



**Florida Department of Environmental Protection
CITIZEN SUPPORT ORGANIZATION
2023 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 (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, describe 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 Services are costs related to providing your organizations’ 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 expenses of the organization. For the last calendar year provide the total \$ for each that apply. Do not use commas.

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

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

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

NET ASSETS: \$

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

CSO AUDIT THRESHOLD:

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

Are the CSO’s annual total expenses \$300,000 including grants? Then Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards ([U.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.

CONFIRM ATTACHMENTS:

Code of Ethics

The most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. All IRS Form 990’s must be 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.

2023 CSO Legislative Report Acknowledgement

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

Signature: Arminda Mata Digitally signed by Arminda Mata
Date: 2023.05.31 17:29:39 -04'00'

Print name: Arminda Mata, CSO President

Ybor City Museum Society, Inc.

Date: 05/31/2023

Signature: Kyle Easley, Park Manager Digitally signed by Kyle Easley, Park Manager
Date: 2023.05.31 20:48:20 -04'00'

Print name: Kyle Easley, Park Manager

Date: 05/31/2023

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 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.

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.

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

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 **11/15/23**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year **2022** 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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
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.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

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.

Name: YBOR CITY MUSEUM SOCIETY INC
Tax Authority: US EXT
Details: Ack issued by agency:05/08/2023
Postmark 05/08/2023 11:34:46 AM ET
ELF filename=100965.990_EXT.2022_0.US.XEF
Accepted
SubID=50324220231280015806
AltReturn:1



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

Notice	CP211A
Tax period	December 31, 2022
Notice date	May 29, 2023
Employer ID number	59-2274494
To contact us	Phone 877-829-5500
Page 1 of 1	

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YBOR CITY MUSEUM SOCIETY INC
PO BOX 5421
TAMPA FL 33675-5421



194420

Important information about your December 31, 2022, Form 990

We approved your Form 8868, Application for Automatic Extension of Time to File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2022, Form 990, Return of Organization Exempt From Income Tax. Your new due date is November 15, 2023.

What you need to do

File your December 31, 2022, Form 990 by November 15, 2023. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-file providers, the types of returns you can file electronically, and whether you're required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- Find tax forms or publications by visiting www.irs.gov/forms or calling 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

Filing Instructions

YBOR CITY MUSEUM SOCIETY INC

Exempt Organization Tax Return

Taxable Year Ended December 31, 2021

Date Due: February 15, 2023

Remittance: None is required. Your Form 990 for the tax year ended 12/31/21 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Marsocci, Appleby and Company, PA
3815 West Humphrey Street, Suite 101
Tampa, FL 33614

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning

, and ending

-*4494

YBOR CITY MUSEUM SOCIETY INC

Net Asset / Fund Balance at Beginning of Year		<u>782,887</u>
Revenue		
Contributions	<u>220,760</u>	
Program service revenue	<u>26,275</u>	
Investment income	<u>53</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>113,366</u>	
Total revenue		<u>360,454</u>
Expenses		
Program services	<u>239,921</u>	
Management and general	<u>36,051</u>	
Fundraising	<u>28,068</u>	
Total expenses		<u>304,040</u>
Excess / (deficit)		<u>56,414</u>
Changes		
Net Asset / Fund Balance at End of Year		<u><u>839,301</u></u>

Reconciliation of Revenue

Total revenue per financial statements	<u>408,986</u>
Less:	
Unrealized gains	
Donated services	<u>17,706</u>
Recoveries	
Other	
Plus:	
Investment expenses	
Other	<u>-30,826</u>
Total revenue per return	<u><u>360,454</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>352,572</u>
Less:	
Donated services	<u>17,706</u>
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	<u>-30,826</u>
Total expenses per return	<u><u>304,040</u></u>

	Beginning	Ending	Differences
Assets	<u>930,708</u>	<u>1,033,463</u>	
Liabilities	<u>147,821</u>	<u>194,162</u>	
Net assets	<u><u>782,887</u></u>	<u><u>839,301</u></u>	<u>56,414</u>

Miscellaneous Information

Amended return _____
Return / extended due date 02/15/23
Failure to file penalty _____

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No 1545-0047

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20

2021

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

YBOR CITY MUSEUM SOCIETY INC

EIN or SSN

****-***4494**

Name and title of officer or person subject to tax

**CHANTAL HEVIA
PRESIDENT & CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>360,454</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize MARSOCCI, APPLEBY AND COMPANY, PA to enter my PIN 88113 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ 12/16/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 12/16/22

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021
Open to Public Inspection

A For the 2021 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) Room/suite
2009 N ANGEL OLIVA SR STREET
 City or town, state or province, country, and ZIP or foreign postal code
TAMPA FL 33605

D Employer identification number: ****-***4494**

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

F Name and address of principal officer:
CHANTAL HEVIA
2009 N ANGEL OLIVA SR STREET
TAMPA FL 33605

G Gross receipts \$: **391,280**

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

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

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1982**

M State of legal domicile: **FL**

H(c) Group exemption number ▶

Part I 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.

3 Number of voting members of the governing body (Part VI, line 1a)	3	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	4
6 Total number of volunteers (estimate if necessary)	6	21
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	144,032	220,760
9 Program service revenue (Part VIII, line 2g)	32,934	26,275
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	85	53
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	123,926	113,366
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	300,977	360,454
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	101,749	126,040
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,068		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	131,790	178,000
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	233,539	304,040
19 Revenue less expenses. Subtract line 18 from line 12	67,438	56,414

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	930,708	1,033,463
21 Total liabilities (Part X, line 26)	147,821	194,162
22 Net assets or fund balances. Subtract line 21 from line 20	782,887	839,301

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** Date: _____
 Type or print name and title: **PRESIDENT & CEO**

Paid Preparer Use Only
 Print/Type preparer's name: **GERALD L APPLEBY** Preparer's signature: *[Signature]* Date: **12/19/22** Check if self-employed PTIN: *********
 Firm's name: **MARSOCCI, APPLEBY AND COMPANY, PA** Firm's EIN: **** - ***1960**
 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 \$ **239,921** 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 **239,921**

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

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: 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 on 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	3
1b	0

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	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.</i>	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
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)?	4a			X
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?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
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?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
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?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. 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			
11	Section 501(c)(12) organizations. 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			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>	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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	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.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) CHANTAL HEVIA	40.00									
PRESIDENT & CEO	0.00	X		X				62,457	0	
(2) STEPHANIE AGLIANO	2.00									
CHAIR	0.00	X		X				0	0	
(3) LEE BELL	1.00									
DIRECTOR	0.00	X						0	0	
(4) DR KEITH BERRY	1.00									
DIRECTOR	0.00	X						0	0	
(5) BRIAN BRESEMAN	1.00									
DIRECTOR	0.00	X						0	0	
(6) LISSETTE CAMPOS	1.00									
DIRECTOR	0.00	X						0	0	
(7) ANTHONY "TONY" CARRENO	1.00									
DIRECTOR	0.00	X						0	0	
(8) VINCENT DOLAN	1.00									
DIRECTOR	0.00	X						0	0	
(9) STEVE HOVSEPIAN	2.00									
SECRETARY	0.00	X		X				0	0	
(10) JAMES HOWARD	1.00									
DIRECTOR	0.00	X						0	0	
(11) LYNN KROESEN	1.00									
DIRECTOR	0.00	X						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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) LARRY MCCABE	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) WEST SINGLETARY, PHD	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) LUCIANO PRIDA	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) ROBERT SMEDLEY	2.00									
TREASURER	0.00	X		X			0	0	0	
(16) PATRICK VENABLE	2.00									
PAST CHAIR	0.00	X		X			0	0	0	
(17) AMY WAITE	2.00									
VICE CHAIR	0.00	X		X			0	0	0	
1b Subtotal							62,457			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							62,457			

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
3 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
4 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
5 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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	17,505				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	83,766				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	119,489				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			220,760			
	Program Service Revenue	Business Code					
2a HOMERUNS & HISTORY				10,500			10,500
b LEGACY				8,275			8,275
c EXHIBIT NAMING RIGHTS				7,500			7,500
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			26,275				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			53			53
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		6a	136,356				
		b Less: rental expenses	6b	30,826			
	c Rental inc. or (loss)	6c	105,530				
	d Net rental income or (loss)			105,530	105,530		
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		7a					
		(ii) Other					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
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					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
	11a MISCELLANEOUS			7,836			7,836
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			7,836				
12 Total revenue. See instructions			360,454	105,530	0	34,164	

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	62,458	43,720	9,369	9,369
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	47,479	33,235	7,122	7,122
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	16,103	11,273	2,415	2,415
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	6,670	4,669	2,001	
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	10,258	8,206	1,231	821
14 Information technology	11,709	11,709		
15 Royalties				
16 Occupancy	16,754	11,836	2,459	2,459
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,570		3,570	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,489	40,391	5,049	5,049
23 Insurance	8,333	6,667	833	833
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 SPECIAL EVENTS	34,882	34,882		
b REPAIRS & MAINTENANCE	33,185	31,194	1,991	
c MISCELLANEOUS	2,150	2,139	11	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	304,040	239,921	36,051	28,068
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) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest-bearing	35,182	1	38,233	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	954	4	5,132	
	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	1,500	8	1,500	
	9	Prepaid expenses and deferred charges	122,344	9	121,167	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,377,374		
	b	Less: accumulated depreciation	10b	509,943	10c	867,431
	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	Total assets. Add lines 1 through 15 (must equal line 33)	930,708	16	1,033,463		
Liabilities	17	Accounts payable and accrued expenses	34,858	17	84,974	
	18	Grants payable		18		
	19	Deferred revenue	37,824	19	28,189	
	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	44,500	
	24	Unsecured notes and loans payable to unrelated third parties	10,675	24	15,160	
	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	16,964	25	21,339	
	26	Total liabilities. Add lines 17 through 25	147,821	26	194,162	
Net Assets or Fund Balances	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	660,629	27	718,188	
	28	Net assets with donor restrictions	122,258	28	121,113	
	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	Total net assets or fund balances	782,887	32	839,301		
33	Total liabilities and net assets/fund balances	930,708	33	1,033,463		

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	360,454
2	Total expenses (must equal Part IX, column (A), line 25)	2	304,040
3	Revenue less expenses. Subtract line 2 from line 1	3	56,414
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	782,887
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	839,301

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 on 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)**

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

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).)
- 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 on 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)						
Total						

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2021. 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—2020. 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—2021. 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—2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	156,605	126,019	137,987	144,032	220,760	785,403
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	136,356	518,565
3 Gross receipts from activities that are not an unrelated trade or business under section 513	29,515	35,302	34,228	32,934	26,275	158,254
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	186,120	287,444	305,978	299,289	383,391	1,462,222
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.)						1,462,222

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	186,120	287,444	305,978	299,289	383,391	1,462,222
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	122,458	42	65	85	53	122,703
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	122,458	42	65	85	53	122,703
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on				603	6,836	7,439
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.)	308,578	287,486	306,043	299,977	390,280	1,592,364
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	91.83 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	84.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	8 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	16 %

- 19a** 33 1/3% support tests—2021. 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—2020. 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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
- b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

YBOR CITY MUSEUM SOCIETY INC

Employer identification number

****-***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 foundationCheck 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

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	CITY OF TAMPA E. JACKSON ST, 8E TAMPA FL 33602	\$ 46,080	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HISTORIC PRESERVATION 306 EAST JACKSON ST TAMPA FL 33602	\$ 61,955	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	UNITED STATES SMALL BUSINESS ADMINIS 409 THIRD STREET, SW WASHINGTON DC 20024	\$ 22,848	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ARTS COUNCIL 601 E KENNEDY BLVD TAMPA FL 33602	\$ 14,838	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FLORIDA HUMANITIES COUNCIL 599 2ND ST S SAINT PETERSBURG FL 33701	\$ 24,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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 for instructions and the latest information.

OMB No 1545-0047

2021

Open to Public Inspection

Name of the organization

YBOR CITY MUSEUM SOCIETY INC

Employer identification number

-*4494

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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? (Yes/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? (Yes/No)

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply) with checkboxes for various purposes, 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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 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? (Yes/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)? (Yes/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.

Table with 2 columns: Description, Amount. Rows include: 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:

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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		1,334,604	468,220	866,384
c Leasehold improvements				
d Equipment		42,770	41,723	1,047
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				867,431

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)		
Total. (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)		
Total. (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)	
Total. (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) REFUNDABLE DEPOSITS	21,339
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	21,339

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.

1	Total revenue, gains, and other support per audited financial statements		1	408,986
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b	17,706	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	17,706
3	Subtract line 2e from line 1		3	391,280
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	-30,826	
	c Add lines 4a and 4b		4c	-30,826
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	360,454

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.

1	Total expenses and losses per audited financial statements		1	352,572
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	17,706	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	17,706
3	Subtract line 2e from line 1		3	334,866
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	-30,826	
	c Add lines 4a and 4b		4c	-30,826
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	304,040

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 XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

DIRECT RENTAL EXPENSES \$ -30,826

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

DIRECT RENTAL EXPENSES \$ -30,826

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**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 Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021Open to Public
Inspection

Name of the organization

YBOR CITY MUSEUM SOCIETY INC

Employer identification number

**** - ***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	\$ 30,826
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DIRECT RENTAL EXPENSES	\$ -30,826
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Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2021

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to 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	1,050,000
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	2,620,000
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 2020 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 2022. 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	33,576

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 2021	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 2021 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 2021 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	33,576
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.

Form **4562** (2021)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

-*4494

Federal Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
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	21,090	1,481
15	Survey	1/11/02	440				440	25	MO S/L	334	17
16	Bunker Building Improvements	9/30/06	175,078				175,078	25	MO S/L	99,794	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	995	54
36	Improvements	8/31/02	403				403	25	MO S/L	295	17
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	950	64
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	210,618	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	4,926	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	2,865	625
58	Baseball exhibit	5/18/16	17,500				17,500	10	MO S/L	8,021	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	2,701	590
62	Architects & Contractors	5/18/16	12,223				12,223	40	MO S/L	1,402	305
63	Museum Construction	5/18/16	185,974				185,974	40	MO S/L	21,309	4,650
64	Museum Construction FY2015	5/18/16	93,018				93,018	40	MO S/L	10,658	2,326
65	Creative Arts Exhibits FY2015	5/18/16	20,000				20,000	10	MO S/L	9,167	2,000
66	Museum Construction Drywall	5/18/16	49,539				49,539	40	MO S/L	5,676	1,239
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: 12/31/2021

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
80	Museum Exhibits	9/27/21	0		0	0 HY	0	0
81	Security System including cameras	3/25/21	0		0	0 HY	0	0
	Total Other Depreciation		<u>1,142,248</u>		<u>1,142,248</u>		<u>449,837</u>	<u>33,576</u>
	Total ACRS and Other Depreciation		<u>1,142,248</u>		<u>1,142,248</u>		<u>449,837</u>	<u>33,576</u>
	Grand Totals		1,142,248		1,142,248		449,837	33,576
	Less: Dispositions and Transfers		0		0		0	0
	Less: Start-up/Org Expense		0		0		0	0
	Net Grand Totals		<u>1,142,248</u>		<u>1,142,248</u>		<u>449,837</u>	<u>33,576</u>

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AMT Asset Report

FYE: 12/31/2021

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
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	Museum 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		8,021	1,750
59	Apple iPad	2/06/13	0				0 0	HY		0	0
60	ApplemKiost	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: 12/31/2021

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
80	Museum Exhibits	9/27/21	0		0	0 HY	0	0
81	Security System including cameras	3/25/21	0		0	0 HY	0	0
	Total Other Depreciation		<u>17,500</u>		<u>17,500</u>		<u>8,021</u>	<u>1,750</u>
	Total ACRS and Other Depreciation		<u>17,500</u>		<u>17,500</u>		<u>8,021</u>	<u>1,750</u>
	Grand Totals		17,500		17,500		8,021	1,750
	Less: Dispositions and Transfers		<u>0</u>		<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>17,500</u>		<u>17,500</u>		<u>8,021</u>	<u>1,750</u>

Depreciation Adjustment Report

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>
There are no assets that meet the criteria of this report						

Future Depreciation Report FYE: 12/31/22

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
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	1,480	0
15	Survey	1/11/02	440	18	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	Musueum 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	16	0
37	Blueprints	11/12/02	29	0	0
38	Museum Improvements	4/01/06	1,612	65	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	589	0
62	Architects & Contractors	5/18/16	12,223	306	0
63	Museum Construction	5/18/16	185,974	4,649	0
64	Museum Construction FY2015	5/18/16	93,018	2,325	0
65	Creative Arts Exhibits FY2015	5/18/16	20,000	2,000	0
66	Museum Construction Drywall	5/18/16	49,539	1,238	0
67	Mask for TBM Exhibit	10/07/19	0	0	0

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Future Depreciation Report**FYE: 12/31/22**

FYE: 12/31/2021

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
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
80	Museum Exhibits	9/27/21	0	0	0
81	Security System including cameras	3/25/21	0	0	0
	Total Other Depreciation		<u>1,142,248</u>	<u>33,573</u>	<u>1,750</u>
	Total ACRS and Other Depreciation		<u>1,142,248</u>	<u>33,573</u>	<u>1,750</u>
	Grand Totals		<u>1,142,248</u>	<u>33,573</u>	<u>1,750</u>

Form **990****Two Year Comparison Report****2020 & 2021**

For calendar year 2021, or tax year beginning

, ending

Name

Taxpayer Identification Number

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

		2020	2021	Differences
Revenue	1. Contributions, gifts, grants	66,262	119,489	53,227
	2. Membership dues and assessments	6,040	17,505	11,465
	3. Government contributions and grants	71,730	83,766	12,036
	4. Program service revenue	32,934	26,275	-6,659
	5. Investment income	85	53	-32
	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	123,926	113,366	-10,560
	12. Total revenue. Add lines 1 through 11	300,977	360,454	59,477
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	62,457	62,458	1
	16. Salaries, other compensation, and employee benefits	39,292	63,582	24,290
	17. Professional fundraising fees			
	18. Other professional fees	4,750	6,670	1,920
	19. Occupancy, rent, utilities, and maintenance	17,347	16,754	-593
	20. Depreciation and Depletion	42,705	50,489	7,784
	21. Other expenses	66,988	104,087	37,099
	22. Total expenses. Add lines 13 through 21	233,539	304,040	70,501
	23. Excess or (Deficit). Subtract line 22 from line 12	67,438	56,414	-11,024
Other Information	24. Total exempt revenue	300,977	360,454	59,477
	25. Total unrelated revenue			
	26. Total excludable revenue	156,945	139,694	-17,251
	27. Total assets	930,708	1,033,463	102,755
	28. Total liabilities	147,821	194,162	46,341
	29. Retained earnings	782,887	839,301	56,414
	30. Number of voting members of governing body	17	19	
	31. Number of independent voting members of governing body	17	19	
	32. Number of employees	3	4	
	33. Number of volunteers	47	21	

Form 990	Tax Return History	2021
Name YBOR CITY MUSEUM SOCIETY INC		Employer Identification Number **-***4494

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	148,170	117,309	127,692	137,992	203,255	
Membership dues	8,435	8,710	10,295	6,040	17,505	
Program service revenue	149,973	35,302	34,228	32,934	26,275	
Capital gain or loss						
Investment income		42	65	85	53	
Fundraising revenue (income/loss)	2,000					
Gaming revenue (income/loss)						
Other revenue		89,024	101,313	123,926	113,366	
Total revenue	308,578	250,387	273,593	300,977	360,454	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	57,751	57,750	60,636	62,457	62,458	
Other compensation	72,717	35,911	35,615	39,292	63,582	
Professional fees	1,150	18,838	23,604	4,750	6,670	
Occupancy costs	22,940	30,380	23,209	17,347	16,754	
Depreciation and depletion	34,214	33,831	34,117	42,705	50,489	
Other expenses	93,799	39,820	66,141	66,988	104,087	
Total expenses	282,571	216,530	243,322	233,539	304,040	
Excess or (Deficit)	26,007	33,857	30,271	67,438	56,414	
Total exempt revenue	308,578	250,387	273,593	300,977	360,454	
Total unrelated revenue						
Total excludable revenue	151,973	124,368	135,606	156,945	139,694	
Total Assets	948,975	924,765	913,883	930,708	1,033,463	
Total Liabilities	268,031	209,964	168,811	147,821	194,162	
Net Fund Balances	680,944	714,801	745,072	782,887	839,301	

Federal Statements

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>53</u>			25		
TOTAL	\$ <u><u>53</u></u>					

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Federal Statements

FYE: 12/31/2021

Schedule A, Part III, Line 1(e)

Description	Amount
MEMBERSHIP DUES AND ASSESSMENTS	\$ 17,505
PARK RANGER FEES	4,768
CASH CONTRIBUTIONS	28,266
CITY OF TAMPA	
CASH CONTRIBUTION	46,080
HISTORIC PRESERVATION	
CASH CONTRIBUTION	61,955
UNITED STATES SMALL BUSINESS ADMINIS	
CASH CONTRIBUTION	22,848
ARTS COUNCIL	
CASH CONTRIBUTION	14,838
FLORIDA HUMANITIES COUNCIL	
CASH CONTRIBUTION	24,500
TOTAL	\$ <u>220,760</u>

Schedule A, Part III, Line 2(e)

Description	Amount
CASITAS/BUNKER/GARDEN	\$ <u>136,356</u>
TOTAL	\$ <u>136,356</u>

Schedule A, Part III, Line 3(e)

Description	Amount
LEGACY	\$ 8,275
EXHIBIT NAMING RIGHTS	7,500
HOMERUNS & HISTORY	10,500
TOTAL	\$ <u>26,275</u>

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Federal Statements

FYE: 12/31/2021

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

Description	Amount
INTEREST	\$ 53
TOTAL	\$ <u>53</u>

Schedule A, Part III, Line 11

Description	Amount
MISCELLANEOUS	\$ 7,836
LESS: DEDUCTIONS	<u>-1,000</u>
TOTAL	\$ <u>6,836</u>