on floor	2/03/20	0		0	0 HY	0	0
74	Al Lopez Display Exhibit	6/04/20	0		0	0 HY	0	0
75	Design, Fabrication, Installation Phase 2	6/05/20	0		0	0 HY	0	0
76	Minor League Teams Display Exhibit	6/05/20	0		0	0 HY	0	0
77	Early Days of Baseball Display Exhibit	6/05/20	0		0	0 HY	0	0
78	A/C unit - 1911 N 19th Street Casita	3/19/20	0		0	0 HY	0	0
79	New Office Computer	3/25/20	0		0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>1,142,248</u>		<u>1,142,248</u>		<u>416,264</u>	<u>33,573</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,142,248</u>		<u>1,142,248</u>		<u>416,264</u>	<u>33,573</u>
	<b>Grand Totals</b>		1,142,248		1,142,248		416,264	33,573
	<b>Less: Dispositions and Transfers</b>		0		0		0	0
	<b>Less: Start-up/Org Expense</b>		0		0		0	0
	<b>Net Grand Totals</b>		<u>1,142,248</u>		<u>1,142,248</u>		<u>416,264</u>	<u>33,573</u>

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## AMT Asset Report

FYE: 12/31/2020

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>								
1	Cabinets	9/20/92	0		0 0 HY		0	0
2	Equipment	10/16/95	0		0 0 HY		0	0
3	Akia Copier	1/01/96	0		0 0 HY		0	0
4	Computer Assembly	1/20/96	0		0 0 HY		0	0
5	Cash Register	3/16/98	0		0 0 HY		0	0
6	Telephones	1/20/99	0		0 0 HY		0	0
7	VCR	1/23/99	0		0 0 HY		0	0
8	Equipment - Sears	3/08/99	0		0 0 HY		0	0
9	Fax Machine	6/28/99	0		0 0 HY		0	0
10	Copier	3/15/99	0		0 0 HY		0	0
11	Digital Camera	4/13/01	0		0 0 HY		0	0
12	copier	10/01/00	0		0 0 HY		0	0
13	Equipment - Puip	1/16/03	0		0 0 HY		0	0
14	Bunker Building	10/01/00	0		0 0 HY		0	0
15	Survey	1/11/02	0		0 0 HY		0	0
16	Bunker Building Improvements	9/30/06	0		0 0 HY		0	0
17	Computers	10/29/02	0		0 0 HY		0	0
18	Surge Protector	10/29/02	0		0 0 HY		0	0
19	Computer Systems Improvement	11/12/02	0		0 0 HY		0	0
20	Computer Equipment - Alicia	11/25/02	0		0 0 HY		0	0
21	Computer Equipment	12/10/02	0		0 0 HY		0	0
22	Computer Improvement	12/16/02	0		0 0 HY		0	0
23	Peachtree Upgrade	1/16/03	0		0 0 HY		0	0
24	Computer Equipment - Alicia	1/16/03	0		0 0 HY		0	0
25	Computer Equipment	1/31/03	0		0 0 HY		0	0
26	Software upgrade	2/03/03	0		0 0 HY		0	0
27	Computer Equipment - Alicia	8/13/03	0		0 0 HY		0	0
28	Software Upgrades	10/15/03	0		0 0 HY		0	0
29	Computer Monitor	1/24/05	0		0 0 HY		0	0
30	Computer	3/08/05	0		0 0 HY		0	0
31	dell Computers	3/16/05	0		0 0 HY		0	0
32	Computer Equipment	1/23/07	0		0 0 HY		0	0
33	Musueum Improvements	4/09/99	0		0 0 HY		0	0
34	Carpet	6/05/96	0		0 0 HY		0	0
35	Arnold's Custom design	7/30/02	0		0 0 HY		0	0
36	Improvements	8/31/02	0		0 0 HY		0	0
37	Blueprints	11/12/02	0		0 0 HY		0	0
38	Museum Improvements	4/01/06	0		0 0 HY		0	0
39	Electrical Improvements	1/11/07	0		0 0 HY		0	0
40	Computer Equip. & Software	8/01/08	0		0 0 HY		0	0
41	Centro Ybor Museum	9/30/01	0		0 0 HY		0	0
42	Projector	10/21/03	0		0 0 HY		0	0
43	Furniture & Fixtures	1/01/95	0		0 0 HY		0	0
44	Furniture - Nerrero	3/03/99	0		0 0 HY		0	0
45	Store Shelves	9/30/03	0		0 0 HY		0	0
46	Concrete Specialties	9/30/03	0		0 0 HY		0	0
47	Store Shelves	6/30/03	0		0 0 HY		0	0
48	Cabinets	1/09/04	0		0 0 HY		0	0
49	Outdoor Table & Chairs	12/27/05	0		0 0 HY		0	0
50	Furn & Fixtures	3/14/07	0		0 0 HY		0	0
51	Furniture & Fixtures	5/24/07	0		0 0 HY		0	0
52	Dell Vostro Mini-Tower	3/31/09	0		0 0 HY		0	0
53	Dell Vostro 410	12/24/08	0		0 0 HY		0	0
54	Dell Vostro Tower #2	12/24/08	0		0 0 HY		0	0
55	Museum Improvements	6/01/11	0		0 0 HY		0	0
56	Dell Latitude	4/06/12	0		0 0 HY		0	0
57	Permits & Architects	5/18/16	0		0 0 HY		0	0
58	Baseball exhibit	5/18/16	17,500		17,500 10 MO S/L		6,271	1,750
59	Apple iPad	2/06/13	0		0 0 HY		0	0
60	ApplemKioist	2/07/13	0		0 0 HY		0	0
61	Permits & Architects	5/18/16	0		0 0 HY		0	0
62	Architects & Contractors	5/18/16	0		0 0 HY		0	0
63	Museum Construction	5/18/16	0		0 0 HY		0	0
64	Museum Construction FY2015	5/18/16	0		0 0 HY		0	0
65	Creative Arts Exhibits FY2015	5/18/16	0		0 0 HY		0	0
66	Museum Construction Drywall	5/18/16	0		0 0 HY		0	0
67	Mask for TBM Exhibit	10/07/19	0		0 0 HY		0	0
68	Al Lopez Installation	10/17/19	0		0 0 HY		0	0

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**AMT Asset Report**

FYE: 12/31/2020

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
69	Al Lopez Installation	10/17/19	0		0	0 HY	0	0
70	Al Lopez Plaque	10/18/19	0		0	0 HY	0	0
71	Dell Computer	9/19/19	0		0	0 HY	0	0
72	Baseball diamond on floor	1/28/20	0		0	0 HY	0	0
73	Baseball diamond on floor	2/03/20	0		0	0 HY	0	0
74	Al Lopez Display Exhibit	6/04/20	0		0	0 HY	0	0
75	Design, Fabrication, Installation Phase 2	6/05/20	0		0	0 HY	0	0
76	Minor League Teams Display Exhibit	6/05/20	0		0	0 HY	0	0
77	Early Days of Baseball Display Exhibit	6/05/20	0		0	0 HY	0	0
78	A/C unit - 1911 N 19th Street Casita	3/19/20	0		0	0 HY	0	0
79	New Office Computer	3/25/20	0		0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>17.500</u>		<u>17.500</u>		<u>6.271</u>	<u>1.750</u>
	<b>Total ACRS and Other Depreciation</b>		<u>17.500</u>		<u>17.500</u>		<u>6.271</u>	<u>1.750</u>
	<b>Grand Totals</b>		17.500		17.500		6.271	1.750
	<b>Less: Dispositions and Transfers</b>		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>17.500</u>		<u>17.500</u>		<u>6.271</u>	<u>1.750</u>

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# Depreciation Adjustment Report

FYE: 12/31/2020

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

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## Future Depreciation Report

FYE: 12/31/21

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	Cabinets	9/20/92	560	0	0
2	Equipment	10/16/95	250	0	0
3	Akia Copier	1/01/96	1,100	0	0
4	Computer Assembly	1/20/96	830	0	0
5	Cash Register	3/16/98	499	0	0
6	Telephones	1/20/99	463	0	0
7	VCR	1/23/99	106	0	0
8	Equipment - Sears	3/08/99	181	0	0
9	Fax Machine	6/28/99	160	0	0
10	Copier	3/15/99	2,204	0	0
11	Digital Camera	4/13/01	420	0	0
12	copier	10/01/00	3,361	0	0
13	Equipment - Puip	1/16/03	69	0	0
14	Bunker Building	10/01/00	37,001	1,481	0
15	Survey	1/11/02	440	17	0
16	Bunker Building Improvements	9/30/06	175,078	7,003	0
17	Computers	10/29/02	1,450	0	0
18	Surge Protector	10/29/02	29	0	0
19	Computer Systems Improvement	11/12/02	1,735	0	0
20	Computer Equipment - Alicia	11/25/02	100	0	0
21	Computer Equipment	12/10/02	360	0	0
22	Computer Improvement	12/16/02	305	0	0
23	Peachtree Upgrade	1/16/03	400	0	0
24	Computer Equipment - Alicia	1/16/03	53	0	0
25	Computer Equipment	1/31/03	60	0	0
26	Software upgrade	2/03/03	110	0	0
27	Computer Equipment - Alicia	8/13/03	177	0	0
28	Software Upgrades	10/15/03	900	0	0
29	Computer Monitor	1/24/05	827	0	0
30	Computer	3/08/05	1,308	0	0
31	dell Computers	3/16/05	2,478	0	0
32	Computer Equipment	1/23/07	204	0	0
33	Museum Improvements	4/09/99	4,750	0	0
34	Carpet	6/05/96	1,145	0	0
35	Arnold's Custom design	7/30/02	1,350	54	0
36	Improvements	8/31/02	403	17	0
37	Blueprints	11/12/02	29	0	0
38	Museum Improvements	4/01/06	1,612	64	0
39	Electrical Improvements	1/11/07	135	0	0
40	Computer Equip. & Software	8/01/08	2,394	0	0
41	Centro Ybor Museum	9/30/01	437,648	10,941	0
42	Projector	10/21/03	1,894	0	0
43	Furniture & Fixtures	1/01/95	787	0	0
44	Furniture - Nerrero	3/03/99	150	0	0
45	Store Shelves	9/30/03	83	0	0
46	Concrete Specialties	9/30/03	344	0	0
47	Store Shelves	6/30/03	70	0	0
48	Cabinets	1/09/04	1,500	0	0
49	Outdoor Table & Chairs	12/27/05	5,842	0	0
50	Furn & Fixtures	3/14/07	5,027	0	0
51	Furniture & Fixtures	5/24/07	132	0	0
52	Dell Vostro Mini-Tower	3/31/09	578	0	0
53	Dell Vostro 410	12/24/08	657	0	0
54	Dell Vostro Tower #2	12/24/08	657	0	0
55	Museum Improvements	6/01/11	12,850	514	0
56	Dell Latitude	4/06/12	900	0	0
57	Permits & Architects	5/18/16	25,000	625	0
58	Baseball exhibit	5/18/16	17,500	1,750	1,750
59	Apple iPad	2/06/13	529	0	0
60	ApplemKiost	2/07/13	734	0	0
61	Permits & Architects	5/18/16	23,576	590	0
62	Architects & Contractors	5/18/16	12,223	305	0
63	Museum Construction	5/18/16	185,974	4,650	0
64	Museum Construction FY2015	5/18/16	93,018	2,326	0
65	Creative Arts Exhibits FY2015	5/18/16	20,000	2,000	0
66	Museum Construction Drywall	5/18/16	49,539	1,239	0
67	Mask for TBM Exhibit	10/07/19	0	0	0

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**Future Depreciation Report****FYE: 12/31/21**

FYE: 12/31/2020

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
68	Al Lopez Installation	10/17/19	0	0	0
69	Al Lopez Installation	10/17/19	0	0	0
70	Al Lopez Plaque	10/18/19	0	0	0
71	Dell Computer	9/19/19	0	0	0
72	Baseball diamond on floor	1/28/20	0	0	0
73	Baseball diamond on floor	2/03/20	0	0	0
74	Al Lopez Display Exhibit	6/04/20	0	0	0
75	Design, Fabrication, Installation Phase 2	6/05/20	0	0	0
76	Minor League Teams Display Exhibit	6/05/20	0	0	0
77	Early Days of Baseball Display Exhibit	6/05/20	0	0	0
78	A/C unit - 1911 N 19th Street Casita	3/19/20	0	0	0
79	New Office Computer	3/25/20	0	0	0
	<b>Total Other Depreciation</b>		<u>1,142,248</u>	<u>33,576</u>	<u>1,750</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,142,248</u>	<u>33,576</u>	<u>1,750</u>
	<b>Grand Totals</b>		<u>1,142,248</u>	<u>33,576</u>	<u>1,750</u>

Form **990****Two Year Comparison Report****2019 & 2020**

For calendar year 2020, or tax year beginning

, ending

Name

Taxpayer Identification Number

**YBOR CITY MUSEUM SOCIETY INC****\*\* - \*\*\*4494**

		2019	2020	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	81,612	66,262	-15,350
	2. Membership dues and assessments	10,295	6,040	-4,255
	3. Government contributions and grants	46,080	71,730	25,650
	4. Program service revenue	34,228	32,934	-1,294
	5. Investment income	65	85	20
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	101,313	123,926	22,613
	<b>12. Total revenue. Add lines 1 through 11</b>	<b>273,593</b>	<b>300,977</b>	<b>27,384</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	60,636	62,457	1,821
	16. Salaries, other compensation, and employee benefits	35,615	39,292	3,677
	17. Professional fundraising fees			
	18. Other professional fees	23,604	4,750	-18,854
	19. Occupancy, rent, utilities, and maintenance	23,209	17,347	-5,862
	20. Depreciation and Depletion	34,117	42,705	8,588
	21. Other expenses	66,141	66,988	847
	<b>22. Total expenses. Add lines 13 through 21</b>	<b>243,322</b>	<b>233,539</b>	<b>-9,783</b>
	<b>23. Excess or (Deficit). Subtract line 22 from line 12</b>	<b>30,271</b>	<b>67,438</b>	<b>37,167</b>
<b>Other Information</b>	24. Total exempt revenue	273,593	300,977	27,384
	25. Total unrelated revenue			
	26. Total excludable revenue	135,606	156,945	21,339
	27. Total assets	913,883	930,708	16,825
	28. Total liabilities	168,811	147,821	-20,990
	29. Retained earnings	745,072	782,887	37,815
	30. Number of voting members of governing body	16	17	
	31. Number of independent voting members of governing body	16	17	
	32. Number of employees	3	3	
	33. Number of volunteers	89	47	

Form **990****Tax Return History****2020**

Name

**YBOR CITY MUSEUM SOCIETY INC**

Employer Identification Number

**\*\*-\*\*\*4494**

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	119,160	148,170	117,309	127,692	137,992	
Membership dues	7,685	8,435	8,710	10,295	6,040	
Program service revenue	167,273	149,973	35,302	34,228	32,934	
Capital gain or loss						
Investment income			42	65	85	
Fundraising revenue (income/loss)	8,425	2,000				
Gaming revenue (income/loss)						
Other revenue			89,024	101,313	123,926	
<b>Total revenue</b>	<b>302,543</b>	<b>308,578</b>	<b>250,387</b>	<b>273,593</b>	<b>300,977</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	57,750	57,751	57,750	60,636	62,457	
Other compensation	86,952	72,717	35,911	35,615	39,292	
Professional fees	8,649	1,150	18,838	23,604	4,750	
Occupancy costs	22,011	22,940	30,380	23,209	17,347	
Depreciation and depletion	29,275	34,214	33,831	34,117	42,705	
Other expenses	131,171	93,799	39,820	66,141	66,988	
<b>Total expenses</b>	<b>335,808</b>	<b>282,571</b>	<b>216,530</b>	<b>243,322</b>	<b>233,539</b>	
<b>Excess or (Deficit)</b>	<b>-33,265</b>	<b>26,007</b>	<b>33,857</b>	<b>30,271</b>	<b>67,438</b>	
<b>Total exempt revenue</b>	<b>302,543</b>	<b>308,578</b>	<b>250,387</b>	<b>273,593</b>	<b>300,977</b>	
Total unrelated revenue						
Total excludable revenue	175,698	151,973	124,368	135,606	156,945	
Total Assets	1,002,854	948,975	924,765	913,883	930,708	
Total Liabilities	347,917	268,031	209,964	168,811	147,821	
Net Fund Balances	654,937	680,944	714,801	745,072	782,887	

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**Federal Statements**

FYE: 12/31/2020

**Tax-Exempt Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
INTEREST	\$ <u>85</u>			25		
TOTAL	\$ <u><u>85</u></u>					

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**Federal Statements**

FYE: 12/31/2020

**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
TAXES & LICENSES	\$ 333	\$	\$ 333	\$
TOTAL	\$ 333	\$ 0	\$ 333	\$ 0

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## Federal Statements

FYE: 12/31/2020

Schedule A, Part III, Line 1(e)

Description	Amount
MEMBERSHIP DUES AND ASSESSMENTS	\$ 6,040
PARK RANGER FEES	1,953
CASH CONTRIBUTIONS	42,134
MISC	2,744
CITY OF TAMPA	
CASH CONTRIBUTION	46,080
HISTORIC PRESERVATION	
CASH CONTRIBUTION	19,431
UNITED STATES SMALL BUSINESS ADMINIS	
CASH CONTRIBUTION	25,650
TOTAL	<u>\$ 144,032</u>

Schedule A, Part III, Line 2(e)

Description	Amount
CASITAS/BUNKER/GARDEN	\$ 122,323
TOTAL	<u>\$ 122,323</u>

Schedule A, Part III, Line 3(e)

Description	Amount
LEGACY	\$ 6,555
BUILDINGS ALIVE	6,440
BRICK PAVER	100
HOMERUNS & HISTORY	19,839
TOTAL	<u>\$ 32,934</u>

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**Federal Statements**

FYE: 12/31/2020

**Schedule A, Part III, Line 10a(e)**

<u>Description</u>	<u>Amount</u>
INTEREST	\$ <u>85</u>
TOTAL	\$ <u><u>85</u></u>

**Schedule A, Part III, Line 11**

<u>Description</u>	<u>Amount</u>
MISCELLANEOUS	\$ 1,603
LESS: DEDUCTIONS	<u>-1,000</u>
TOTAL	\$ <u><u>603</u></u>