

Florida Department of Environmental Protection

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

Citizen Support Organization (CSO) Name: Ybor City Museum Society, Inc.

Mailing Address: P.O. Box 5421, Tampa, FL 33675

 Telephone Number:
 813.247.1434
 Website Address (if applicable):
 www.ybormuseum.org

Statutory Authority:

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

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

Brief Description of the CSO's Mission: Preserving, promoting and celebrating the unique cultural heritage of Ybor City and supporting the Ybor City Museum State Park.

Brief Description of the CSO's Results Obtained: The following activities are transpired during a 12-month period that includes the 2016 fiscal year (January 1 – December 31, 2016).

Now in its 35th year, the Ybor City Museum Society, created, funded and presented a program series entitled *Traces of Cuba* that included the installation of a new exhibit at the park and four ancillary programs. These activities served to provide educational experiences for children and adults, increase the Ybor City Museum State Park's visitation, and develop new audiences for both the Park and the CSO. The fifth annual Buildings Alive! Ybor City Architecture Hop included behind-the-scenes tours of six historic sites in Ybor City, Tampa's National Historic Landmark District, and a send-off party in the museum garden. The CSO honored three visionaries at the 32nd Annual Legacy Awards, which is both a fundraiser and a friend raiser. The free Discover Ybor Historic Tour, a 21-stop self-guided tour that begins at the Park was maintained. New lesson plans according to Florida Standards were created and posted on the website, giving teachers an educational tool for the thousands of school children who visit the museum annually. The CSO also continued taking and transcribing oral histories to add to the collection. The website, which also provides park location, hours, fees, parking and exhibit information was maintained. The CSO is actively involved in marketing the park on a day-to-day basis. Media inquiries and tours, community engagement, and collaborations were expanded through active participation in local boards, committees, meetings, events and person to person solicitations.

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

The CSO will build on its accomplishments during the past reporting year in order to accomplish its mission. Areas of support will include but are not limited to exhibits, programming, educational opportunities and materials, funding, and marketing support. Annual events and ongoing projects will continue in the next fiscal year. Garden rental management will also continue and the reopening of the Museum Store is anticipated. Funding for projects in the park will be provided as available and needed.

 Copy of the CSO's Code of Ethics attached (Model provided; see CSO 2014 instructions)
 Certify the CSO has completed and provided to the Department the organization's most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N/Annual Financial Statement

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.



Department of the Treasury Internal Revenue Service Ogden UT 84201

Notice	CP211A					
Tax period	December 31, 2016 May 1, 2017					
Notice date						
Employer ID number	59-2274494					
To contact us	Phone 1-877-829-5500					
	FAX 801-620-5555					
Page 1 of 1						

188014

Important information about your December 31, 2016 Form 990

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

We approved the Form 8868 for your	What you need to do
December 31, 2016 Form 990. Your new due date is November 15, 2017.	File your December 31, 2016 Form 990 by November 15, 2017. 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, what types of returns can be filed electronically, and whether you are required to file electronically.
Additional information	 Visit www.irs.gov/cp211a For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676). Keep this notice for your records.
	If you need assistance, please don't hesitate to contact us.

10	0965 07/15/2016 2:08 PM							
Foi	··· 990	Under section 501(c), 527, or 4947(ization Exempt From In a)(1) of the Internal Revenue Code (exc	ept private founda	itions)	OMB No 1545-0047		
Dep Inte	artment of the Treasury rnal Revenue Service		curity numbers on this form as it may be m 990 and its instructions is at www.irs			Open to Public Inspection		
A	For the 2014 calend	lar year, or tax year beginning 10/01						
в	Check if applicable: C Na	me of organization			D Employer identification number			
	Address change	YBOR CITY MUSE	JM SOCIETY INC					
	Name change	ng business as nber and street for P.O. box if mail is not delivered to street		Room/suite	59-2 E Telephon	274494		
		009 N ANGEL OLIVA SR STREED	,	Room/suite		247-1434		
		or town, state or province, country, and ZIP or foreign pos	tal code					
		AMPA FL	33605		G Gross nece	aipts \$ 406,665		
		ne and address of principal officer:		H(a) is this a gro	un noturn for au	ubordinates? Yes X No		
	-	HANTAL HEVIA						
		009 N ANGEL OLIVIA SR		H(b) Are all sub		human human		
			FL 33605		arrach a nar i	(see instructions)		
-	Tax-exempt status:	So1(c)(3) 501(c) () ◀ (insert no.) YBORMUSEUM.ORG	4947(a)(1) or 527	-				
J		Corporation Trust Association Other		H(c) Group exer Year of formation: 1		M State of legal domicile. FL		
	art I Summ				JUL	M State of legal confinctie. 2 2		
220.10	of a part of parts part part part of the concernence of the second s	the organization's mission or most significant	activities:					
a di		ING, PROMOTING AND CELEBRAT	NUMBER OF TRADE STREET, ST	AL HERITAG	EOFY	BOR		
ance	デーススモモスモン「クリスス」	SUPPORTING THE YBOR CITY	化化学分析 化化学 医化学学 医子宫 医外生性 医结核的 医中生生 医结核的 化化合金 化化合金	* * * 5 * 2 * 6 * * * * * * * * *	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	A CONTRACTOR OF A CONTRACT OF A CONTRACT. A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT. A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT. A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT. A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACTACTACT OF A CONTRACTACTACTACTACTACTACTACTACTACTACTACTACTA		
ELE	S. ARGARES SHAFARE							
Activities & Governance	2 Check this box	if the organization discontinued its ope	rations or disposed of more than 25%	of its net assets	•			
ල ඉ	3 Number of votir	g members of the governing body (Part VI, lin	e 1a)		3	19		
ies		pendent voting members of the governing bod				19		
ivit	5 Total number of		5	7				
Act		volunteers (estimate if necessary)	ali an ta ta a di sec	6	0			
		business revenue from Part VIII, column (C), I	TOX DOVE IT TO OTHER TO OF FOR PART		7a	0		
	b Net unrelated b	usiness taxable income from Form 990-T, line	34	Prior Yea	7b	O Current Year		
	8 Contributions a	nd grants (Part VIII, line 1h)			276	208,370		
Revenue		e revenue (Part VIII, line 2g)			7,554	124,122		
eve	10 Investment inco	me (Part VIII, column (A), lines 3, 4, and 7d)			3	4		
œ	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,	and 11e)		3 ₁ 964	44,068		
		add lines 8 through 11 (must equal Part VIII, o		545	5,797	376,564		
		ar amounts paid (Part IX, column (A), lines 1-	-3)			0		
		or for members (Part IX, column (A), line 4)		4 19 /	0.01	0		
ses		ompensation, employee benefits (Part IX, colu	umn (A), lines 5–10)	1/2	2,931	159,361		
Expenses		draising fees (Part IX, column (A), line 11e)	31,262			<u> </u>		
EX I		j expenses (Part IX, column (D), line 25) ▶ (Part IX, column (A), lines 11a–11d, 11f–24e)			0,675	161,942		
		Add lines 13–17 (must equal Part IX, column			, 606	321,303		
		penses. Subtract line 18 from line 12	(), inc 20)		,191	55,261		
5 8				Beginning of Curr	ont Year	End of Year		
Net Assets or Fund Balances	20 Total assets (Pa	rt X, line 16)		Contraction of the Contraction	,433	984,466		
et As nd B	21 Total liabilities (I	T KIM DALLER DE DER TREFT HAARAALAAA	Completing in many carding which we are presented and the second s	,598	300,699			
	70.0.0	nd balances. Subtract line 21 from line 20		564	,835	683 ₂ 767		
		re Block						
		declare that I have examined this return, including a Declaration of preparer (other than officer) is based			my knowledg	ge and belief, it is		
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Sig	Signature	of officer			Date	9/10		
Her		NTAL HEVIA	PRESI	DENT AND	CEO			
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	Print/Type prepare	's name Preparer's	នាំព្រះរាជមេ	Date	Check	if PTIN		
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Use Only			3815	WEST	HUMPHREY	STREET,	SUITE	101			
	Firm's address	•	TAMPA	, FL	33614						
May the IRS discuss this return with the preparer shown above? (see instructions)											
For Paperwork Reduction Act Notice, see the separate instructions.											

813-932-2116

Phone no.

	MUSEUM SOCIETY INC	59-2274494	Page 2
	ogram Service Accomplishments		
Check if Schedule	O contains a response or note to	any line in this Part III	<u> </u>
1 Briefly describe the organization			
PRESERVING, PROMO	TING AND CELEBRATING	THE UNIQUE CULTURAL H	IERITAGE OF YB
CITY AND SUPPORTI	ING THE YBOR CITY MUSE	EUM STATE PARK.	
	any significant program services during the	year which were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new server	vices on Schedule O.		
3 Did the organization cease cond	lucting, or make significant changes in how	it conducts, any program	
services?	-		Yes X No
If "Yes," describe these changes	s on Schedule O.		
		ts three largest program services, as measu	ired by
expenses. Section 501(c)(3) and	501(c)(4) organizations are required to re-	port the amount of grants and allocations to	others
the total expenses, and revenue	, if any, for each program service reported.		001613,
	, a suggi an program controd reported.		
4a (Code:) (Expenses \$	251,393 including grants of	of\$) (Revenue \$	<u> </u>
MARKETING AND COM PROGRAMMING, PROV HISTORICAL PROPER	MUNICATIONS, DEVELOP IDE COMMUNITY OUTREAC	OGRAMMING, RAISE FUND CULTURAL AND EDUCATIO H, REHABILITATE AND M MUSEUM STORE TO DIRE PARK.	NAL EXHIBITS A
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Form 990 (2014) YBOR CITY MUSEUM SOCIETY INC Part IV Checklist of Required Schedules

59-2274494

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III			37
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		x
Ŭ	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Vaa" aamplete Schedule D. Datil			~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		<u> </u>
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
•	complete Schedule D. Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	- °		_ <u>A</u>
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt registration convisions? If "Yes," complete Schedule D. Det N/	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			<u>A</u>
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		ST	
	VII, VIII, IX, or X as applicable.		3 <u>7</u> 5	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			2
	complete Schedule D, Part VI	11a	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	11b		х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
10	assistance to or for foreign individuals? If "Yee" complete Schedule E. Darte III and N/	40		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		X
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	-	
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014)

Form 990 (2014) YBOR CITY MUSEUM SOCIETY INC 59-2274494 Part IV Checklist of Required Schedules (continued)

Page 4

-			1	1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			t
	employees? If "Yes," complete Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			i.
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	5	24d		
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? If "Yes," complete Schedule L, Part I	25a		_X
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			가 있. 2월 - 199
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			
31		30		X
51	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			37
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
02				v
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	\rightarrow	X
	sections 301 7701-2 and 301 7701 32 If "Ves." complete Schedule B. Dart I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		<u>A</u>
•••	and New All Republic	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	- 35d		<u>A</u>
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
	related engenization? If "Vee" complete Cabadula D. Datt V. Kas C	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			42
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Form **990** (2014)

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g Pa	art 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	<u></u>		<u> L</u>
10	Enter the number reported in Day 2 of Form 4000 Fotor 0. K at a line to	0.	Yes	s No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6	- the second		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	Concerning	1	
2a	reportable gaming (gambling) winnings to prize winners?	1c		
٤a				
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		l sansi	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	2-	1	v
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		<u>x</u>
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
b	If "Yes," enter the name of the foreign country:	<u>4a</u>	Contraction of the	X
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			T
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<u>5c</u>		
•4	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	0a		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		In the
а	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		i and
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	111 		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	and second	1. C.
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	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			1. I.
	Section 501(c)(12) organizations. Enter:			
а	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.)			· · ·
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			•
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	18.		
	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			
	Enter the amount of reserves on hand			R
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

000	Ston A. Coverning Body and Management					r
10	Enter the number of voting members of the governing body at the and of the tax year	المعا	19		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	19			
	if the governing body delegated broad authority to an executive committee or similar			12 7 - 14		2 . 5
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19			1.1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		19	- 21		1 - 11 ⁰ , 64 30
-	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			-4	<u> </u>	
Ŭ	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was			4		X
5	Did the organization make any significant changes to its governing documents since the phor Form 990 was Did the organization become aware during the year of a significant diversion of the organization's assets?	meur		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	• • • • • •	*******	–		
74	one or more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			10		<u>_</u>
	stockholders, or persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the		by the follow			
а	The governing body?	e year	by the follow	8a	x	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				44	
÷	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			a		х
Sec	tion B. Policies (This Section B requests information about policies not required by the	Inter	nal Reven		ode)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a		filing t	ne form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	0				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	Carl Constants
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise t	o conflicts?	12b	X	40 Million - 10 Mi
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	x	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14		х
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	on?		1.4_10		
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			get in		E. Salation
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(c)(3)s only)			

available for public inspection. Indicate how you made these available. Check all that apply.

Own website X Another's website X Upon request Other (explain in Schedule O)

19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and
	financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Form 990 (2014) YBOR CITY MUSEUM SOCIETY INC

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

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Sheek in Benedule O contains a response of hote to any line in this Fait vi

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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	box offi	k, unle icer ai	Pos check ess pe nd a d	erson lirecto	than o is both pr/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(2) 1000 Million)	organization and related organizations
(1) JOSEPH CITRO										
· <u></u>	0.00									
CHAIR	0.00	X		Χ				0	0	0
(2) PATRICK VENABLE	0.00									
VICE CHAIR	0.00	x		x				0	0	0
(3) SHAWN HAGGERTY	0.00			-				0	0	0
	0.00									
SECRETARY	0.00	x		Х				0	0	0
(4) JASON DICKENS										
	0.00									
TREASURER	0.00	X	_	X		\vdash		0	0	0
(5) LEO ALVAREZ	0 00									
IMMEDIATE PAST CHAIR	0.00	x		x				0	0	0
(6) HERMAN LAZZARA	0.00	Α		-				0	0	0
(*,	0.00									
MEMBER AT LARGE	0.00	x		x				0	0	0
(7) STEPHANIE AGLIA										
	0.00									
DIRECTOR	0.00	X		-+			_	0	0	0
(8) STEPHEN M BARBA										
DIRECTOR	0.00	x						0	0	0
(9) BOB CALAFELL	0.00		+		-+	-+-	+	0	0	0
(0)202 011111 1111	0.00									
DIRECTOR	0.00	x						0	0	0
(10) ANTHONY CARRENO										
	0.00									
DIRECTOR	0.00	X					_	0	0	0
(11) JAMES HOWARD	0 00									
DIRECTOR	0.00	x						0	0	0
DAA	0.00	<u>A</u>						0	0	0 Form 990 (2014)

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Form 990 (2014) YBOR CIT Part VII Section A. Officer									4494 ated Employees (continu	Page (
(A) Name and title	(B) Average hours per week (list any	(de bo:	o not a k, unle	Pos check	C) sition more erson	than o is both pr/trust	one 1 an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) JAMES JIMENEZ		-				ä				3
DIRECTOR	0.00	x						0	0	0
(13) GILDA MCKINNON	0.00									
DIRECTOR	0.00	x						0	0	0
(14) SHARI MIDDLETON	0.00									
DIRECTOR	0.00	x						0	0	0
(15)VICTOR PADILLA	0.00									
DIRECTOR	0.00	x						0	0	0
(16)CHARLOTTE PAGAN	INI 0.00									
DIRECTOR	0.00	x						0	0	0
(17)SCOTT L PEELER	JR 0.00									
DIRECTOR	0.00	x						0	0	0
(18) RICH SIMMONS	0.00									
DIRECTOR	0.00	х						0	0	0
(19)COOKIE RODANTE	SPOTO 0.00									
DIRECTOR	0.00	x						0	0	0
1b Sub-total c Total from continuation she	ets to Part VII.	Sec	tion	 A				57,750		
d Total (add lines 1b and 1c)								57,750		
2 Total number of individuals (in reportable compensation from	ncluding but not the organization	t limit on 🕨	ted t 0	o the	ose l	isted	l abo	ove) who received more t	han \$100,000 of	
3 Did the organization list any for				r tru	ctoo	kov		nlovco, or highest samp	nantad	Yes No
employee on line 1a? If "Yes,"	" complete Sch	edule	e J fo	or su	ich ii	ndivi	dual	Í		3 X
4 For any individual listed on lin organization and related orga	nizations greate	er tha	an \$1	150,	0007	? lf "\	res,	" complete Schedule J for	r such	
individual5 Did any person listed on line '	1a receive or ac	crue	соп	nper	nsati	on fr	om a	any unrelated organizatio	n or individual	4 X
for services rendered to the o Section B. Independent Contractor	rganization? If "	Yes,	" COI	mple	ete S	cheo	lule	J for such person		5 X
1 Complete this table for your fi	ve highest com	pens	ated	ind	eper	nden	t cor	ntractors that received mo	ore than \$100,000 of	
compensation from the organi	(A) business address	com	pens	atio	n for	the	cale		within the organization's ta (B) on of services	ax year. Compensation
	Dusiness address							Descripti	on of services	Compensation
						\rightarrow				
						\uparrow		0) <u></u>		
						_				
		_								
2 Total number of independent received more than \$100,000									0	

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	4) YBOR CIT										Page 8
Part VII	Section A. Officer	rs, Directors, T	rust	ees,	Key	/ Em	ploy	/ees	s, and Highest Compens	ated Employees (contin	ued)
Nam	(A) ne and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe nd a c	erson	than is both pr/trust	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensatec employee	Former	(W-2/1099-MISC)	(₩-2)1033-₩100)	organization and related organizations
	L MARTINEZ	0.00									
DIRECTOR		0.00	X	<u> </u>		<u> </u>			0	0	0
(13)CHANT?	AL HEVIA	40.00									
PRESIDENT	& CEO	0.00			x				57,750	0	0
(14)											
				<u> </u>							
(15)											
(16)											
	• • • • • • • • • • • • • • • • • • • •										
(17)											
	• • • • • • • • • • • • • • • • • • • •										
(18)											
(19)											
	n continuation she								57,750		
	d lines 1b and 1c)										
	ber of individuals (i compensation from				to th	ose	listeo	d ab	ove) who received more t	han \$100,000 of	
3 Did the orgen	ganization list any f on line 1a? If "Yes	f ormer officer, d ," complete Sch	irect edul	tor, c e J f	or su	uch i	ndivi	dua			Yes No
4 For any in organization individual	on and related orga	ne 1a, is the sum anizations greate	n of er th	repo an \$	rtab 150,	le co 000	ompe ? If "	ensa Yes	tion and other compensat ," complete Schedule J fo	ion from the r such	4
									any unrelated organizatio		5
	pendent Contract		103	,			Jone	auto			
1 Complete compensa	tion from the organ	ization. Report	pens com	sateo pens	d ind satio	lepe n fo	nden r the	t co cale	ntractors that received mo endar year ending with or	within the organization's	
	Name and	(A) business address							Descript	(B) ion of services	(C) Compensation
2 Total num	ber of independent	contractors (inc	ludir	na hi	ut no		nited	to th	nose listed above) who		
	nore than \$100,000										

Form 990 (2014) YBOR CITY MUSEUM SOCIETY INC Part VIII Statement of Revenue

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

10 a			ara Ara Ara		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Gifts, Grants	1a	Federated campaigns	1a					
Ű.		Membership dues	1b	13,335				
,ts,		Fundraising events	1c					
i Gi		Related organizations	1d					
Ś	e	Government grants (contributions)	1e	122,341				
lior		f All other contributions, gifts, grants,						
but		and similar amounts not included above	1f	72,694				
OE:		Noncash contributions included in lines 1						
		Total. Add lines 1a-1f		••••••	208,370			
h	<u> </u>			Busn. Code				
Nel	2a	CASITAS/BUNKER/GARI	DEN		97,913		and the set out the set	97,913
Re	b				9,834			9,834
/ice	c				9,800			5,051
Sen		BUILDINGS ALIVE			6,575			
E				· · · · ·	07515	0,5,5		
gra		All other program service reve						
Pro		Total. Add lines 2a-2f			124,122			
	3	Investment income (including			121/122			
	ľ	and other similar amounte)			4			4
	4	Income from investment of ta						<u> </u>
	5							
	l J	Royalties		(ii) Personal				
	6a			(II) Personal				
	b						2. 周. 周. 周. 周. 周.	
	c d				the second s			
		Net rental income or (loss) Gross amount from (i) Securities	·····	(ii) Other				
		sales of assets						
	h	other than inventor						
		Less: cost or other						
		basis & sales exps						
		Gain or (loss)						
		Net gain or (loss)			and the second	A		
Revenue	oa	Gross income from fundraising eve	nts					
vel		(not including \$						
Re		of contributions reported on line 1c).	74,169				
Other	The second	See Part IV, line 18						
oti		Less: direct expenses		30,101				
		Net income or (loss) from fund			44,068		an in the second party	44,068
	99	Gross income from gaming activitie						
	Ē.	See Part IV, line 19	. a				an in a said in the	
		Less: direct expenses		Han b				
		Net income or (loss) from gam		ties ►			22 Kat by 64 Au 19 1	
	IVa	Gross sales of inventory, less						
	h	returns and allowances	a					2010 - 10 - 10 - 10 - 10 - 10 - 10 - 10
		Less: cost of goods sold Net income or (loss) from sale	. ⊔∟	toni b				
	C	Net Income or (Ioss) from sale Miscellaneous Revenue	s or inven	Busn. Code	a estimation and a		*:	
	11a			Busil. Code				dia tra sub-marshar sub-marsh
	b	······						
		••••••••••••••••••••••••••••••••••••						
	c d	All other revenue						
	a	Total Add lines 11s 11s		··· L				
	е 12	Total. Add lines 11a–11d			376,564	16,375	0	151 010
	14	Total revenue. See instruction	13		570,504		0	151,819

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Form 990 (2014) YBOR CITY MUSEUM SOCIETY INC

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

	not include amounts reported on lines 6b,	(A)	(B)	(C)	X
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	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			Contraction of the second se	
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				2°
Ĩ	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	57,750	40,425	8,663	8,66
6	Compensation not included above, to disgualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	101,611	71,128	15,242	15,24
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<u> </u>
10	Payroll taxes				—
11	Fees for services (non-employees):				
а					
b	Legal				A STREET STOLEN AND A STREET STOLEN
с	Accounting	7,966	5,576	2,390	
	Lobbying				
	Professional fundraising services. See Part IV, line 17		and the set of the set		
f	Investment management fees				an a
g	Other. (If line 11g amount exceeds 10% of line 25, column			······	
	(A) amount, list line 11g expenses on Schedule O.)	38,351	38,351		
12	Advertising and promotion				
13	Office expenses	14,673	11,738	1,761	1,174
14	Information technology				
15	Royalties				
16	Occupancy	30,568	24,454	3,057	3,05
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	383	307	38	31
20	Interest	3,496		3,496	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,847	17,477	2,185	2,185
23	Insurance	9,048	7,238	905	905
24	Other expenses. Itemize expenses not covered		The state of the second se		
	above (List miscellaneous expenses in line 24e. If				1997 - 1997 -
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	A.B.A.A.A.A.A.A.A.			
а	STATE PARK FEES	9,900	9,900		
b	PARK RANGERS	9,876	9,876		
С	REPAIRS & MAINTENANCE	8,367	7,865	502	
d	COGS	7,058	7,058		
е	All other expenses	409		409	
	Total functional expenses. Add lines 1 through 24e	321,303	251,393	38,648	31,262
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 ▶ if				
	following SOP 98-2 (ASC 958-720)				

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Form 990 (2014) YBOR CITY MUSEUM SOCIETY INC Part X Balance Sheet

Page 11

Ρ	art	X Balance Sheet					
		Check if Schedule O contains a response or no	ote to any li	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			3,562	1	11,765
	2	Savings and temporary cash investments			5,347	2	11
	3	Pledges and grants receivable, net				3	12,500
	4	Accounts receivable, net			5,645	4	12,387
	5	Loans and other receivables from current and former	r officers, d	irectors,	and the second second second second		
	1	trustees, key employees, and highest compensated of	employees				
		Complete Dart II of Cohedula I				5	
	6	Loans and other receivables from other disqualified p	persons (as	defined under section	30 A.M. 51	14	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and cor	ntributing employers a	diaminana		
		sponsoring organizations of section 501(c)(9) volunta	ary employe	ees' beneficiary			
its		organizations (see instructions). Complete Part II of S				6	
Assets	7	Notes and loans receivable, net				7	
۲	8	Inventories for sale or use			9,007	8	7,151
	9	Prepaid expenses and deferred charges			128,500	9	127,599
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	1,092,709			C. LAN AN AN
	b	Less: accumulated depreciation	10b	279,847	717,182	10c	812,862
	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			L	190		191
	16	Total assets. Add lines 1 through 15 (must equal line			869,433		984,466
	17	Accounts payable and accrued expenses			99,316		62,393
	18	Grants payable				18	
	19	Deferred revenue			97,981	19	88,340
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV			and and and a second	21	
Liabilities	22	Loans and other payables to current and former office					
bilid		trustees, key employees, highest compensated employees	oyees, and			and the second	
Lia		disqualified persons. Complete Part II of Schedule L			40 500	22	40 500
	23	Secured mortgages and notes payable to unrelated the			40,500		49,500
	24 25	Unsecured notes and loans payable to unrelated third Other liabilities (including federal income tax, payable	• • • • •	d Alafaad	,000	24	40,000
	23	parties, and other liabilities not included on lines 17-2					
			<i>,</i> .		65,801	25	60,466
	26	Total liabilities. Add lines 17 through 25			304,598		300,699
	20	Organizations that follow SFAS 117 (ASC 958), ch	eck here	X and		20	
Ces		complete lines 27 through 29, and lines 33 and 34					
lan	27	Unrestricted net assets			436,335	27	556,167
Ba	28	Temporarily restricted net assets			128,500		127,600
pu	29	Permanently restricted net assets				29	
E		Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 9	58). check	here and			
JO S		complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds			and the second	30	
Ass	31	Paid-in or capital surplus, or land, building, or equipm				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income				32	
Z	33	Total net assets or fund balances		F	564,835	33	683,767
	34	Total liabilities and net assets/fund balances			869,433		984,466

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Form **990** (2014)

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) 2 Total expenses (must equal Part IX, column (A), line 25)	376,564 321,303 55,261
1 Total revenue (must equal Part VIII, column (A), line 12)	376,564 321,303 55,261
1 Total revenue (must equal Part VIII, column (A), line 12)	376,564 321,303 55,261
2 Total avanance (must equal Part IV, column (A), line 25)	55,261
2 Total expenses (must equal Part IX, column (A), line 25)	
3 Revenue less expenses. Subtract line 2 from line 1 3	EC4 02E
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	564,835
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 in Schedule O)	63,671
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
33, column (B))	683,767
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: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain in	
Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	
reviewed on a separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	2b X
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:	
X Separate basis Consolidated basis Both consolidated and separate basis	100 1 1 1 1
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	
of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c X
If the organization changed either its oversight process or selection process during the tax year, explain in	
Schedule O.	
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?	3a X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b

Form 990 (2014)

SCHEDULE A	Pub	lic Charity Statu	is and	d Pub	olic Suppo	ort	OMB No. 1545-0047
(Form 990 or 990-EZ)		e if the organization is a sec					
		4947(a)(1) nonexe	mpt char	itable tru	ust.		2014
Department of the Treasury		Attach to Form					Open to Public
Internal Revenue Service	Information about	ut Schedule A (Form 990 or 99	0-EZ) and	its instruc	ctions is at www.ir	s.gov/form990.	Inspection
Name of the organization						Employer identifie	
Deve		USEUM SOCIETY				59-2274	494
		ty Status (All organizati				See instruc	tions.
		ause it is: (For lines 1 through					
		ssociation of churches descri		ction 170	0(b)(1)(A)(i).		
		1)(A)(ii). (Attach Schedule E.	,				
		rvice organization described i					
		ated in conjunction with a hos	pital desci	ribed in s	ection 170(b)(1)(A)(iii). Enter th	e hospital's name,
city, and stat							
		fit of a college or university ov	vned or op	perated by	y a governmental	unit described	in
	(b)(1)(A)(iv). (Complete P						
		r governmental unit described					
		a substantial part of its suppo	ort from a	governm	ental unit or from	the general put	olic
	section 170(b)(1)(A)(vi).						
		n 170(b)(1)(A)(vi). (Complete					
		: (1) more than 33 1/3% of its					
		empt functions—subject to ce					ts
		and unrelated business taxal				m businesses	
		e 30, 1975. See section 509(
		ed exclusively to test for public					
		d exclusively for the benefit o					
		ations described in section \$					
		escribes the type of supportin					
a Type I. A sup	oporting organization oper	ated, supervised, or controlle	d by its su	pported of	organization(s), ty	pically by giving	g
the supported	d organization(s) the powe	er to regularly appoint or elect	a majority	/ of the di	irectors or trustee	s of the suppor	ting
organization.	You must complete Par	t IV, Sections A and B.					
b Type II. A su	pporting organization sup	ervised or controlled in conne	ction with	its suppo	orted organization	(s), by having	
control or ma	nagement of the supportir	ng organization vested in the	same pers	sons that	control or manage	e the supported	ł
organization(s). You must complete P	art IV, Sections A and C.			-		
c Type III func	tionally integrated. A su	pporting organization operate	d in conne	ection with	h, and functionally	/ integrated wit	h,
its supported	organization(s) (see instru	uctions). You must complete	Part IV,	Sections	A, D, and E.		
d Type III non-	functionally integrated.	A supporting organization op	erated in d	connectio	n with its support	ed organization	(s)
		organization generally must sa					
		ist complete Part IV, Section					
e Check this bo	ox if the organization recei	ved a written determination fr	om the IR	S that it is	s a Type I, Type I	l, Type III	
		unctionally integrated suppor					
f Enter the number	of supported organization	IS					
g Provide the follow	ving information about the	supported organization(s).					
(i) Name of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of n	·	(vi) Amount of
organization		(described on lines 1–9		ur governing			other support (see
		above or IRC section (see instructions))	docu	ment?	instruction	is)	instructions)
			Yes	No			
(A)							
(B)							
(C)							
(D)							
(5)							
(E)							
Tatal		i si charga					
Total			÷.				

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

Schedule A (Form 990 or 990-EZ) 2014 YBOR CITY MUSEUM SOCIETY INC

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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.)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(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)				A MAR AND SHARE THE AND			
6	Public support. Subtract line 5 from line 4.							
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(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					1924 Octo		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					- 1114 (mm - 1		
11	Total support. Add lines 7 through 10	周期相同的				10 10 10 10 10 10 10 10 10 10 10 10 10 1	1. 1.	
12	Gross receipts from related activities, etc	. (see instructions	s)				12	
13	First five years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)		
	organization, check this box and stop he	ere						
Sec	tion C. Computation of Public S							
14	Public support percentage for 2014 (line	6, column (f) divid	led by line 11, col	umn (f))			14	%
15	Public support percentage from 2013 Sci						15	%
16a	33 1/3% support test-2014. If the orga				l is 33 1/3% or mo	re, check th	nis	
	box and stop here. The organization qua							🕨 📋
b	33 1/3% support test-2013. If the orga					or more,		
	check this box and stop here. The organ							•••••••••••••••••••••••••••••••••••••••
17a								
	10% or more, and if the organization mee							
	Part VI how the organization meets the "f							_
	organization							
b	10%-facts-and-circumstances test-20	13. If the organization	ation did not chec	k a box on line 13	3, 16a, 16b, or 17a	a, and line		
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization m	eets the "facts-an	d-circumstances'	test. The organiz	ation qualifies as	a publicly		
	supported organization							
18	Private foundation. If the organization d	id not check a box	k on line 13, 16a,	16b, 17a, or 17b,	check this box an	d see		
	instructions							▶∐

Schedule A (Form 990 or 990-EZ) 2014 YBOR CITY MUSEUM SOCIETY INC Part III

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Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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.)

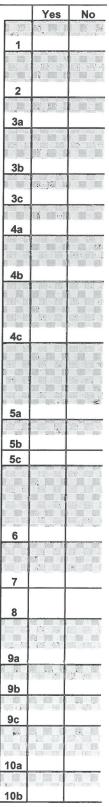
Se	ction A. Public Support			• • • • • •			
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	104,894	114,476	175,255	439,276	208,370	1,042,271
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	65,563	53,702	119,653	46,198	16,375	301,491
3	Gross receipts from activities that are not an unrelated trade or business under section 513					84,003	84,003
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	170,457	168,178	294,908	485,474	308,748	1,427,765
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		State of the second sec				
<u> </u>	line 6.)						1,427,765
	tion B. Total Support ndar year (or fiscal year beginning in)	() 0040	(1) 0044	() 0010	(1) 00 (0)	() 0011	
	Amounto from line C	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	170,457	168,178	294,908	485,474	308,748	1,427,765
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	91,847	110,518	111,558	99,452	97,917	511,292
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	91,847	110,518	111,558	99,452	97,917	511,292
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	262,304	278,696	100 100	504 000	100 005	1 000 055
14	First five years. If the Form 990 is for the			406,466	584,926	406,665	1,939,057
	organization, check this box and stop he					() ()	
Sec	tion C. Computation of Public S				· · · · · · · · · · · · · · · · · · ·		·····
15	Public support percentage for 2014 (line a			mn (f))		15	73.63%
16	Public support percentage from 2013 Sch	edule A, Part III, I	ine 15			16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2014 (13, column (f))		17	26 %
18	Investment income percentage from 2013						28 %
19a	33 1/3% support tests-2014. If the orga			ne 14, and line 15	is more than 33	1/3%, and line	
	17 is not more than 33 1/3%, check this b	ox and stop here	. The organizatior	n qualifies as a pu	blicly supported of	organization	▶ 🗴
b	33 1/3% support tests-2013. If the orga						.d
	line 18 is not more than 33 1/3%, check the						🕨 📃
20	Private foundation. If the organization di	id not check a box	on line 14, 19a, o	or 19b, check this	box and see instr	ructions	

Schedule A (Form 990 or 990-EZ) 2014 YBOR CITY MUSEUM SOCIETY INC

 5	9	_	2	2	7	4	4	9	4
 -	~		~				- 64	~	

Part IV Supporting Organizations (Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

- 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in 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 in line 9(a)) 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 in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)



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Schedule A (Form 990 or 990-EZ) 2014 YBOR CITY MUSEUM SOCIETY INC 59-2274494 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to 1 Yes No regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? if "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a 3 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally-Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): а The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. С The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Yes No 2a 2b 3a 3b

Schedule A (Form 990 or 990-EZ) 2014 YBOR CITY MUSEUM SOCIETY INC

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 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. 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		
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	ind.		
factors (explain in detail in Part VI):		a a she da ta an an a sa sa sa	
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 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
B Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		A.
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to		Contraction of the	

instructions).

	rt V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Orgar	izations (continued)
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		
2	Amounts paid to perform activity that directly furthers exempt purpo	oses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
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 organizations to which the organizations are supported organizations are supported organizations are supported organizations are supported organizations to which the organizations are supported or	nization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 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	(iii) Distributable
			Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	and the set of the set of the set		
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)	and the second		
3	Excess distributions carryover, if any, to 2014:	$\left(\frac{1}{2} \frac{\partial u}{\partial x} \right) = \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{\partial x} \right) + \left(\frac{\partial u}{\partial x} + \frac{\partial u}{$		and the second
а				
b		and the second sec		
C		and the second s	an ang ang ang ang ang ang ang ang ang a	
d	and a second			and the second second
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
T	Carryover from 2009 not applied (see instructions)			
Ĭ	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			AU MARK. M. M. M. A
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years	and soft and soft and soft		
	Applied to 2014 distributable amount		and the second	
	Remainder. Subtract lines 4a and 4b from 4.		en e	
5	Remaining underdistributions for years prior to 2014, if			
2	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7		if a		
7	Excess distributions carryover to 2015. Add lines 3j			
0	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				
c		and an an an an and an an	No. 194 . LA COM THE AND THE	1 2 2 2 4 5 2 4 5 2 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4
	Excess from 2013	Sec. Mar. Sec. Sec. Sec. Sec. Sec.	and the second s	5 . Free Mr. 14. No. 1. 18.

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-E Supplement Part III line 1	al Information	. Provide the e	xplanations re	equired by Par	59-227 t II, line 10; Part I (See instructions.	l, line 17a or 1	Page 8 7b; and
	i dit in, into	12. 7 400 00mpic		any additiona	in information.		/	
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www 	wirs gov/form000	OMB No. 1545-0047					
Name of the organization		tification number						
YBOR CITY MUSEUM SOCIETY INC 59-227449								
Organization type (check	one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

	organization CITY MUSEUM SOCIETY INC		GE 1 OF 1 Page Employer identification number 59-2274494
Part I	Contributors (see instructions). Use duplicate copies o	f Part I if additional spac	e is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	ESTATE OF FERNANDO MESA 3450 BUSCHWOOD PARK DR TAMPA FL 33618	\$ 8,949	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.2	HILLSBOROUGH COUNTY 601 E KENNEDY BLVD TAMPA FL 33602	\$9,600	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CITY OF TAMPA E. JACKSON ST, 8E TAMPA FL 33602	\$ 98,200	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FLORIDA DIVISION OF CULTURAL AFFAIR 500 SOUTH BRONOUGH STREET TALLAHASSEE FL 32399	.S \$14,541	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 ARTS COUNCIL OF HILLSBOROUGH COUNTY 505 E JACKSON ST #306 TAMPA FL 33602	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	HEDULE D	Supplemental F	Financial Statements ation answered "Yes" to Form 990,		OMB No. 1545-0047
(Fo	rm 990)	Complete if the organiz Part IV, line 6, 7, 8, 9, 10, 11	ation answered "Yes" to Form 990, a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	_	2014
	rtment of the Treasury	► Atta	ch to Form 990.		Open to Public
	al Revenue Service	Information about Schedule D (Form 99)	90) and its instructions is at www.irs.	.gov/torm990. Employer identifica	Inspection
Marine	or the organization			Employer identifica	ation number
Y		SEUM SOCIETY INC		59-22744	94
Pa	art I Organiza	ations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts.	
	Complete	e if the organization answered "Yes" to			
			(a) Donor advised funds	(b) Funds a	nd other accounts
1	Total number at end				
2 3	Aggregate value of co	ontributions to (during year) rants from (during year)			
4	Aggregate value of gr	nd of year			
5	Did the organization i	nform all donors and donor advisors in writing t	that the assets held in donor advised		
	-	ation's property, subject to the organization's e			Yes No
6		nform all grantees, donors, and donor advisors			
		rposes and not for the benefit of the donor or do			
		ble private benefit?			Yes No
Pa		ation Easements.	Form 000 Port IV line 7		
		e if the organization answered "Yes" to			
1		vation easements held by the organization (che nd for public use (e.g., recreation or education)		nortent land area	
	Protection of natu		Preservation of a certified histor		
	Preservation of or				
2	·	ough 2d if the organization held a qualified con	servation contribution in the form of a c	onservation	
	easement on the last			Berlinder Tr	he End of the Tax Year
а	Total number of conse	ervation easements		2a	
b	Total acreage restricted	ed by conservation easements		2b	
	Number of conservati	on easements on a certified historic structure ir	ncluded in (a)	2c	
d		on easements included in (c) acquired after 8/1			
	historic structure listed	d in the National Register		2d	
3		on easements modified, transferred, released,	extinguished, or terminated by the orga	inization during th	ie
А	tax year	 ere property subject to conservation easement i			
5		have a written policy regarding the periodic me			
•		ement of the conservation easements it holds?			Yes No
6		ours devoted to monitoring, inspecting, and enfo			
	▶				
7		ncurred in monitoring, inspecting, and enforcing	g conservation easements during the ye	ear	
	▶\$				
8		on easement reported on line 2(d) above satisf			
9		(B)(ii)?			Yes No
3		clude, if applicable, the text of the footnote to the			
		ting for conservation easements.			
Pa	rt III Organiza Complete	tions Maintaining Collections of Art if the organization answered "Yes" to	t, Historical Treasures, or Oth Form 990, Part IV, line 8.	er Similar As	sets.
1a	·····	cted, as permitted under SFAS 116 (ASC 958),		and balance shee	t
	-	treasures, or other similar assets held for publi	-		
	public service, provide	e, in Part XIII, the text of the footnote to its finan	icial statements that describes these ite	ems.	
b		cted, as permitted under SFAS 116 (ASC 958),			
		treasures, or other similar assets held for publi		urtherance of	
		the following amounts relating to these items:			
	(ii) Assets included in	d in Form 990, Part VIII, line 1		🏲 🕭	• • • • • • • • • • • • • • • • • • • •
2	If the organization reco	Form 990, Part X eived or held works of art, historical treasures, i	or other similar assets for financial cain	► Ψ	
-	-	uired to be reported under SFAS 116 (ASC 958	-	, provido trio	
а		Form 990, Part VIII, line 1		▶ \$	
b	Assets included in For	m 990, Part X		<u></u> • •	
For F	aperwork Reduction	Act Notice, see the Instructions for Form 99	90.	Sched	ule D (Form 990) 2014

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

hedule D	(Form	990)	2014

Schedule Part II	D (Form 990) 2014 YBOR CI							age 2
3 Usi	ng the organization's acquisition, acc ection items (check all that apply):							iueu)
	Public exhibition	d	Loan or exchange p	rograms				
	Scholarly research		Other					
	Preservation for future generations							
	vide a description of the organization	's collections and exp	lain how they further	the organiz	ation's exempt p	urpose in Parl		
XIII						1		
5 Duri	ing the year, did the organization soli	cit or receive donation	ns of art, historical tre	easures, or o	other similar			_
	ets to be sold to raise funds rather th		is part of the organiz	ation's colle	ction?		Yes	No
⊖Part I\								
	Complete if the organiza 990, Part X, line 21.	tion answered "Y	es" to Form 990,	Part IV, I	ine 9, or repo	rted an am	ount on Forr	n
	ne organization an agent, trustee, cus	todian or other interm	nediary for contribution	ons or other	assets not			
	uded on Form 990, Part X?						Yes	No
D IT Y	es," explain the arrangement in Part	XIII and complete the	following table:				America	
e Poo	inning balance					4.	Amount	
-	······································					1c 1d		
e Dist	itions during the year ributions during the year				••••••••••••••••••••••	1e		
f End	ing balance					16 1f		
2a Did	the organization include an amount of	n Form 990, Part X, I	ine 21, for escrow or	custodial ad	ccount liabilitv?		Yes	No
	es," explain the arrangement in Part							1
Part V	Endowment Funds.							
	Complete if the organizat	ion answered "Ye	<u>es" to Form 990,</u>	Part IV, li	ne 10.			
		(a) Current year	(b) Prior year	(c) Two ye	ears back (d) T	hree years back	(e) Four years t	back
	inning of year balance							
	tributions							
	investment earnings, gains, and							
loss d Grar	es nts or scholarships							
	er expenditures for facilities and							
	jrams							
f Adm	inistrative expenses							
	of year balance							
2 Prov	vide the estimated percentage of the	current year end bala	nce (line 1g, column	(a)) held as:	:			
a Boar	rd designated or quasi-endowment	%						
	porarily restricted endowment	%						
	percentages in lines 2a, 2b, and 2c s		ingtion that are hold		4			
	there endowment funds not in the posi nization by:	ssession of the organ	ization that are need	ano adminis	tered for the		Yes	No
0	unrelated organizations						3a(i)	NU
(ii) r	related organizations				•••••			
b lf "Ye	es" to 3a(ii), are the related organizat	ions listed as required	d on Schedule R?		•••••		3b	
	cribe in Part XIII the intended uses of							
Part V	,							
	Complete if the organizat				ne 11a. See F	<u>orm 990, F</u>	Part X, line 1	0
	Description of property	(a) Cost or other b			(c) Accumulat		(d) Book value	
1e 1	1	(investment)	(oth	er)	depreciation			
h Build	linge		A	20 5/2			201 1	70
b Build	ehold improvements			39,542 12,850		<u>,070</u> ,227	284,4	
	pment				2	1441	10,0	43
	priorit		64	40,317	122	,550	517,7	67
	lines 1a through 1e. (Column (d) mu						812,8	

Schedule D (Form 990) 2014

	Form 990) 2014 YBOR CITY MUSEUM SOC	IETY INC	59-2274494	Page 3
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" to	<u>o Form 990, Part IV,</u>	line 11b. See Form 99	90, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	valuation:
	(including name of security)		Cost or end-of-yea	ar market value
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			-
(3) Other	673 C · · · · · · · · · · · · · · · · · ·			
(A)				
(C)	- 523 · C · · · · 23 · · 2 · 552 · 55 · · · 3 · · 633 · · 633 · · · · · · · ·			
(E)				
(F)				
(G)				
(H)				
	(h) more than 15 mm 2000, Bart M, and (B) line 40.) N			
the second s	nn (b) must equal Form 990, Part X, col. (B) line 12.) ►		的复数形式的复数形式	
Part VIII	Investments—Program Related.	E		
· · · · · · · · · · · · · · · · · · ·	Complete if the organization answered "Yes" to			
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-yea	r market value
_(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				· · · · · · · · · · · · · · · · · · ·
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.		PLT IN THE MEN AND THE PLT IN	
I GILIA	Complete if the organization answered "Yes" to	Form 000 Part IV	line 11d See Form 00	0 Port V line 15
) FOITI 990, Fait IV,	line Tru. See Form 35	(b) Book value
(4)	(a) Description			(D) Book value
(1)				
(2)				
(3)				
(4)				
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to	Form 990, Part IV,	line 11e or 11f. See Fo	orm 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
	income taxes			
	NDABLE DEPOSITS	41,425		
	OLL LIABILITIES	18,850		
	S TAX PAYABLE	191		
	JED EXPENSES	191		
1-2				
N.7	JED PAYROLL			
(7)				
(8)				
(9)				

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►
 60,466

 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Sch	edule D (Form 990) 2014 YBOR CITY MUSEUM SOCIETY INC		59-227449	4	Page 4
Pa	Int XI Reconciliation of Revenue per Audited Financial Statem	ents	With Revenue per	Retu	ırn.
A.C.	Complete if the organization answered "Yes" to Form 990, F	Part I\	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	400,297
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			S.,	
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	23,733		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d		THE PLAN	
е	Add lines 2a through 2d			2e	23,733
3	Subtract line 2e from line 1			3	376,564
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>			
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c 5	376,564
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
Pa	IT XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" to Form 990, F			erke	etum.
-				1	345,036
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				515,050
	Donated services and use of facilities	2a	23,733	19. S. T	
a b	Prior year adjustments	2b	237733	9. C	
	Prior year adjustments	2c			
b b	Other losses Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	23,733
3	Subtract line 2e from line 1			3	321,303
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	·····			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b		ille al	
	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	321,303
	rt XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines	1b and 2b; Part V, line	4; Par	t X, line
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any a	dditional information.		
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Schedule D (Form 9 Part XIII Sup	90) 2014 YBOR	CITY M	JSEUM S	SOCIETY	INC	59-22	74494	Page 5
Part XIII Sup	oplemental Info	ormation (co	ntinued)					
		• • • • • • • • • • • • • • • • • • • •						
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Schedule D (Form 990) 2014

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury Internal Revenue Service	Attach to Fo			m 990-EZ. s instructions is at www.irs.g	ov/form990	Open to Public	
Name of the organization		550-EE)		3 mau u cuona 13 al www.na.g	Employer identific	Inspection cation number	
YBOR CITY MUSEUM					59-2274		
Part I Fundraising Activities. Complete Form 990-EZ filers are not require	if the organiz d to complete	ation this p	ans art.	wered "Yes" to For	m 990, Part IV	, line 17.	
1 Indicate whether the organization raised funds through	gh any of the follo	wing a	ctivit	ies. Check all that apply	<i>'</i> .		
a 🗌 Mail solicitations	e Solicitatio	n of no	on-go	vernment grants			
b Internet and email solicitations	f Solicitatio	n of go	vern	ment grants			
c Phone solicitations	g 🗌 Special fu	ndraisi	ing e	vents			
d 🔲 In-person solicitations							
2a Did the organization have a written or oral agreemen	t with any individu	ual (incl	ludin	a officers directors true	stees		
or key employees listed in Form 990, Part VII) or entities b If "Yes," list the ten highest paid individuals or entities compensated at least \$5,000 by the organization.	ty in connection v	vith pro	ofess	ional fundraising service	es?	yes No	
		(iii) Did raiser		1 1	(v) Amount paid to	(vi) Amount paid to	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custor contro	dy or ol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization	
		Yes					
1							
2							
		+					
3							
4							
		$\left \right $					
5							
6							
7							
·							
8							
9							
10							
Total							
Total 3 List all states in which the organization is registered o registration or licensing.		it contr	ibutio	ons or has been notified	it is exempt from	I	
			555 · 5	(a) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b			
			635 · 6				
					• • • • • • • • • • • • • • • • • • • •		

Schedule G (Form 990 or 990-EZ) 2014				YBOR	CITY	MUSEUM	SOCIETY	INC	59-22	74494	Page 2
Part II Fundraising Events.											
more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines $ m ilde{$, lines 1 and	d 6b. List			
		events with gr	oss rec	<u>eipts grea</u>	<u>ter than</u>	<u>\$5,000.</u>					
				(a) Event #1		(b) Event #2		(c) Other events		
										(d) Total (events
			TBM	CAPITZ	AL CA	M		NO	NE	(add col. (a)	through
Ð				(event type)		(e [,]	vent type)		(total number)	col. (c	:))
nu											

Reven	1	Gross receipts	65,215			65,215			
		Less: Contributions							
	3	Gross income (line 1 minus line 2)	65,215			65,215			
	4	Cash prizes							
	5	Noncash prizes							
ses	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
Dired	8	Entertainment							
	9	Other direct expenses	30,101			30,101			
	10	Direct expense summary	30,101						
	10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d)								

 11 Net income summary. Subtract line 10 from line 3, column (d)
 > 35

 Part III
 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Rev	1 Gross revenue								
Direct Expenses	2 Cash prizes								
	3 Noncash prizes								
	4 Rent/facility costs								
_	5 Other direct expenses			pressing					
	6 Volunteer labor	Yes %	Yes% No	Yes % No					
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8 Net gaming income sum	mary. Subtract line 7 from line 1,	column (d)	▶					
 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 									
	a Is the organization licensed to conduct gaming activities in each of these states? Yes Ves Ves Ves Ves Ves Ves Ves Ves Ves V								
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain:									
	•••••••••••••••••••••••••••••••••••••••								

Sch	edule G (Form 990 or 990-EZ) 2014 YBOR CITY MUSEUM SOCIETY INC	59-227449	4	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Ye	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Ye	s 🗌 No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			,,,
	records:			
	Name ►			
	Address ►		·····	
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
h	revenue?		Yes	s No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$	he		
с	If "Yes," enter name and address of the third party:			
•	n ros, onto name and address of the third party.			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►	sa		
	Gaming manager compensation ▶\$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
''a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?		Yes	s 🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	KARA A KARA • KARA • • MAA A 4		
	spent in the organization's own exempt activities during the tax year			
Par	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, c Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any ad instructions).			
a. 14. • • •				
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	Schedu	ule G (Form 990 d	or 990-E	Z) 2014

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SCHEDULE O	Supplemental Info				OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide infor Form 990 or 990-EZ	mation for responses or to provide any add		son	2014
Department of the Treasury	► Att	ach to Form 990 or 99)-EZ.		Open to Public
Internal Revenue Service Information	tion about Schedule O (Form 9	990 or 990-EZ) and its i	nstructions is at wy	ww.irs.gov/form990.	and the second states of the second states and s
YBOR	CITY MUSEUM SOC	IETY INC		59-227449	4
FORM 990, PART	VI, LINE 11B - C	RGANIZATION	S PROCESS	TO REVIEW E	ORM 990
PRESIDENT & CEC	REVIEWS WITH SE	LECT BOARD I	IEMBERS.		
FORM 990, PART	VI, LINE 12C - E	NFORCEMENT (OF CONFLICT	S POLICY	
OFFICERS AND DI	RECTORS SIGN A C	ONFLICT OF	INTEREST PO	LICY AT THE	BEGINNING
OF EACH FISCAL	YEAR.				
FORM 990, PART	VI, LINE 15A - C	OMPENSATION	PROCESS FO	R TOP OFFIC	IAL
THE PRESIDENT'S	PERFORMANCE AND	SALARY ARE	REVIEWED A	NNUALLY BY	A COMMITTER
OF BOARD MEMBER	S.				
	VI, LINE 19 - GO ENTS ARE AVAILAB		• • • • • • • • • • • • • • • • • • • •	LOSURE EXPL	ANATION
FORM 990, PART DESCRIPTION	IX, LINE 11G - O	THER FEES FC	R SERVICES		
PRO	GRAM SERVICE	MGT & G	ENERAL	FUND	RAISING
OTHER PROGRAM E					
			• • 553 • 5 • • • • • • • • • • • • • •		3 • 5 • 5 • • • • • • • • • • • • • • •
Ş	38,351	<u>\$</u>	0	\$	0
FORM 990, PART	XI, LINE 9 - OTH	ER CHANGES I	N NET ASSE	TS EXPLANAT	ION
2013 BOOK TO RE	-			\$	
	- vaux bitf				63,671
• • • • • • • • • • • • • • • • • • • •					

-hor	4562		0	Depreciation and	d Amorti	zation			OMB No. 1545-0172
21			(Inc	luding Information	on Listed	l Property)			2014
Dep	artment of the Treasury			Attach to you	r tax return.	,			Attachment 170
	nal Revenue Service (99)	Information	on about For	m 4562 and its separat	e instructior	is is at www.irs.			Sequence No.
Nam	e(s) shown on return		MIGHT		a			ing nu	
			MUSEU	M SOCIETY IN	C		59-	221	4494
	ness or activity to which this form		NT						
				operty Under Sect	ion 179				
1000				erty, complete Part		ou complete l	Dart I		
1	Maximum amount (see							1	500,000
2			ed in service	(see instructions)	• • • • • • • • • • • • • • • • • •			2	
3	Threshold cost of section	on 179 property	/ before reduc	ction in limitation (see ins	structions)	• • • • • • • • • • • • • • • • • • • •		3	2,000,000
4	Reduction in limitation.	Subtract line 3	from line 2. If	f zero or less, enter -0-		• • • • • • • • • • • • • • • • • • • •		4	
5	Dollar limitation for tax year	r. Subtract line 4 f	rom line 1. If ze	ro or less, enter -0 If marrie	d filing separate	elv. see instructions	· · · · · · · · · · · · · · · · · · ·	5	
6		a) Description of pro			ost (business use		Elected cost		
7	Listed property. Enter the	he amount from	n line 29			7			
8	Total elected cost of se	ction 179 prope	erty. Add amo	ounts in column (c), lines	6 and 7			8	
9	Tentative deduction. Er	nter the smalle	r of line 5 or li	ne 8				9	
0	Carryover of disallowed	deduction from	n line 13 of yo	our 2013 Form 4562				10	
1	Business income limitat	tion. Enter the	smaller of bus	iness income (not less t	han zero) or l	ine 5 (see instrue	ctions)	11	
2	Section 179 expense de	eduction. Add I	ines 9 and 10	, but do not enter more t	han line 11			12	
3				s 9 and 10, less line 12	<u></u>	13			
	e: Do not use Part II or Pa								
P							listed p	oper	ty.) (See instructions
4	Special depreciation all	owance for qua	alified property	y (other than listed prope	erty) placed in	service			
	during the tax year (see							14	
15	Property subject to sect	tion 168(f)(1) el	ection					15	
6	Other depreciation (incl	uding ACRS) .						16	21,847
P	art III MACRS De	epreciation	(Do not in	clude listed property	/.) (See ins	structions.)			
				Section A					
17				ax years beginning befor			·····	17	0
8				x year into one or more general					
	Sectio	1		vice During 2014 Tax Y	1	le General Depr	eclation	Syste	m
	(a) Classification of propert		Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Metho	bd	(g) Depreciation deduction
9a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
е	15-year property								
f	20-year property				_				
g	25-year property				25 yrs.		S/L		
la la	Residential rental				27.5 yrs.	ММ	S/L		
п					27.5 yrs.	MM	S/L		
n	property				39 yrs.	MM	S/L		
n i	Nonresidential real			ļ	00 10.				(11-1) (11-1)
	Nonresidential real property					MM	S/L		
	Nonresidential real property			ce During 2014 Tax Ye			S/L	n Syst	em
i	Nonresidential real property		а. 	ce During 2014 Tax Ye			S/L	n Syst	em
i 0a b	Nonresidential real property Section Class life 12-year			ce During 2014 Tax Ye		Alternative Dep	S/L preciation S/L S/L	n Syst	em
i 0a b c	Nonresidential real property Section Class life 12-year 40-year			ce During 2014 Tax Ye	ar Using the		S/L preciation S/L	n Syst	em
i 0a b c	Nonresidential real property Section Class life 12-year 40-year art IV Summary ((See instruct	tions.)	ce During 2014 Tax Yea	ar Using the 12 yrs.	Alternative Dep	S/L preciation S/L S/L	n Syst	em
i 0a b c Pa	Nonresidential real property Section Class life 12-year 40-year art IV Summary (Listed property. Enter an	See instruct	tions.) 28		ar Using the 12 yrs. 40 yrs.	Alternative Dep	S/L preciation S/L S/L	21	em
i 0a b c P;	Nonresidential real property Section Class life 12-year 40-year art IV Summary (See instruct	tions.) 28		ar Using the 12 yrs. 40 yrs.	Alternative Dep	S/L preciation S/L S/L		em
i 0a b c P;	Nonresidential real property Section Class life 12-year 40-year art IV Summary (Listed property. Enter an	See instruct mount from line m line 12, lines	tions.) 28 14 through 1	7, lines 19 and 20 in colu	ar Using the 12 yrs. 40 yrs.	Alternative Dep MM	S/L preciation S/L S/L		em
i 0a b c	Nonresidential real property Section Class life 12-year 40-year art IV Summary (Listed property. Enter an Total. Add amounts from	See instruct mount from line n line 12, lines riate lines of yo	tions.) 28 14 through 17 ur return. Par	7, lines 19 and 20 in colu tnerships and S corporat	ar Using the 12 yrs. 40 yrs. imn (g), and I tions—see in	Alternative Dep MM	S/L preciation S/L S/L	21	
i 0a b C P; 1 2	Nonresidential real property Section Class life 12-year 40-year art IV Summary (Listed property. Enter an Total. Add amounts from here and on the appropri	See instruct mount from line m line 12, lines riate lines of yo e and placed in	tions.) e 28 14 through 13 ur return. Par service durin	7, lines 19 and 20 in colu tnerships and S corporal g the current year, enter	ar Using the 12 yrs. 40 yrs. imn (g), and I tions—see in	Alternative Dep MM	S/L preciation S/L S/L	21 22	

THERE ARE NO AMOUNTS FOR PAGE 2

100965 YBOR CITY MUSEUM SOCIETY INC 59-2274494 Federal Asset Report FYE: 9/30/2015 Form 990, Page 1

<u>Asset</u>	Description	Date In Service	Cost	Bus Sec Bas <u>%</u> 179Bonus for D		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 Computer Assembly	1/01/96 1/20/96	1,100 830		1,100 5 MO200DB 830 5 MO200DB	1,100 830	0
5	Cash Register	3/16/98	499		499 5 MO S/L	499	ŏ
6	Telephones	1/20/99	463		463 7 MO S/L	463	0
7	VCR Equipment - Sears	1/23/99 3/08/99	106 181		106 5 MO S/L 181 5 MO S/L	106 181	0
	Fax Machine	5/08/99 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 13	copier Equipment - Puip	10/01/00 1/16/03	3,361 69		3,361 5 MO S/L 69 3 MO S/L	3,361 69	0
13	Bunker Building	10/01/00	37,001	3'	7,001 25 MO S/L	11,840	1,480
15	Survey	1/11/02	440		440 25 MO S/L	224	17
16	Bunker Building Improvements	9/30/06	175,078		5,078 25 MO S/L	56,025	7,003
17 18	Computers Surge Protector	10/29/02 10/29/02	1,450 29		1,450 5 MO S/L 29 3 MO S/L	1,450 29	0
19	Computer Systems Improvement	11/12/02	1,735		1,735 5 MO S/L	1,735	Ő
20	Computer Equipment - Alicia	11/25/02	100		100 5 MO S/L	100	0
21	Computer Equipment	12/10/02	360 305		360 5 MO S/L 305 5 MO S/L	360 305	0
22 23	Computer Improvement Peachtree Upgrade	12/16/02 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	ŏ
25	Computer Equipment	1/31/03	60		60 5 MO S/L	60	0
26 27	Software upgrade	2/03/03 8/13/03	110 177		110 5 MO S/L 177 5 MO S/L	110 177	0 0
28	Computer Equipment - Alicia 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 32	dell Computers Computer Equipment	3/16/05 1/23/07	2,478 204	4	2,478 5 MO S/L 204 5 MO S/L	2,478 204	0
33	Musueum Improvements	4/09/99	4,750	4	4,750 20 MO S/L	3,683	238
34	Carpet	6/05/96	1,145		1,145 10 MO S/L	1,145	0
35	Arnold's Custom design	7/30/02 8/31/02	1,350 403]	1,350 25 MO S/L 403 25 MO S/L	657 195	54 16
36 37	Improvements Blueprints	11/12/02	29		29 3 MO S/L	29	0
38	Museum Improvements	4/01/06	1,612	1	1,612 25 MO S/L	547	64
39	Electrical Improvements	1/11/07	135		135 5 MO S/L	135	0
40 41	Computer Equip. & Software Centro Ybor Museum	8/01/08 9/30/01	2,394 437,648		2,394 5 MO S/L 7,648 40 MO S/L	2,394 142,235	0 10,941
42	Projector	10/21/03	1,894		1,894 7 MO S/L	1,894	10,941
43	Furniture & Fixtures	1/01/95	787		787 10 MO S/L	787	0
44	Furniture - Nerrero	3/03/99	150 83		150 10 MO S/L	150 83	0 0
45 46	Store Shelves Concrete Specialties	9/30/03 9/30/03	344		83 5 MO S/L 344 5 MO S/L	344	0
47	Store Shelves	6/30/03	70		70 5 MO S/L	70	Ŏ
48	Cabinets	1/09/04	1,500		1,500 10 MO S/L	1,500	0
	Outdoor Table & Chairs Furn & Fixtures	12/27/05 3/14/07	5,842 5,027		5,842 10 MO S/L 5,027 10 MO S/L	4,965 3,791	584 503
	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
	Dell Vostro 410	12/24/08	657		657 5 MO S/L	657	0
	Dell Vostro Tower #2 Museum Improvements	12/24/08 6/01/11	657 12,850	10	657 5 MO S/L 2,850 25 MO S/L	657 1,713	0 514
	Dell Latitude	4/06/12	900		900 5 MO S/L	450	180
	Permits & Architects	7/25/13	25,000		5,000 40 MO S/L	0	0
	Baseball exhibit Apple iPad	6/11/13 2/06/13	17,500 529	17	7,500 10 MO S/L 529 5 MO S/L	0 176	0 106
	ApplemKiost	2/00/13 2/07/13	734		734 5 MO S/L	245	147
61	Permits & Architects	12/31/13	23,576		3,576 40 MO S/L	0	0
	Architects & Contractors	12/22/13	12,223		2,223 40 MO S/L	0	0
	Museum Construction Museum Construction FY2015	9/30/14 9/30/15	185,974 93,018		5,974 40 MO S/L 3,018 40 MO S/L	0	0
	Creative Arts Exhibits FY2015	9/30/15	20,000		0,000 10 MO S/L	0	0
			,				

100965 YBOR CITY MUSEUM SOCIETY INC 59-2274494 Federal Asset Report FYE: 9/30/2015 Form 990, Page 1

Asset	Description	Date In Service Cost	Bus Sec Basis <u>%</u> 179Bonus for Depr	PerConv Meth Prior Current
	Total Other Depreciation	1,092,709	1,092,709	258,000 21,847
	Total ACRS and Other Deprec	iation <u>1,092,709</u>	1,092,709	258,000 21,847
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	rs 1,092,709 0 1,092,709	1,092,709 0 1,092,709	$\begin{array}{cccc} 258,000 & 21,847 \\ 0 & 0 \\ 0 & 0 \\ \hline 258,000 & 21,847 \\ \end{array}$

100965 YBOR CITY MUSEUM SOCIETY INC AMT Asset Report Form 990, Page 1 FYE: 9/30/2015

07/15/2016 2:21 PM

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr PerCon	v Meth Prior	_Current_
	Depreciation:	0/00/00	-				
1	Cabinets	9/20/92	0		0 0 HY		0
23	Equipment Akia Copier	10/16/95 1/01/96	0		$\begin{array}{ccc} 0 & 0 & HY \\ 0 & 0 & HY \end{array}$	0	0
4	Computer Assembly	1/20/96	0		0 0 HY	0	0
5	Cash Register	3/16/98	ŏ		0 0 HY	ŏ	ŏ
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 Fax Machine	3/08/99	0		0 0 HY	0	0
10	Copier	6/28/99 3/15/99	0		$\begin{array}{ccc} 0 & 0 & HY \\ 0 & 0 & HY \end{array}$	0	0
11	Digital Camera	4/13/01	ŏ		0 0 HY	0	0
12	copier	10/01/00	0		0 0 HY	Ő	Ő
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 16	Survey Bunker Building Improvements	1/11/02 9/30/06	0		$\begin{array}{ccc} 0 & 0 & HY \\ 0 & 0 & HY \end{array}$	0	0 0
17	Computers	10/29/02	0		0 0 HY	0	0
18	Surge Protector	10/29/02	0		0 0 HY	Ő	Ő
19	Computer Systems Improvement	11/12/02	0		0 0 HY	0	0
20 21	Computer Equipment - Alicia Computer Equipment	11/25/02	0		0 0 HY	0	0
21	Computer Improvement	12/10/02 12/16/02	0		$\begin{array}{ccc} 0 & 0 & HY \\ 0 & 0 & HY \end{array}$	0	0 0
23	Peachtree Upgrade	1/16/03	Ő		0 0 HY	0	Ő
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 27	Software upgrade	2/03/03	0		0 0 HY	0	0
27	Computer Équipment - Alicia Software Upgrades	8/13/03 10/15/03	0		$\begin{array}{ccc} 0 & 0 & HY \\ 0 & 0 & HY \end{array}$	0	0
29	Computer Monitor	1/24/05	0		0 0 HY	0	0
30	Computer	3/08/05	0		0 0 HY	Ō	0
31	dell Ĉomputers	3/16/05	0		0 0 HY	0	0
32 33	Computer Equipment Musueum Improvements	1/23/07 4/09/99	0		$\begin{array}{ccc} 0 & 0 & HY \\ 0 & 0 & HY \end{array}$	0	0
34	Carpet	6/05/96	0		0 0 HY	0	0
35	Arnold's Custom design	7/30/02	Ő		0 0 HY	Ő	Ő
36	Improvements	8/31/02	0		0 0 HY	0	0
37	Blueprints Museum Immercuencente	11/12/02	0		0 0 HY	0	0
38 39	Museum Improvements Electrical Improvements	4/01/06 1/11/07	0		$\begin{array}{ccc} 0 & 0 & HY \\ 0 & 0 & HY \end{array}$	0	0
	Computer Equip. & Software	8/01/08	0		0 0 HY	0	0
41	Centro Ybor Museum	9/30/01	0		0 0 HY	Ő	Ŏ
	Projector	10/21/03	0		0 0 HY	0	0
43 44	Furniture & Fixtures Furniture - Nerrero	1/01/95 3/03/99	0		0 0 HY	0	0
44	Store Shelves	9/30/03	0		$\begin{array}{ccc} 0 & 0 & HY \\ 0 & 0 & HY \end{array}$	0	0 0
	Concrete Specialties	9/30/03	Ő		0 0 HY	0	0
47	Store Shelves	6/30/03	0		0 0 HY	0	0
	Cabinets Outdoor Table & Chairs	1/09/04	0			0	0
	Furn & Fixtures	12/27/05 3/14/07	0		$\begin{array}{ccc} 0 & 0 & HY \\ 0 & 0 & HY \end{array}$	0	0
	Furniture & Fixtures	5/24/07	0		0 0 HY	0	0
	Dell Vostro Mini-Tower	3/31/09	0		0 0 HY	0	0
	Dell Vostro 410 Dell Vostro Tower #2	12/24/08	0		0 0 HY	0	0
	Dell Vostro Tower #2 Museum Improvements	12/24/08 6/01/11	0		$\begin{array}{ccc} 0 & 0 & HY \\ 0 & 0 & HY \end{array}$	0	0
	Dell Latitude	4/06/12	0		0 0 HY	0	0
	Permits & Architects	7/25/13	Ő		0 0 HY	0	ŏ
	Baseball exhibit	6/11/13	17,500		17,500 10 MO		0
	Apple iPad	2/06/13	0		$\begin{array}{ccc} 0 & 0 & HY \\ 0 & 0 & HY \end{array}$	0	0
	ApplemKiost Permits & Architects	2/07/13 12/31/13	0		$\begin{array}{ccc} 0 & 0 & HY \\ 0 & 0 & HY \end{array}$	0	0 0
	Architects & Contractors	12/22/13	0		0 0 HY	0	0
63	Museum Construction	9/30/14	0		0 0 HY	0	0
	Museum Construction FY2015	9/30/15	0		0 0 HY	0	0
65	Creative Arts Exhibits FY2015	9/30/15	0		0 0 HY	0	0

100965 YBOR CITY MUSEUM SOCIETY INC 59-2274494 AMT Asset Report FYE: 9/30/2015 Form 990, Page 1

<u>Asset</u> _	Description Total Other Depreciation	Date In Service Cos	Bu %	s Sec 179Bonus	Basis for Depr 17,500	PerConv Meth	Prior 0	Current 0
	Total ACRS and Other Depre	ciation <u>17</u>	500		17,500		0	0
	Grand Totals Less: Dispositions and Transfo Net Grand Totals	ers	500 0 500		17,500 0 17,500		0 0 0	0 0 0

100965 YBOR C 59-2274494 FYE: 9/30/2015		Adjustment Repor	07/15/2016 2:21 PM t
<u>Form Unit Asset</u>	Description There are no assets that meet the criter	Tax AM ia of this report	AMT Adjustments/ T Preferences

100965 YBOR CITY MUSEUM SOCIETY INC 07 59-2274494 Future Depreciation Report FYE: 9/30/2015 FYE: 9/30, Page 1 FYE: 9/30/2015 Form 990, Page 1 FYE: 9/30/2015 FYE: 9/30/2015

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 7	Telephones	1/20/99	463	0	0
8	VCR Equipment - Sears	1/23/99 3/08/99	106	0	0
9	Fax Machine	6/28/99	181 160	0	0
10	Copier	3/15/99	2,204	0	0
11	Digital Camera	4/13/01	420	ŏ	0 0
12	copier	10/01/00	3,361	ŏ	ŏ
13	Equipment - Puip	1/16/03	69	0	Õ
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 22	Computer Equipment	12/10/02	360	0	0
22	Computer Improvement Peachtree Upgrade	12/16/02 1/16/03	305 400	0	0
23	Computer Equipment - Alicia	1/16/03	400 53	0	0
25	Computer Equipment	1/31/03	60	0	0
26	Software upgrade	2/03/03	110	Ő	0
27	Computer Équipment - Alicia	8/13/03	177	ŏ	ŏ
28	Software Upgrades	10/15/03	900	ŏ	ŏ
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	237	0
34	Carpet	6/05/96	1,145	0	0
35 36	Arnold's Custom design	7/30/02	1,350	54	0
30	Improvements Blueprints	8/31/02 11/12/02	403 29	16 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	Ő	0 0
41	Centro Ybor Museum	9/30/01	437,648	10,942	Ő
42	Projector	10/21/03	1,894	0	Ő
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 Outdoor Table & Chairs	1/09/04	1,500	0	0
49 50	Furn & Fixtures	12/27/05 3/14/07	5,842 5,027	293 503	0
51	Furniture & Fixtures	5/24/07	132	503	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	Ő
56	Dell Latitude	4/06/12	900	180	Ő
57	Permits & Architects	7/25/13	25,000	625	0
58	Baseball exhibit	6/11/13	17,500	1,750	1,750
59	Apple iPad	2/06/13	529	106	0
60	ApplemKiost	2/07/13	734	147	0
61	Permits & Architects	12/31/13	23,576	589	0
62	Architects & Contractors	12/22/13	12,223	306	0
63 64	Museum Construction Museum Construction FY2015	9/30/14 9/30/15	185,974 93,018	4,649 2,325	0
64 65	Creative Arts Exhibits FY2015	9/30/15	20,000	2,325 2,000	0
05	Greative Arts Exhibits F 12015	7/30/13	20,000	2,000	U

100965 YBOR CITY MUSEUM SOCIETY INC 07/15/2016 2:21 PM 59-2274494 Future Depreciation Report FYE: 9/30/2015 FYE: 9/30/2015 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
	Total Other Depreciation		1,092,709	33,802	1,750
	Total ACRS and Other Depreciation		1,092,709	33,802 =	1,750
	Grand Totals		1,092,709	33,802	1,750

100965 YBOR CITY 59-2274494 FYE: 9/30/2015	MUSEUM SOCIETY INC Federal Statements	7/15/2016 2:21 PM
Decrint	Tax-Exempt Interest on Investments	
Descript		cquired after InState Muni (\$ or %)

7/15/2016 2:21 PM		r Kaising o		Fund Raising		
	n-employee)	Management & General \$	Sa	Management & General \$ 409		
atements	<u> Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)</u>	Program Service \$ 38,351 \$ 38,351	Form 990, Part IX, Line 24e - All Other Expenses	Program Service \$		
Federal Statements	t IX, Line 11g - Other	Total Expenses \$ 38,351 \$ 38,351	n 990, Part IX, Line 24	TotalExpenses\$409\$409		
SEUM SOCIETY INC	Form 990, Part	uc Si	Form	и		
100965 YBOR CITY MUSEUM SOCIETY INC 59-2274494 FYE: 9/30/2015		Description OTHER PROGRAM EXPENSES TOTAL		Description TAXES & LICENSES TOTAL		

100965 YBOR CITY MUSEUM SOCIETY INC 59-2274494 FYE: 9/30/2015	7/15/2016 2:21 PM
Schedule A, Part III, Line 1(e)	
Description	Amount
MEMBERSHIP DUES AND ASSESSMENTS OTHER DETATE OF FERMANDO MICL	\$ 13,335 49,779
CASH CONTRIBUTION CASH CONTRIBUTION HILLSBOROUGH COUNTY	8,949
CASH CONTRIBUTION CITY OF TAMPA	9,600
CASH CONTRIBUTION FLORIDA DIVISION OF CULTURAL AFFAIRS	98,200
CASH CONTRIBUTION ARTS COUNCIL OF HILLSBOROUGH COUNTY CASED CONTRIBUTION	N
TOTAL	13,966 \$208,370
Schedule A, Part III, Line 2(e)	
Description	Amolint
LEGACY BUILDINGS ALIVE	\$ 9,800 6,875
TOTAL	\$ 16,375
Schedule A, Part III, Line 3(e)	
Description	Amount
GIFT SHOP SALES TBM CAPITAL CAMPAIGN CIGAR HERITAGE PARTY SILENT AUCTION	\$ 9,834 65,215 4,514 4,440
TOTAL	\$ <u>84,003</u>

7/15/2016 2:21 PM		Amount	\$ 4 97,913 \$ 97,917				
FYE: 9/30/2015	<u>Schedule A, Part III, Line 10a(e)</u>	Description	INTEREST INCOME CASITAS/BUNKER/GARDEN TOTAL				

TBM CAPITAL CAMPAIGN

Other Direct Fundraising or Gaming Expenses

Description	Amount			
PRINTING & PUBLICATION POSTAGE	\$ 4,787			
AWARENESS	100 6,755			
MARKETING	18,459)		
TOTAL	\$30,101	-		

HA	NCE16OF ^B AACCOUNTING PERIOD				
Form	QQO Return of Organ	ization Exempt From Ind (a)(1) of the Internal Revenue Code (exce	come Tax	ations)	OMB No. 1545-0047
Internal I	nt of the Treasury Do not enter social se evenue Service Information about Fo	curity numbers on this form as it may be m 990 and its instructions is at www.irs.	made public. gov/form990.	,	Open to Public Inspection
	the 2015 calendar year, or tax year beginning $10/01$./15 , and ending $12/31/1$.5		
[]	k if applicable: C Name of organization			D Employ	er identification number
Add		UM SOCIETY INC			
Nam	change Doing business as Number and street (or P.O. box if mail is not delivered to street	address)	Room/suite		2274494
Initia	return 2009 N ANGEL OLIVA SR STREE	г	Koonisalte		-247-1434
	return/ City or town, state or province, country, and ZIP or foreign po nated	stal code			
······	TAMPA FL 3	3605		G Gross re	ceipts \$ 115,473
	r Name and address of principal oπicer:				subordinates? Yes X No
Appl	cation pending CHANTAL HEVIA	· · ·	H(a) Is this a grou	o return tor :	
	2009 N ANGEL OLIVA SR S		H(b) Are all subor		
		FL 33605	lf "No," a	ttach a list.	. (see instructions)
	exempt status: X 501(c)(3) 501(c) () ◀ (insert no. site: ► WWW. YBORMUSEUM.ORG) 4947(a)(1) or 527			
			H(c) Group exemp		
Part		L Ye	ar of formation: 19	82	M State of legal domicile: FL
	Briefly describe the organization's mission or most significant				
Activities & Governance	PRESERVING, PROMOTING AND CELEBRAT CITY AND SUPPORTING THE YBOR CITY	ING THE UNIQUE CULTURA	L HERITAGE	OF	YBOR
ovel -	Chock this box N if the emerication discustion of the				
ŏ	Check this box if the organization discontinued its op Number of voting members of the governing body (Part VI, I				1 -
S S S	Number of independent voting members of the governing body (Part VI, I	· · · · · · · · · · · · · · · · · · ·			15
vitie	Total number of individuals employed in calendar year 2015	· . · · · · · · · · · · · · · · · · · ·	4	<u>15</u> 7	
ctiv	Total number of volunteers (estimate if necessary)			5	1
	a Total unrelated business revenue from Part VIII, column (C).	line 12		7a	0
	o Net unrelated business taxable income from Form 990-T, lin			7b	0
			Prior Year	170	Current Year
a 8	Contributions and grants (Part VIII, line 1h)		202	,904	31,919
Kevenue	5 · · · · · · · · · · · · · · · · · · ·		124	,122	42,651
a 10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			4	0
	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,			,068	25,774
	Total revenue – add lines 8 through 11 (must equal Part VIII,		371	,098	100,344
	Grants and similar amounts paid (Part IX, column (A), lines 1 Repetits paid to as far members (Part IX, column (A), lines 1)	-3)			0
1 4 -	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, co		150	201	0
S 16	a Professional fundraising fees (Part IX, column (A), line 11e)	iumn (A), lines 5–10)	159,	361	47,742
	Total fundraising expenses (Part IX, column (D), line 25)	8,888			0
<u>ш</u> 17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e		156,	176	48,167
	Total expenses. Add lines 13–17 (must equal Part IX, column		315,		95,909
19	Revenue less expenses. Subtract line 18 from line 12			261	4,435
Net Assets or Fund Balances 57		E	Beginning of Curren		End of Year
05 Jalan	Total assets (Part X, line 16)		984,	466	1,006,974
tang 10 10 10 10 10 10 10			300,	699	318,772
	Net assets or fund balances. Subtract line 21 from line 20		683,	767	688,202
Part					
· true, co	enalties of perjury, I declare that I have examined this return, including rect, and complete. Declaration of preparer (other than officer) is base Signature of officer	accompanying schedules and statements, ed on all information of which preparer has a	and to the best of any knowledge.	my know	vledge and belief, it is
Sign Here	CHANTAL HEVIA			Date	
1016	Type or print name and title	PRESIDE	ENT & CEC	ر 	
	Print/Type preparer's name Preparer's	sianature	Date		if PTIN
Paid	GERALD L APPLEBY	La		Check	L "]
Preparer		ND COMPANY, PA	06/28/16		loyed P01057535 46-3981960
Use Only	3815 WEST HUMPHREY		Firm's	EIN	40 3301300
	Firm's address > TAMPA, FL 33614		Phone	200	813-932-2116
May the I	RS discuss this return with the preparer shown above? (see in	structions)			Yes X No

May the IRS discuss this	return with the preparer shown a	above? (see instructions)

1,00965 06/28/2016 11:53 AM

Part III 8	Statement of Program Se	ervice Accomplishments	-2274494	Page
(ins a response or note to any line in thi	s Part III	
	cribe the organization's mission:			·····
		ND CELEBRATING THE UNIQU	JE CULTURAL HERITAGE	OF YBOR
CITY AN	D SUPPORTING THE	YBOR CITY MUSEUM STATE	PARK.	
2 Did the ora:	eningtion and states and in the			
	990 or 990-EZ?	nt program services during the year which were r		
	scribe these new services on Sch			Yes X No
		ake significant changes in how it conducts, any p		
services?	incation could contracting, of m			Yes X No
	scribe these changes on Schedul	le O		Tes A NO
		accomplishments for each of its three largest pro	ouram services as measured by	
		rganizations are required to report the amount of		
	penses, and revenue, if any, for e		granie and anotatione to othere,	
la (Code:) (Expenses \$	74,777 including grants of \$) (Revenue \$	
TO DEVE	LOP EXHIBITS AND	EDUCATIONAL PROGRAMMING	, RAISE FUNDS, PROVI	IDE
MARKETI	NG AND COMMUNICA	TIONS, DEVELOP CULTURAL	AND EDUCATIONAL EXHI	BITS AND
		MMUNITY OUTREACH, REHABI		
		AND RUNNING THE MUSEUM S	TORE TO DIRECTLY OR	
INDIREC'	TLY BENEFIT THE	YBOR CITY STATE PARK.		
·····				

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) (Code:) (Expenses \$	including grants of \$) (Revenue \$	19.2 (19.2 × 19.
) (Code:) (Expenses \$	including grants of \$) (Revenue \$	
) (Code:) (Expenses \$	including grants of \$) (Revenue \$	
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(Code:) (Expenses \$	including grants of \$		
b (Code:) (Expenses \$	including grants of \$		

2 <u>4</u>						
Form 990 (2015)	YBOR	CITY	MUSEUM	SOCIETY	INC	
Part IV C	Checklis	t of Rec	uired Sche	dules		

59-2274494

4			Yes	s No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	•	1	X X	+
3		2		
	candidates for public office? If "Yes." complete Schedule C. Part I	3		x
4				
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	· 683	1	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		1	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а				
L.	complete Schedule D, Part VI	11a	X	
b				
6	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			-
d		11c		X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			77
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	x	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	445		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u>11f</u>		
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?			X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.01		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	15		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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
4.6	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

Form **990** (2015)

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For	m 990 (2015) YBOR CITY MUSEUM SOCIETY INC 59-2274494		F	Page 4
P	Part IV Checklist of Required Schedules (continued)			
			Yes	No
20a		20a		X
b		20b		1
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	21	ļ	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
a	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С				
اہ	to defease any tax-exempt bonds?	24c		
d		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
L.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?			
26	If "Yes," complete Schedule L, Part I	25b		<u>X</u>
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II			77
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		<u>X</u>
~	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		<u> </u>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20d		<u> </u>
-	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
-	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Partiv		\rightarrow	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		41
	conservation contributions? If "Yes," complete Schedulo M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			41
	Part	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a; did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

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	n 990 (2015) YBOR CITY MUSEUM SOCIETY INC 59-2274	494				Page
P	art 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	<u></u>	<u></u>		Yes	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4		Tes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			1.
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			11.5		
-	reportable gaming (gambling) winnings to prize winners?			1c		14. M 14.
2a				10		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	x	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			20		
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 in Schedule O	• • • • • •	· · · · · ·	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority		30		
Tu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial					
	account)?	ICIAI		10		x
b	If "Yes," enter the name of the foreign country: ►		· · · · · · · · · · · · · · · · · · ·	4a	4.T1068	
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Act				124	
	(FBAR).	counts				
5a				5.	1.000	x
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	 		5a		X
		n <i>r</i>		5b		A
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<u>5c</u>		
Ja	organization solicit any contributions that were not tax deductible as charitable contributions?			6.		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	• • • • • • •		<u>6a</u>		
D	gifts were not tax deductible?	01		Ch		
7	Organizations that may receive deductible contributions under section 170(c).			6b		
~		ا .		187.3		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	as		7.	1.2.000	
h	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			_		
d				7c		
		7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont			7e		
1	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			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			<u>7h</u>		
} -	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	,				
		••••		8	-	
)	Sponsoring organizations maintaining donor advised funds.				12.7976	
a L			•••••			
b				9b	11 V K 11	
)	Section 501(c)(7) organizations. Enter:	10-1				
а ь		10a				
b		10b				
~	Section 501(c)(12) organizations. Enter:				195	
a L		11a			5	
b	Gross income from other sources (Do not net amounts due or paid to other sources					
~	· · · · · · · · · · · · · · · · · · ·	11b			2.329	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	- F -		12a	10-1-0	_
		12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-	29.2	r.
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which	121				
	Enter the amount of recorded on hand	13b				
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c		140		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14a		4
	IL LES LIAS IL RED A FOUL (ZU ID RECOU DESE DAVIDEDIS (IL NO DIOVIDE AD EXPLANATION IN SCHEdule ()					

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The second se	m 990 (2015) YBOR CITY MUSEUM SOCIETY INC 59-2274494						Page (
P	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes ir					ructio	ns.
	Check if Schedule O contains a response or note to any line in this Part VI						X
Se	ction A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15				
	If there are material differences in voting rights among members of the governing body, or						
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15				1.000
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	- 16			1		
	any other officer, director, trustee, or key employee?				2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct	8.8.8 · · ·	£.8				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	• cont a i		1307	4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. es v		.49	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?		• • • • • • •			-	X
7a			• • • • • • •	• • • • (9)	6		
1 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				_		
h	one or more members of the governing body?		*****		7a	<u> </u>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?		. • • • • • •		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	follow	ring:			
a	The governing body?		a	* • • • *	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?		ą		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Intern	al R	eveni	le Co	de.)		
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e forn	۱?		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	confl	icts?		12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."						
	describe in Schedule O how this was done				12c	x	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?	• • 36.8 • •		20202	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		0.2.8, 53, 2.2				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				150	x	
b	Other officers or key employees of the organization				15a 15b	-	X
2	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	de a sac			150		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
iva	with a taxable entity during the year?				10		77
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	6 9			16a		X
b							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
See	organization's exempt status with respect to such arrangements?	<u>.</u> .	<u></u>		16b		,
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)	(3)s (only)				
	available for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	olicy,	and				
	financial statements available to the public during the tax year.						
	State the name, address, and telephone number of the person who possesses the organization's books and records:						
	ANTAL HEVIA 2009 N ANGEL OLIVA SR STREET						
TA	MPA FL 33605			813-	-24	7-14	134
DAA					-	990	(0045)

Form 990 (20	15) YBOR	CITY	MUSEUM	SOCIETY	INC	59-2274494	Page 7	
Part VII	Comper	nsation	of Officers,	Directors, T	rustees	s, Key Employees, Highest Compensated E	mployees, and	
	Indepen	dent Co	ontractors				_	
	Check if	Schedu	e O contain	s a response	or note	e to any line in this Part VII	<u></u> ,,,	
Section A.	Officers,	Directors	Trustees, Key	Employees, a	nd Highe	est Compensated Employees	60 -	
1a Complete organization's		all persons	required to be	listed. Report co	ompensat	tion for the calendar year ending with or within the		
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. 								
 List all c 	of the organization	ation's <mark>cu</mark> r	rent key emplo	yees, if any. See	instructi	ons for definition of "key employee."		
 List the who received organization a 	reportable co	mpensatio	n (Box 5 of For	npensated emplo m W-2 and/or B	oyees (oth ox 7 of Fo	her than an officer, director, trustee, or key employee) orm 1099-MISC) of more than \$100,000 from the		

. List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)		(C)				mp	(D)	(E)	(F)
Name and Title	Average hours per	1	to not		sition	than one	_	Reportable compensation	Reportable compensation from	Estimated
	week	bo	ox, uni	ess pe	erson	is both ar	n	from	related	amount of other
	(list any hours for					or/trustee	. 1	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	or director	Institutional trustee	Officer	Key e	Highest	Form	(W-2/1099-MISC)		organization
	organizations below dotted	dual	ution	, P	employee	st co	er			and related organizations
	line)	trust	al tru		oyee	mpe				
		ee	Istee			Highest compensated employee				
(1) PATRICK VENABLE		1	1							
	0.00									
CHAIR	0.00	X		X				0	0	0
(2) SHAWN HAGGERTY										
	0.00									
SECRETARY	0.00	X		X				0	0	0
(3) JASON DICKENS										
	0.00									
TREASURER	0.00	X		X			\square	0	0	0
(4) LEO ALVAREZ										
	0.00									_
DIRECTOR	0.00	X					_	0	0	0
(5) HERMAN LAZZARA										
DIDECTOR	0.00									0
DIRECTOR (6) STEPHANIE AGLIAN	0.00	X					+	0	0	0
(6) STEPHANIE AGLIAN	0.00									
WICE CUATD	0.00	x		x				0		0
VICE CHAIR (7) STEPHEN M BARBAS				•			+	0	0	0
(/) SIEFHEN M DARDAS	0.00									
DIRECTOR	0.00	x						0	0	0
(8) BOB CALAFELL	0.00	A						0	0	0
	0.00									
DIRECTOR	0.00	x						0	0	0
(9) JAMES HOWARD	0.00						+	Ŭ	0	
(0)	0.00									
DIRECTOR	0.00	x						0	0	0
(10) JAMES JIMENEZ							+			
	0.00									
DIRECTOR	0.00	x						0	o	0
(11) SHARI MIDDLETON				-			1			
	0.00									
DIRECTOR	0.00	X						0	0	0
DAA								······		Form 990 (2015)

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Form 990 (2015) YBOR CIT	the second se		_	_				59-227					Page
	s, Directors, Tr	ustee	es, K	ley E	mpl	oyees	s, a	nd Highest Compensate	d Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unl	Po: check ess pe	erson	than or is both a pr/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	с	Fstim) Estim amou oth comper from	nated unt of ner nsation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** 21000-11100)		organia and re organiz	zation elated	
(12) SCOTT L PEELE	R JR	1											
DIDECEOD	0.00												
DIRECTOR (13) COOKIE RODANT	0.00 E SPOTO	X					_	0	0				(
	0.00												
DIRECTOR (14) RAFAEL MARTIN	0.00	X						0	0				C
(14) RAFAEL MARTIN	0.00												
DIRECTOR EMERITUS	0.00	x						0	0				C
(15) GILDA BANKS	0.00												
DIRECTOR	0.00	x						0	0				0
(16) CHANTAL HEVIA													
PRESIDENT & CEO	40.00			x				14,438	0				0
										-			
1b Sub-total						🕨		14,438					
c Total from continuation shee d Total (add lines 1b and 1c)	ets to Part VII, S	ectio	on A					14,438					
2 Total number of individuals (inc reportable compensation from				nose	liste	d abo	ve)		100,000 of	<u>-</u>			
												Yes	No
3 Did the organization list any for employee on line 1a? If "Yes," of							oloy	ee, or highest compensate			3		x
4 For any individual listed on line	1a, is the sum o	f repo	ortat	ole co	ompe	ensati		and other compensation fro	om the			-12	
organization and related organi individual	-										4		x
5 Did any person listed on line 1a for services rendered to the org									ndividual		5		x
Section B. Independent Contractor		0, 00	Jinpi				, 101			<u></u>	<u> </u>		
1 Complete this table for your five compensation from the organiz	e highest comper ation. Report cor	nsate npen	d ind satio	depe on fo	nder r the	nt conf calen	trac idar	tors that received more that year ending with or within	an \$100,000 of the organization's tax year	r.			
Name and b	(A) business address								(B) on of services		Cor	(C) npensat	ion
									-			•	
2 Total number of independent co received more than \$100,000 or							se	listed above) who	0				

Form 990 (2015) YBOR CITY MUSEUM SOCIETY INC

Part VIII **Statement of Revenue**

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

59-2274494

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a					
Gra	t	Membership dues	1b	3,530				
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising events	1c					
lar Iar	d	Related organizations	1d					
ini.	e	Government grants (contributions)	1e	16,147				a (a Series a da)
tior	1	All other contributions, gifts, grants,						花台,在小小小 村。
ibu		and similar amounts not included above	1f	12,242				
dr	g	Noncash contributions included in lines 1a-	1f: \$			neepen til standelig		
	h	Total. Add lines 1a-1f			31,919			
Jue				Busn. Code				
ever	2a	CASITAS/BUNKER/GARD	EN		40,548			40,548
e R(b	GIFT SHOP SALES			2,103			2,103
Program Service Revenue	с							
l Se	d							
ram	е							
rog		All other program service rever			10 071			
<u> </u>		Total. Add lines 2a–2f			42,651			
	3	Investment income (including d	lividends, i					
		and other similar amounts)						
	4	Income from investment of tax-						
	5	Royalties	<u></u>					
	6-	(i) Real		(ii) Personal				
		Gross rents						
	b	Less: rental exps. Rental inc. or (loss)						
		Net restal in some ser (lass)						
		Gross amount from (i) Securities	<u></u>	(ii) Other				
		sales of assets						
	b	Less: cost or other						
		basis & sales exps.						
	с	Gain or (loss)						
		Net gain or (loss)	I					
0		Gross income from fundraising event						
nue		(not including \$						
Other Reve		of contributions reported on line 1c).						
Ľ.		See Part IV, line 18	а	40,903				
the	b	Less: direct expenses	b	15,129				
0	С	Net income or (loss) from fundra	aising ever	its 🕨	25,774			25,774
	9a	Gross income from gaming activities.						
		See Part IV, line 19	а				5	
		Less: direct expenses	b					
		Net income or (loss) from gamir	ng activities	••••••				
		Gross sales of inventory, less						
		returns and allowances	a					
		Less: cost of goods sold	b					
-	С	Net income or (loss) from sales	of inventor					
ŀ		Miscellaneous Revenue		Busn. Code				
	11a	••••••						
	b	· · · · · · · · · · · · · · · · · · ·		17 T				
	c d	All other revenue						
		Total. Add lines 11a–11d						
		Total revenue. See instructions		803 a 8	100,344	0	0	68,425
	- #10	. etal revenue, occ instructions	• • • • • • • • • • • • • • • • • • • •		100,011	V	9	Form 990 (2015)

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Part IX

Form 990 (2015) YBOR CITY MUSEUM SOCIETY INC **Statement of Functional Expenses**

59-2274494

Sec	tion 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a respor			ete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21				
2					
2	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,				
9	trustees, and key employees	14,438	10,108	2,166	2,164
6	Compensation not included above, to disqualified	11,100	10,100		2/101
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	33,304	23,312	4,995	4,997
8	Pension plan accruals and contributions (include				-,-0,
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				3
b	Legal				
с	Accounting				
d					
е	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.)	7,300	5,110	2,190	
12	Advertising and promotion				
13	Office expenses	3,359	2,687	403	269
14	Information technology				
15	Royalties				
16	Occupancy	6,312	5,050	631	631
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	196	156	20	20
20	Interest	876		876	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,463	4,371	546	546
23	Insurance	2,611	2,089	261	261
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	7 050	7.050		
a	GARDEN RENTAL & EVENT MAN	7,253	7,253		
b	STATE PARK FEES	5,250	5,250		
C d	PARK RANGERS	4,066	4,066		
d	COGS	2,883	2,883	150	
е 25	All other expenses	95,909	2,442	<u>156</u> 12,244	0 000
25 26	Joint costs. Complete this line only if the	80,909	/4///	LZ, Z44	8,888
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

Part X

. Form 990 (2015) YBOR CITY MUSEUM SOCIETY INC

Balance Sheet

	an	Check if Schedule O contains a response or not	te to any line	a in this Part V			
		Check in Schedule O contains a response of not	ie io any line		(A)	<u> </u>	(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			11,765	1	51,495
	2				11		511
	3	Pledges and grants receivable, net			12,500		12,500
	4				12,387		2,142
	5	Loans and other receivables from current and former of					
			rustees, key employees, and highest compensated employees.				
		Complete Part II of Schedule L		5			
	6	Loans and other receivables from other disgualified pe	ersons (as d	efined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B)		1			
		sponsoring organizations of section 501(c)(9) voluntary				19	
S		organizations (see instructions). Complete Part II of Sc		bononolary		6	
Assets	7					7	
As	8				7,151	8	5,371
	9	Prepaid expenses and deferred charges			127,599		127,366
		Land, buildings, and equipment: cost or	·····				
		other basis. Complete Part VI of Schedule D	10a	1.092.708			
	Ь	Less: accumulated depreciation	100 10b	1,092,708 285,310	812,862	10c	807,398
	11	Investmente multiply traded as sublice	. L			11	
	12	Investments-other securities. See Part IV, line 11		-,		12	
	13	Investments presses related Cas Dart IV line 44					
	14	Intangible assets			13 14		
	15	Other appeter See Part IV line 11			191	15	191
	16	Total assets. Add lines 1 through 15 (must equal line 3			984,466	16	1,006,974
	17	A security neuroble and econord summers a			62,393	17	73,567
	18	Grants payable				18	
	19	Deferred revenue			88,340	19	85,998
	20	Tax-exempt bond liabilities		12 1 10 10 1 10 12 1 1 1 1 1 1 1 1 1 1 1	/	20	
	21	Escrow or custodial account liability. Complete Part IV of	of Schedule	D		21	
ŝ	22	Loans and other payables to current and former officers		P			······································
Liabilities		trustees, key employees, highest compensated employe					
abi		disqualified persons. Complete Part II of Schedule L	,			22	
Ξ	23	Secured mortgages and notes payable to unrelated thir	d parties		49,500	23	49,500
	24	Unsecured notes and loans payable to unrelated third p	parties		40,000	24	40,000
	25	Other liabilities (including federal income tax, payables	to related th	ird			
		parties, and other liabilities not included on lines 17-24)	. Complete	Part X			
		of Schedule D			60,466	25	69,707
	26	Total liabilities. Add lines 17 through 25	<u></u>		300,699	26	318,772
		Organizations that follow SFAS 117 (ASC 958), che	ck here 🕨	X and			
ces		complete lines 27 through 29, and lines 33 and 34.					
Balances	27	Unrestricted net assets			556,167	27	560,836
Ba	28	Temporarily restricted net assets		1	127,600	28	127,366
pur	29	Permanently restricted net assets			29		
щ		Organizations that do not follow SFAS 117 (ASC 95	8), check h	ere 🕨 and	1. AA 1.		
s o		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds	•			30	·
As	31	Paid-in or capital surplus, or land, building, or equipmen				31	
Net Assets or Fund	32	Retained earnings, endowment, accumulated income, o	or other fund	ls		32	
	33				683,767	33	688,202
	34	Total liabilities and net assets/fund balances	. <u></u>		984,466	34	1,006,974

Form 990 (2015)

Form 9	90 (2015) YBOR CITY MUSEUM SOCIETY INC 59-2274494			Pa	age 1
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	
	fotal revenue (must equal Part VIII, column (A), line 12)	1	1	.00,	
2 T	otal expenses (must equal Part IX, column (A), line 25)	2		95,	90
3 R	Revenue less expenses. Subtract line 2 from line 1	3		4,	43
4 N	let assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	83,	76
	let unrealized gains (losses) on investments	5			
6 D	Donated services and use of facilities	6			
7 Ir	nvestment expenses	7			
8 P	rior period adjustments	8			
9 0	Other changes in net assets or fund balances (explain in Schedule O)	9			
10 N	let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
33	3, column (B))	10	6	88,	202
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	5			Yes	No
1 A	ccounting method used to prepare the Form 990: Cash X Accrual Other		5 105	0.18	
lf	the organization changed its method of accounting from a prior year or checked "Other," explain in				
	chedule O.				
2a W	/ere the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	"Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	eviewed on a separate basis, consolidated basis, or both:				
[Separate basis Consolidated basis Both consolidated and separate basis				
b W	/ere the organization's financial statements audited by an independent accountant?		2b	x	
	"Yes," check a box below to indicate whether the financial statements for the year were audited on a	649 X 849 X 8	100	53.9	
	eparate basis, consolidated basis, or both:			E NO -	
X					
	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	f the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	the organization changed either its oversight process or selection process during the tax year, explain in				
	chedule O.				
	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	e Single Audit Act and OMB Circular A-133?		3a		х
	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ja		
	quired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
100	ganes assisted autority, explain why in conclude of and describe any steps taken to undergo such audits.			n 990	

à e.						
100965 06/28/2016 11:53 AN	1					
SCHEDULE A	Pu	blic Charity Statu	s and	l Pub	lic Support	
(Form 990 or 990-EZ)		ete if the organization is a sect				OMB No. 1545-0047
(1 0111 000 01 000 122)	Compi	4947(a)(1) nonexer				2015
		Attach to Form 9				Open to Public
Department of the Treasury	Information al	bout Schedule A (Form 990 or 990				
Internal Revenue Service		bout Schedule A (Form 550 of 550	-EZ) allu			
Name of the organization	VROP CTWV M	USEUM SOCIETY IN	C		59-22	tification number א א ס א ס א
Part I Reas				omplot		
		y Status (All organizations	· · · · ·			JIIS.
<u> </u>	1	ise it is: (For lines 1 through 11, c		, ,	,	
		sociation of churches described i			1)(A)(I).	
)(A)(ii). (Attach Schedule E (Forn				
	. ,	vice organization described in sec				
lanena.		ed in conjunction with a hospital o	described	in sectio	on 170(b)(1)(A)(iii). Enter the h	ospital's name,
city, and stat						· · · · · · · · · · · · · · · · · · ·
Lan.and		of a college or university owned	or operat	ed by a g	overnmental unit described in	
	(b)(1)(A)(iv). (Complete Par					
		governmental unit described in so				
L		substantial part of its support fro	om a gove	ernmental	unit or from the general public	
described in	section 170(b)(1)(A)(vi). (0	Complete Part II.)				
8 A community	rtrust described in section	170(b)(1)(A)(vi). (Complete Part	II.)			
9 X An organizat	ion that normally receives: (1) more than 33 1/3% of its supp	ort from o	contributio	ons, membership fees, and gros	SS
receipts from	activities related to its exer	npt functionssubject to certain	exceptio	ns, and (2) no more than 33 1/3% of its	
support from	gross investment income a	nd unrelated business taxable in	come (les	ss section	511 tax) from businesses	
acquired by t	he organization after June 3	30, 1975. See section 509(a)(2).	(Comple	te Part III	.)	
10 An organizat	ion organized and operated	exclusively to test for public safe	ety. See s	ection 50)9(a)(4).	
11 An organizat	ion organized and operated	exclusively for the benefit of, to p	perform th	ne functio	ns of, or to carry out the purpos	es of
one or more	publicly supported organiza	tions described in section 509(a)(1) or se	ction 509	9(a)(2). See section 509(a)(3).	Check
the box in line	es 11a through 11d that des	cribes the type of supporting org	anization	and com	plete lines 11e, 11f, and 11g.	
a Type I. A sup	porting organization operat	ed, supervised, or controlled by i	ts suppor	ted organ	ization(s), typically by giving	
the supported	d organization(s) the power	to regularly appoint or elect a ma	jority of t	he directo	rs or trustees of the supporting	
organization.	You must complete Part	IV, Sections A and B.				
b Type II. A su	pporting organization super	vised or controlled in connection	with its s	upported	organization(s), by having	
control or ma	nagement of the supporting	organization vested in the same	persons	that contr	ol or manage the supported	
organization(s). You must complete Pa	rt IV, Sections A and C.				
c Type III fund	tionally integrated. A supp	porting organization operated in c	connectio	n with, an	d functionally integrated with,	
its supported	organization(s) (see instruc	tions). You must complete Par	t IV, Sect	tions A, D), and E.	
d Type III non-	functionally integrated. A	supporting organization operate	d in conn	ection wit	h its supported organization(s)	
that is not fur	ctionally integrated. The org	ganization generally must satisfy	a distribu	tion requi	rement and an attentiveness	
requirement (see instructions). You mus	t complete Part IV, Sections A	and D, a	nd Part V	٧.	
e Check this bo	x if the organization receive	ed a written determination from th	e IRS tha	at it is a Ty	ype I, Type II, Type III	
functionally in	itegrated, or Type III non-fur	nctionally integrated supporting o	rganizatio	on.		
f Enter the number	of supported organizations		-			
g Provide the follow	ving information about the si	upported organization(s).				· · · · · · · · · · · · · · · · · · ·
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
organization		(described on lines 1–9		ur governing	support (see	other support (see
		above (see instructions))	docu	ment?	instructions)	instructions)
			Yes	No		
(A)						
(B)		•				
(C)						

(D)

(E)

Total

Schedule A (Form 990 or 990-EZ) 2015 YBOR CITY MUSEUM SOCIETY INC Part II Support Schedule for Organizations Described in Sections 170(b)

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Page 2

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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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.						
Sec	tion B. Total Support	*****			r.		
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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					and the state she	
12	Gross receipts from related activities, etc. (12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, fou	rth, or fifth tax year	as a section 501(c)(3)	
	organization, check this box and stop here				• • • • • • • • • • • • • • • • • • •	<u></u>	
Sec	ion C. Computation of Public Su	pport Percent	tage				
14	Public support percentage for 2015 (line 6,	column (f) divided	by line 11, column	n (f))		14	%
15	Public support percentage from 2014 Sche		14			45	%
16a	33 1/3% support test-2015. If the organi	zation did not cheo					
	box and stop here. The organization quality	fies as a publicly su	upported organizat	ion			
b	33 1/3% support test-2014. If the organi	zation did not cheo	k a box on line 13	or 16a, and line 15	is 33 1/3% or mo	re,	~
	check this box and stop here. The organiz						
17a	10%-facts-and-circumstances test-201						
	10% or more, and if the organization meets	the "facts-and-cire	cumstances" test, o	check this box and	stop here. Explai	n in	
	Part VI how the organization meets the "fac organization		-		s a publicly suppo	orted	
b	10%-facts-and-circumstances test-201	 If the organization 	on did not check a	box on line 13, 16a	i, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization r	neets the "facts-an	d-circumstances"	test, check this box	and stop here.		
	Explain in Part VI how the organization mee	ets the "facts-and-c	ircumstances" tes	t. The organization	qualifies as a pub	licly	
	- 1						
	supported organization						•••••
	supported organization	not check a box or	n line 13, 16a, 16b	, 17a, or 17b, chec	k this box and see		•••••••

Schedule A (Form 990 or 990-EZ) 2015

Part III

Schedule A (Form 990 or 990-EZ) 2015 YBOR CITY MUSEUM SOCIETY INC

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Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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

Cale	endar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	114,476	175,255	439,276	202,904	31,919	963,830	
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	53,702	119,653	46,198	16,375		235,928	
3	Gross receipts from activities that are not an unrelated trade or business under section 513				84,003	43,006	127,009	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				x			
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	168,178	294,908	485,474	303,282	74,925	1,326,767	
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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
500	line 6.) tion B. Total Support						1,326,767	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015		
9		168,178	294,908	485,474	303,282	74,925	(f) Total 1,326,767	
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	110,518	111,558	99,452	97,917	40,548	459,993	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	110,518	111,558	99,452	97,917	40,548	459,993	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	278,696	406,466	584,926	401,199	115,473	1,786,760	
14	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c))(3)		
Sec	organization, check this box and stop here tion C. Computation of Public Su		909		· · · · · · · · · · · · · · · · · · ·		····· 🕨 💽	
15	Public support percentage for 2015 (line 8,			(f))		15	74.00%	
16	Public support percentage from 2014 Sche					16	74.26% 73.56%	
	tion D. Computation of Investme			· · · · · · · · · · · · · · · · · · ·	<u></u>		73.5670	
17				olumn (f))		17	26 %	
18	Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))1726 %Investment income percentage from 2014 Schedule A, Part III, line 171826 %							
19a	33 1/3% support tests—2015. If the organ							
	17 is not more than 33 1/3%, check this box						► X	
b	33 1/3% support tests-2014. If the organ		-					
	line 18 is not more than 33 1/3%, check this	s box and stop her	e. The organizatior	i qualifies as a pub	licly supported org	anization		
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	and see instruction	S		

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 YBOR CITY MUSEUM SOCIETY INC

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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	t 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).	å

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- Did the organization support any foreign supported organization that does not have an IRS determination С 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer (b) and (c) 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disgualified 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit С 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 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		19. M. M. M.
<u>5</u> a		
5b		
<u>5c</u>		
6		
7		
8		
9a		,
9b		
9c		
40-		
10a		
10b		

		9-2274494		Page
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		10.15	1993
а			2000	1.63.63
L.	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations	11c		
0000				1
1	Did the directors, trustops, or membership of one or more supported organizations have the neuronta		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1.000
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		100	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		-
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? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1.000
Saat	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations			1
4	Ware a maintike of the annumination is also show an tauto a during the tauto of ta		Yes	No
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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			1.000
Secti	the supported organization(s). on D. All Type III Supporting Organizations	1		
	on D. An Type in Supporting Organizations			
4	Did the executively a particle to each of its superstant executively to the last to the COL COL		Yes	No
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			10
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's			
Saati	supported organizations played in this regard.	3		
	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions):		
a h	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 ^	otivities Test Answer (a) and (b) hole	Г		
	ctivities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

2b 3a 3b

Schedule A (Form 990 or 990-EZ) 2015

DAA

Schedule A (Form 990 or 990-EZ) 2015 YBOR CITY MUSEUM SOCIETY INC 59-2274494 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .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** Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 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
 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

· · ·

Sect	rt V Type III Non-Functionally Integrated 509(a)(tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purpo	*** *** ****		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		· • • • • • • • • • • • • • • • • • • •
4	Amounts paid to acquire exempt-use assets	<u> </u>		
5	Qualified set-aside amounts (prior IRS approval required)			
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 organizations to which the organizations are supported organizations are supported organizations to which the organizations are supported organizations are supported organizations to which the organizations are supported orga	nization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	-		
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
а				
b				
	Excess from 2013			
d	Excess from 2014			1

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (F Part VI	orm 990 or 990-EZ) 2015 YE Supplemental Informa III, line 12; Part IV, Sect B, lines 1 and 2; Part IV 3a and 3b; Part V, line 1 lines 2, 5, and 6. Also co	tion. Provide the ex ion A, lines 1, 2, 3b, , Section C, line 1; F ; Part V, Section B,	planations require 3c, 4b, 4c, 5a, 6, Part IV, Section D, line 1e; Part V, Se	ed by Part II, line 1 9a, 9b, 9c, 11a, 1 lines 2 and 3; Pa ection D, lines 5, 6	1b, and 11c; Part IV, t IV, Section E, lines 5, and 8; and Part V, S	Section 1c, 2a, 2b,
				5		
• • • • • • • • • • • • • • • • • • • •	93 · · · · · · · · · · · · · · · · · · ·		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	

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Schedule B (Form 990, 990-EZ, or 990-PF) OMB No. 1545-0047 Department of the Treasury Internal Revenue Service Attach to Form 990, Form 990-EZ, or Form 990-PF. 2015 Name of the organization Employer identification number

YBOR CITY MUSEUM SOCIETY INC

Organization type (check one):

Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

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

General Rule

Χ	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 or 990-EZ), Part II, line
13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1)
\$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

▶ \$

59-2274494

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Schedule B (Form 990, 990-EZ, or 990-PF) (2015)	PAGE 1 OF 1 Page 2
Name of organization	Employer identification number
YBOR CITY MUSEUM SOCIETY INC	59-2274494

Part I Contributors (see instructions). Use duplicate copies of Part I if additional spa	e is needed.
--	--------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	CITY OF TAMPA E. JACKSON ST, 8E TAMPA FL 33602	\$ 12,800	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(b)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
* * * * *		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
* 113 · 121	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
€ a + nor s		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

SCHEDULE D

(Form 990)

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.

20 15 **Open to Public** Inspection

OMB No. 1545-0047

Name	of the	organization	

Department of the Treasury

Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.	gov/form990.	Insp
	Employer identification	on number

<u> </u>	BOR CITY MUSEUM SOCIETY INC		59-2	2274494
P	art I Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on I		Accour	its.
		(a) Donor advised funds	1	(b) Funds and other accounts
4	Total number at and of year			
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			
~	funds are the organization's property, subject to the organization's exclu			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in v			
	only for charitable purposes and not for the benefit of the donor or dono			
D				Yes No
P	art II Conservation Easements. Complete if the organization answered "Yes" on F	Form 000 Port IV line 7		
4				
1	Purpose(s) of conservation easements held by the organization (check a			
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp		
	Protection of natural habitat	Preservation of a certified histor	ic structure	9
-	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserve	vation contribution in the form of a conse	rvation	1
	easement on the last day of the tax year.			Held at the End of the Tax Year
a				
b				
С	Number of conservation easements on a certified historic structure inclu-	ded in (a)	20	
d	Number of conservation easements included in (c) acquired after 8/17/0	6, and not on a		
			2d	
3	Number of conservation easements modified, transferred, released, extin	nguished, or terminated by the organizat	ion during	the
	tax year 🕨			
4	Number of states where property subject to conservation easement is loo			
5	Does the organization have a written policy regarding the periodic monitor	oring, 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 ea	asements o	during the year
	•			
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	tions, and enforcing conservation easem	ents during	g the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy the			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easement			
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that de	scribes the	9
De	organization's accounting for conservation easements.		0:	A
Pa	IT III Organizations Maintaining Collections of Art, I Complete if the organization answered "Yes" on F	orm 990 Part IV line 8	Similar	Assets.
Ta	If the organization elected, as permitted under SFAS 116 (ASC 958), not	-		et
	works of art, historical treasures, or other similar assets held for public ex		rance of	
h	public service, provide, in Part XIII, the text of the footnote to its financial			
D	If the organization elected, as permitted under SFAS 116 (ASC 958), to runaria of at historical traceurse, or other similar assets hold for public as			
	works of art, historical treasures, or other similar assets held for public ex	mbillion, education, or research in further	rance or	
	public service, provide the following amounts relating to these items:		▶	¢
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2				⊅
2	If the organization received or held works of art, historical treasures, or ot		ide the	
-	following amounts required to be reported under SFAS 116 (ASC 958) re	-	•	¢
				\$
a	Assets included in Form 990, Part X		🕨	\$

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

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	CITY MUSEUM Set taining Collections o			59-22744		e (continuo	Page 2
3 Using the organization's acquisition,	accession, and other record						J)
collection items (check all that apply)							
a Public exhibition	d	Loan or exchange pro					
b Scholarly research	е	Other					
c Preservation for future generatio		a la avec dia avec di estila a a dia a			Devi		
4 Provide a description of the organiza	tion s collections and explain	n now they further the	organization's e	exempt purpose I	n Part		
XIII.5 During the year, did the organization		af and thinks in all the same					
assets to be sold to raise funds rathe		,	,			Vee	
Part IV Escrow and Custod		art of the organization	s collection?			Yes	No
	ization answered "Yes	" on Form 990 P:	art IV line 9	or reported a	n amount	t on Form	
990, Part X, line 21.		011 0111 000, 1 0	are ry, and o	, or reported e	anoun		
1a Is the organization an agent, trustee,	custodian or other intermed	arv for contributions o	r other assets r	not			
included on Form 990, Part X?						Yes	No
b If "Yes," explain the arrangement in F	art XIII and complete the fol						
				<u> </u>		Amount	
c Beginning balance					1c		
d Additions during the year	•••••••••		2.2 × 6.222 × 2.2 × 3.2 × 1.2		1d		
e Distributions during the year			13 0 13 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	1e		
				1	1f		
2a Did the organization include an amou	nt on Form 990, Part X, line	21, for escrow or cust	odial account li	ability?		Yes	No
b If "Yes," explain the arrangement in P							
Part V Endowment Funds.							<u> </u>
Complete if the organ	ization answered "Yes	<u>" on Form 990, Pa</u>	art IV, line 10	Э.			
	(a) Current year	(b) Prior year	(c) Two years	back (d) Thr	ee years back	(e) Four year	s 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 t	-	(line 1g, column (a)) h	neld as:				
a Board designated or quasi-endowmer							
b Permanent endowment ►	%						
c Temporarily restricted endowment ► The percentages on lines 2a, 2b, and	2c should equal 100%						
3a Are there endowment funds not in the	-	ion that are held and a	dministered fo	r tho			
organization by:	possession of the organizat		iunninstereu iu			Yes	No
(i) unrelated organizations						3a(i)	110
						0 (11)	
b If "Yes" on line 3a(ii), are the related o	rganizations listed as require	ed on Schedule R?					1
4 Describe in Part XIII the intended uses							
Part VI Land, Buildings, and							
Complete if the organi	zation answered "Yes"	on Form 990, Pa	rt IV, line 11	a. See Form §	990, Part 2	X, line 10.	
· Description of property	(a) Cost or other b			(c) Accumulated		(d) Book value	
	(investment)	(othe	er)	depreciation			
1a Land							
b Buildings			16,832	157,		659,	
c Leasehold improvements			12,850	2,	356	10,	494
d Equipment							
e Other			63,026	125,	148	137,	
Total. Add lines 1a through 1e. (Column (d)	must equal Form 990, Part >	<, column (B), line 10c	.)			807,	398

Schedule D (Form 990) 2015

Part VII	Form 990) 2015 YBOR CITY MUSEUM Investments—Other Securities.		59-2274494	Page
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 11	b. See Form 990, Part X,	line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation	:
	(including name of security)		Cost or end-of-year market	value
(1) Financial		,		
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)	· · · · · · · · · · · · · · · · · · ·	N 5 404 8 40		
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Y	es" 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 v	alue
(1)				
(2) ·				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Fotal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.		· · · · · · · · · · · · · · · · · · ·	
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 11d	. See Form 990, Part X, I	ine 15.
	(a) Descri) Book value
(1)				
(2)				
(3)				
(4)				
(5)	ана страна с Страна страна с		· · ·	
(6)				
(7)				
(8)				
(9)				
otal. (Columr	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.		······	
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line 11e	or 11f. See Form 990, Pa	art X.
	line 25.		,	,
	(a) Description of liability	(b) Book value		
(1) Federal i	income taxes	1.5.0		
(2) REFUN	DABLE DEPOSITS	44,730		
(3) PAYRO	LL LIABILITIES	24,782		
	TAX PAYABLE	195		
(5)				
(6)				
7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶	69,707		
0.0000000000000000000000000000000000000				

2 P organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII..... DAA

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Schedule D (Form 990) 2015 YBOR CITY MUSEUM SOCIETY	INC 59	-2274494	Page 4
Part XI Reconciliation of Revenue per Audited Financial		ue per Return.	<u> </u>
Complete if the organization answered "Yes" on Form	n 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	;; 		100,344
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	100 244
3 Subtract line 2e from line 1		3	100,344
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			
b Other (Describe in Part XIII.)	4b	12.52	
c Add lines 4a and 4b	· · · · 2001 · 2007 · · · · · · · · · · · · · · · · · ·	4c	100 244
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			100,344
Part XII Reconciliation of Expenses per Audited Financial		ises per Return.	
Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements	1990, Part IV, line 12a.		95,909
			95,909
a Donated services and use of facilities	2a 2b		
b Prior year adjustments	0-1		
c Other losses			
d Other (Describe in Part XIII.) e Add lines 2a through 2d		20	
		2e 3	95,909
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 		3	95,909
 a Investment expenses not included on Form 990, Part VIII, line 7b 	4a		
b Other (Describe in Part XIII.)			
c Add lines 12 and 1b		4c	
 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 	3.)		95,909
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	provide any additional information	on.	
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Schedule D (Form 990) 2015 YBOR CITY MUSEUM SOCIETY INC 59-2274494 P Part XIII Supplemental Information (continued)	
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SCHEDULE G (Form 990 or 990-EZ)	Supplemental Inform Complete if the orga		s" on F	orm 99	0, Part IV, lines 17, 18, or 19,		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Information about Sc	Attach to For			n 990-EZ. s instructions is at www.irs.g	ov/form990	Open to Public Inspection
Name of the organization				dirid re		Employer identifica	
the second se	OR CITY MUSEUM S					59-2274	
	ing Activities. Complete if -EZ filers are not required t				ered "Yes" on Form	n 990, Part IV, line	e 17.
	rganization raised funds through a				Check all that apply.		
a Mail solicitations					vernment grants		
b Internet and email	solicitations			-	nent grants		
c Phone solicitations		g Special fun	-		-		
d In-person solicitation		g opeoidi rui	araioi	ng ci			
•	ave a written or oral agreement wi	th any individual (ir	ncludi	na off	ficers directors trustee	s	
or key employees listed	d in Form 990, Part VII) or entity ir	n connection with p	rofess	sional	I fundraising services?		Yes No
	hest paid individuals or entities (fu \$5,000 by the organization.	Indraisers) pursuar	nt to a	greer	ments under which the	fundraiser is to be	
				id fund- r have		(v) Amount paid to	(vi) Amount paid to
	address of individual y (fundraiser)	(ii) Activity	custo	ody or rol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
	, (an (an and a con)			utions?		col. (i)	organization
			Yes	No	-		
1							
2			-				
-							
3							
4						· · · · ·	
5							
6							
7							
8							
9							
40	· · · · · · · · · · · · · · · · · · ·						
10	,						
						·	
 List all states in which the registration or licensing. 	ne organization is registered or lic	ensed to solicit cor	ntribut	ions o	or has been notified it is	s exempt from	
6. 699		a 1000 a 1000 a 100 a 1	•••				
x 35 x	2010-2		•••••		90 		
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Schedule G (Form 990 or 990-EZ) 2015	YBOR	CITY	MUSEUM	SOCIETY	INC	

59-2274494 Page 2

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000

			(a) Event #1	(b) Event #2	(c) Other events	
			MDN CADIMAT CAN		NONE	(d) Total events
			TBM CAPITAL CAM (event type)	(event type)	(total number)	(add col. (a) through col. (c))
anu						
Revenue	1	Gross receipts	35,454			35,454
	2	Less: Contributions				
		Gross income (line 1 minus				
		line 2)	35,454			35,454
	4	Cash prizes				
		·····				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Expe	7	Food and beverages				
Direct Expenses	8	Entertainment				
		Other direct expenses	15,129			15,129
					L	
			Add lines 4 through 9 in column (d)			<u>15,129</u> 20,325
D	11 art		otract line 10 from line 3, column (d plete if the organization answ			
P	art		n Form 990-EZ, line 6a.	wered tes on Form 990, P	art iv, line 19, or report	led more
ø			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
é	1	Gross revenue				
		Gloss levelide				
es	2	Cash prizes				
pens	3	Noncash prizes				
Direct Expenses						
Dire	4	Rent/facility costs				
	5	Other direct expenses	versions,			
	6	Volunteer labor	Yes % No	Yes % No	Yes %	
	7	Direct expense summary.	Add lines 2 through 5 in column (d)			
						·
	8	Net gaming income summ	ary. Subtract line 7 from line 1, colu	umn (d)	P	
9	Ente	er the state(s) in which the	organization conducts gaming activ	vities:		
а	ls th	ne organization licensed to	conduct gaming activities in each o	of these states?		Yes No
b	lf "N	lo," explain:				
	• • •					. 2.33 / 7 23 /
		re any of the organization's ′es," explain:	gaming licenses revoked, suspend	ded or terminated during the tax yea	ar?	Yes No
	• • •					

Schedule G (Form 990 or 990-EZ) 2015

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11	edule G (Form 990 or 990-EZ) 2015 YBOR CITY MUSEUM SOCIETY INC 59-22 Does the organization conduct gaming activities with nonmembers?	74494	Page 3
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		Tes NO
12	formed to administer charitable gaming?		Yes
13	Indicate the percentage of gaming activity conducted in:		163
а		13a	%
b	The organization's facility	13a 13b	%
14	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and		/0
14	records:		
	Name ►		••••
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the	contract L	
	amount of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		• • 1804
	Address ►		644 C
6	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided	17402 V	
	Director/officer Employee Independent contractor		
7	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ► \$		
Part			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform	nation (s	see
	instructions).		
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Schedule G (Form 990 or 990-EZ) 2015

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SCHEDULE O	Supplemental Information to Form 990 or 990-E	Z	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions o Form 990 or 990-EZ or to provide any additional information.		2015
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www. 	irs.gov/form990.	Open to Public Inspection
Name of the organization	YBOR CITY MUSEUM SOCIETY INC	Employer identification $59-22744$	n number
		L	
FORM 990, E	PART VI, LINE 11B - ORGANIZATION'S PROCESS TO F	EVIEW FOR	M 990
PRESIDENT &	CEO REVIEWS WITH SELECT BOARD MEMBERS.		· · · · · · · · · · · · · · · · · · ·
FORM 990, E	PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS PO	DLICY	
3 8	D DIRECTORS SIGN A CONFLICT OF INTEREST POLICY		EGINNING
OF EACH FIS	SCAL YEAR.		a a waa a waa a waa a boo b
FORM 990. F	PART VI, LINE 15A - COMPENSATION PROCESS FOR TO	P OFFICIA	L
g	ENT'S PERFORMANCE AND SALARY ARE REVIEWED ANNUA		
THE PRESIDE	INT'S PERFORMANCE AND SALARI ARE REVIEWED ANNOP	TTT DI Y	COMMITINE
OF BOARD ME	IMBERS.		
		8	
FORM 990, E	PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSU	RE EXPLAN	ATION
GOVERNING D	OCUMENTS ARE AVAILABLE UPON REQUEST.	1. 2013 I. 6000 V. 6000 V. 6000 V. 6000	
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Department of the Treasury nternal Revenue Service (99)	evenue Service (99) Information about Form 4562 and its separate instructions is at www.irs.gov/form45						OMB No. 1545-0172 2015 Attachment Sequence No. 17
						tifying number 9-2274494	
Business or activity to which this form r							
INDIRECT DEPRI							
	o Expense Certain Pro						
	ou have any listed propert	ty, complete Part	/ before you c	complete Par	<u>t I.</u>	1.1	F00 00
1 Maximum amount (see	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				1	500,00
	9 property placed in service (se					2	2,000,00
	on 179 property before reduction Subtract line 3 from line 2. If ze		ructions)			4	2,000,00
	. Subtract line 4 from line 1. If zero of		filing separately se	e instructions		5	
	(a) Description of property		(b) Cost (business use) Elected cost		
•							
7 Listed property. Enter th	ne amount from line 29			7			
	ction 179 property. Add amount	ts in column (c), lines 6	and 7			8	
9 Tentative deduction. En	ter the smaller of line 5 or line	8				9	
0 Carryover of disallowed deduction from line 13 of your 2014 Form 4562						10	
1 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)						11	
2 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11						12	
3 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ▶ 13 ote: Do not use Part II or Part III below for listed property. Instead, use Part V.							
	epreciation Allowance a		viction (Do no	at include lief	od propo	rty) /(See instructions)
					eu prope		See instructions.)
	owance for qualified property (o					14	
during the tax year (see instructions) 5 Property subject to section 168(f)(1) election						15	
	uding ACRS)					16	8,52
	epreciation (Do not inclu						
		Section					
7 MACRS deductions for a	assets placed in service in tax y	ears beginning before	2015		<u></u>	17	
	assets placed in service during the tax ye						
Soc		miles During 2015 To			· · ·		
380	ction B—Assets Placed in Sei			e General Depr	eciation S	ystem	
(a) Classification of proper	(b) Month and year	(c) Basis for depreciation (business/investment us only-see instructions)	on (d) Recovery	e General Depr (e) Convention	(f) Metho		(g) Depreciation deduction
(a) Classification of propertion of a 3-year property	(b) Month and year rty placed in	(c) Basis for depreciation (business/investment us	on (d) Recovery		1		(g) Depreciation deduction
 (a) Classification of proper a 3-year property b 5-year property 	(b) Month and year rty placed in	(c) Basis for depreciation (business/investment us	on (d) Recovery		1		(g) Depreciation deduction
 (a) Classification of proper 3-year property 5-year property c 7-year property 	(b) Month and year rty placed in	(c) Basis for depreciation (business/investment us	on (d) Recovery		1		(g) Depreciation deduction
 (a) Classification of proper 3-year property 5-year property 7-year property 10-year property 	(b) Month and year rty placed in	(c) Basis for depreciation (business/investment us	on (d) Recovery		1		(g) Depreciation deduction
 (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 	(b) Month and year rty placed in	(c) Basis for depreciation (business/investment us	on (d) Recovery		1		(g) Depreciation deduction
 (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 	(b) Month and year rty placed in	(c) Basis for depreciation (business/investment us	on (d) Recovery period		(f) Metho		(g) Depreciation deduction
 (a) Classification of property 3-year property 5-year property 7-year property 10-year property 10-year property 15-year property 20-year property 25-year property 	(b) Month and year rty placed in	(c) Basis for depreciation (business/investment us	on (d) Recovery period	(e) Convention	(f) Metho S/L		(g) Depreciation deduction
 (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 20-year property 25-year property h Residential rental 	(b) Month and year rty placed in	(c) Basis for depreciation (business/investment us	on se (d) Recovery period 25 yrs. 27.5 yrs.	(e) Convention	(f) Metho S/L S/L		(g) Depreciation deduction
 (a) Classification of proper a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property g 25-year property h Residential rental property 	(b) Month and year rty placed in	(c) Basis for depreciation (business/investment us	25 yrs. 27.5 yrs. 27.5 yrs.	(e) Convention	(f) Metho S/L		(g) Depreciation deduction
 (a) Classification of property a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property g 25-year property h Residential rental 	(b) Month and year rty placed in	(c) Basis for depreciation (business/investment us	on se (d) Recovery period 25 yrs. 27.5 yrs.	(e) Convention	(f) Metho S/L S/L		(g) Depreciation deduction
 (a) Classification of proper 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 20-year property 25-year property 4 Residential rental property i Nonresidential real property 	(b) Month and year rty placed in	(c) Basis for depreciatio (business/investment us only-see instructions)	25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention	(f) Metho S/L S/L S/L S/L		
 (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 20-year property 25-year property Residential rental property Nonresidential real property Section 	ty (b) Month and year placed in service	(c) Basis for depreciatio (business/investment us only-see instructions)	25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention	(f) Metho S/L S/L S/L S/L		
 (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 20-year property 25-year property Residential rental property Nonresidential real property Section 	ty (b) Month and year placed in service	(c) Basis for depreciatio (business/investment us only-see instructions)	25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention	(f) Methodological (f) Methodolo		
 (a) Classification of property b 5-year property c 7-year property d 10-year property d 10-year property e 15-year property f 20-year property f 20-year property f 20-year property f 20-year property i Nonresidential real property i Nonresidential real property Section Da Class life b 12-year c 40-year 	ty (b) Month and year placed in service	(c) Basis for depreciatio (business/investment us only-see instructions)	(d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Year Using the A	(e) Convention	(f) Methodology S/L S/L S/L S/L S/L S/L S/L S/L		
 (a) Classification of property b 5-year property c 7-year property d 10-year property d 10-year property e 15-year property f 20-year property f 20-year property f 20-year property f Residential rental property i Nonresidential real property i Nonresidential real property Section Da Class life b 12-year c 40-year 	ty (b) Month and year placed in service	(c) Basis for depreciatio (business/investment us only-see instructions)	m (d) Recovery period 2 25 yrs. 2 27.5 yrs. 2 27.5 yrs. 3 39 yrs. 3 Year Using the and	(e) Convention	(f) Metho S/L S/L S/L S/L S/L S/L S/L S/L S/L		
 (a) Classification of property 3-year property 5-year property 10-year property 10-year property 10-year property 10-year property 20-year property 20-year property 20-year property 20-year property 20-year property Nonresidential rental property Nonresidential real property Class life 12-year 40-year Cass life 12-year Listed property. Enter an 	ty (b) Month and year placed in service	(c) Basis for depreciation (business/investment us only-see instructions)	25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 40 yrs.	(e) Convention	(f) Metho S/L S/L S/L S/L S/L S/L S/L S/L S/L		
(a) Classification of 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 h Residential rental property i Nonresidential real property Section Da Class life b 12-year c 40-year Part IV Summary (Listed property. Enter an 2 Total. Add amounts from	ty (b) Month and year placed in service	(c) Basis for depreciation (business/investment us only-see instructions)	(d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Year Using the 12 yrs. 40 yrs. mn (g), and line 2	(e) Convention	(f) Metho S/L S/L S/L S/L S/L S/L S/L S/L S/L	System	1
 (a) Classification of property b 5-year property c 7-year property d 10-year property e 15-year property e 15-year property f 20-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property i Nonresidential real property g Class life b 12-year c 40-year Part IV Summary (I Listed property. Enter an 2 Total. Add amounts from here and on the appropri 	ty (b) Month and year placed in service on C—Assets Placed in Serv (See instructions.) mount from line 28 n line 12, lines 14 through 17, li iate lines of your return. Partner	(c) Basis for depreciation (business/investment us only-see instructions)	(d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Year Using the A 12 yrs. 40 yrs. mn (g), and line 2 ons—see instruct	(e) Convention	(f) Metho S/L S/L S/L S/L S/L S/L S/L S/L S/L	System	
(a) Classification of 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 h Residential rental property i Nonresidential real property Section Class life b 12-year c 40-year Part IV Summary (Listed property. Enter an c Total. Add amounts from here and on the appropri	ty (b) Month and year placed in service	(c) Basis for depreciation (business/investment us only-see instructions)	(d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Year Using the A 12 yrs. 40 yrs. mn (g), and line 2 ons—see instruct	(e) Convention	(f) Metho S/L S/L S/L S/L S/L S/L S/L S/L S/L	System	1