Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION
2020 LEGISLATIVE REPORT
(pursuant to Section 20.058 Florida Statutes)

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

Mailing Address *(required)*: P.O. Box 5421, Tampa, FL 33675

Telephone Number *(required)*: 813.247.1434 Website Address (*required if applicable*): 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.

CSO's Mission: ***Consistent with Articles and Bylaws***

Preserving, promoting and celebrating the unique cultural heritage of Ybor City and supporting the Ybor City Museum State Park.

Description of the CSO's Results Obtained: ***Brag! Expand section as necessary to be complete***

Celebrating 38 years of service to the Ybor Park, we continued working on our goals by providing programming and educational materials that preserve and promote the unique cultural heritage of Ybor City, Tampa's National Historic Landmark District. We capitalized on and responded to many opportunities to feature and market the Park and strengthen its brand by fostering interest in museum visits and tours and providing information, photographs, and other materials to map guides and tourism publications, community partners, constituents and the media. CSO staff and members of the Board of Trustees are actively involved in all the CSO's projects as well as in providing positive reinforcement of the Ybor Park's value to the community and the State.

Some of the projects that were successfully completed include:

- Building on the successes of Vicente Martinez-Ybor's Bicentennial Celebration in 2018, the CSO created a follow-up event that celebrated Martinez-Ybor as Tampa's pioneer disruptor and serial entrepreneur and his arrival in Ybor 134 years ago. Following a networking period with light refreshments and musical entertainment, a program was presented that included a fireside chat with historian and retired Judge E.J. Salcines, and a very special visit with 91-year-old Rafael Martinez-Ybor, great-grandson of Ybor City's founder. The program also honored Rafael with the presentation of a plaque by the Park Manager and CSO President and a proclamation from our State Senator. Important themes were introduced to explain Martinez-Ybor's contributions to Tampa's development and growth. The cigar industry and the city's eventual moniker as the "Cigar Capital of the World" can be greatly attributed to Martinez-Ybor, who arrived in Tampa in 1885 at the age of 67, bringing the industry to the region and founding what is known today as Ybor City. By the turn of the 19th century, Tampa had grown from a few hundred citizens to a population of nearly 16,000, much of which can be attributed to the cigar industry. In a short span of about

ten years, he led the way to the development and growth of a town that welcomed immigrants from Cuba, Spain, Italy, and other countries. They came to work in the cigar industry or provide goods and services to those who did. The theme provides a basis for the development of multidisciplinary lessons for children and adults that include Florida and Tampa history, cultural heritage, immigration, economics, industry, entrepreneurship, and community development, among others.

- Presented the eighth annual Buildings Alive! Ybor City Architecture Hop and send-off party in the Museum Garden. Tours of five of the largest and most historic buildings in Ybor City were featured, all of which had been recently rehabilitated.
- Hosted 35th Annual Legacy Awards Brunch, during which the Ybor, Pizzo, and Adela Gonzmart Awards were presented to three Ybor City visionaries
- Provided funding and acquired in-kind contributions for all events
- Facilitated the "City Ties Cultural Tours" for school-age children in collaboration with the H.B. Plant Museum
- Managed museum garden rentals
- Discussed plans for the use beacon technology at the park and contributed an initial installment on funding pledge by the CSO for this project
- Provided marketing for the park through the website and Facebook, social media, print and electronic media, community outreach and collaboration; acquired and managed free listings in tourism and cultural publications
- Assisted in logistics, coordination and some costs for the Park Managers Award Dinner hosted by the Ybor Park on January 8, 2019

Description of the CSO's Plans for the Next Three Fiscal Years: ***Expand section as necessary to be complete***

The CSO will build on its activities and accomplishments during the past reporting year in order to fulfill its mission. The board of trustees has approved financial and other support requested by park management and staff for technology that will enhance the visitor experience and increase accessibility to the Ybor Park. In addition to funding, the CSO will assist the Park with Spanish and Italian translations for the education and tour material that will be presented via this technology. The CSO will also collaborate with the Park for use of the technology as a marketing tool. Given the challenges of Covid-19 and the Park's temporary closure, the CSO has been creating virtual events that present the Park Museum's educational themes and provide a presence for the Park during this challenging time and stepped up its social media presence. These programs can be utilized even in times of normalcy to expand the Park Museum's offerings during times of normalcy. The CSO will work with Park staff to fund and host a movie night in the museum courtyard and create additional virtual events and programming to replace or supplement exhibits and live events. Areas of support will also include, but are not limited to, on-site exhibits, programming, educational opportunities and materials, community outreach, facilities maintenance, funding, marketing, and public relations support. Annual events, garden rental management, and ongoing projects will continue in the next fiscal year. Funding for projects in the park will be provided as available and needed.

☒ **CSO's Code of Ethics is attached, and if the CSO has a website the code of ethics is posted conspicuously.**

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

Ybor City Museum Society, Inc.
CODE OF ETHICS

PREAMBLE

(1) It is essential to the proper conduct and operation of Ybor City Museum Society, Inc. (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.

(2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Ybor City Museum Society, Inc. board members, officers, and employees in the performance of their official duties.

STANDARDS

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

1. Prohibition of Solicitation or Acceptance of Gifts

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

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

4. **Prohibition of Misuse of Position**

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

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

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

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

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

7. **Prohibition of Employees Holding Office**

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

8. **Requirements to Abstain From Voting**

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

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

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

Name: YBOR CITY MUSEUM SOCIETY INC
Tax Authority: US EXT
Details: Ack issued by agency:06/29/2020
Postmark 06/29/2020 12:22:02 PM CT
ELF filename=100965.990_EXT.2019_0.US.XEF
Accepted
SubID=5032422020181004646 8
AltReturn:1

Form **8868**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

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

▶ **File a separate application for each return.**

▶ **Go to *www.irs.gov/Form8868* for the latest information.**

OMB No. 1545-0047

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

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ CHANTAL HEVIA 2009 N ANGEL OLIVA SR STREET TAMPA FL 33605

Telephone No. ▶ 813-247-1434 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15/20 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 2019 or

▶ ☐ tax year beginning _____ , and ending _____ .

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning , and ending

-**4494

YBOR CITY MUSEUM SOCIETY INC

Net Asset / Fund Balance at Beginning of Year			680,944
Revenue			
Contributions	126,019		
Program service revenue	35,302		
Investment income	42		
Capital gain / loss			
Fundraising / Gaming:			
Gross revenue			
Direct expenses			
Net income			
Other income	89,024		
Total revenue		250,387	
Expenses			
Program services	163,974		
Management and general	30,711		
Fundraising	21,845		
Total expenses		216,530	
Excess / (deficit)			33,857
Changes			
Net Asset / Fund Balance at End of Year			714,801

Reconciliation of Revenue

Total revenue per financial statements	297,069
Less:	
Unrealized gains	
Donated services	9,584
Recoveries	
Other	37,098
Plus:	
Investment expenses	
Other	
Total revenue per return	250,387

Reconciliation of Expenses

Total expenses per financial statements	263,212
Less:	
Donated services	9,584
Prior year adjustments	
Losses	
Other	37,098
Plus:	
Investment expenses	
Other	
Total expenses per return	216,530

Balance Sheet

	Beginning	Ending	Differences
Assets	948,975	924,765	
Liabilities	268,031	209,964	
Net assets	680,944	714,801	33,857

Miscellaneous Information

Amended return	
Return / extended due date	11/15/19
Failure to file penalty	

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , and ending

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: YBOR CITY MUSEUM SOCIETY INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 2009 N ANGEL OLIVA SR STREET | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: TAMPA FL 33605

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

E Telephone number: 813-247-1434

G Gross receipts $ 287,486

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

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

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.YBORMUSEUM.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1982

M State of legal domicile: FL

Part I Summary

Activities & Governance

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	3
6 Total number of volunteers (estimate if necessary)	6	95
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	156,605	126,019
9 Program service revenue (Part VIII, line 2g)	149,973	35,302
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		42
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,000	89,024
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	308,578	250,387
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	130,468	93,661
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,845		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	152,103	122,869
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	282,571	216,530
19 Revenue less expenses. Subtract line 18 from line 12	26,007	33,857
	Beginning of Current Year	**End of Year**
Net Assets or Fund Balances		
20 Total assets (Part X, line 16)	948,975	924,765
21 Total liabilities (Part X, line 26)	268,031	209,964
22 Net assets or fund balances. Subtract line 21 from line 20	680,944	714,801

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date

▶ CHANTAL HEVIA PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
GERALD L APPLEBY		09/17/19		*********

Firm's name ▶ MARSOCCI, APPLEBY AND COMPANY, PA | Firm's EIN ▶ **-***1960

Firm's address ▶ 3815 WEST HUMPHREY STREET, SUITE 101 TAMPA, FL 33614 | Phone no. 813-932-2116

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [X] No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses $ 163,974 including grants of $) (Revenue $ 35,302)

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

4b (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4c (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 163,974

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	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) 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 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, 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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," 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		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	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		X
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		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	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 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 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		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		
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		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, 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 Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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 M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	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
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
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 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
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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

				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		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	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 with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [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 ▶

CHANTAL HEVIA 2009 N ANGEL OLIVA SR STREET

TAMPA FL 33605 813-247-1434

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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 related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CHANTAL HEVIA PRESIDENT & CEO	40.00 0.00	X		X				57,750	0	0
(2) PATRICK VENABLE CHAIR	2.00 0.00	X		X				0	0	0
(3) JASON DICKENS TREASURER	2.00 0.00	X		X				0	0	0
(4) LEO ALVAREZ DIRECTOR	1.00 0.00	X						0	0	0
(5) HERMAN LAZZARA DIRECTOR	1.00 0.00	X						0	0	0
(6) BOB CALAFELL DIRECTOR	1.00 0.00	X						0	0	0
(7) JAMES JIMENEZ DIRECTOR	1.00 0.00	X						0	0	0
(8) SHARI MIDDLETON DIRECTOR	1.00 0.00	X						0	0	0
(9) DR. KEITH BERRY DIRECTOR	1.00 0.00	X						0	0	0
(10) VINCENT DOLAN SECRETARY	1.00 0.00	X		X				0	0	0
(11) BRIAN BRESEMAN DIRECTOR	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(12) LYNN KROESEN DIRECTOR	1.00 0.00	X						0	0	0
(13) DR. WILLIAM SUTTON DIRECTOR	1.00 0.00	X						0	0	0
(14) AMY WAITE DIRECTOR	1.00 0.00	X						0	0	0
1b Sub-total ▶								57,750		
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								57,750		

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

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

Section B. Independent Contractors

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

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

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

Part VIII **Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	8,710				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	46,080				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	71,229				
	g Noncash contributions included in lines 1a-1f: $						
	h **Total.** Add lines 1a–1f ▶			126,019			
Program Service Revenue		Busn. Code					
	2a LEGACY			14,650			14,650
	b BUILDINGS ALIVE			14,120			14,120
	c SILENT AUCTION			3,785			3,785
	d BRICK PAVER			2,000			2,000
	e CIGAR BOXES			747			747
	f All other program service revenue						
	g **Total.** Add lines 2a–2f ▶			35,302			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			42			42
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross rents	126,123					
	b Less: rental exps.	37,099					
	c Rental inc. or (loss)	89,024					
	d Net rental income or (loss) ▶			89,024	89,024		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 a						
	b Less: direct expenses b						
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities. See Part IV, line 19 a						
	b Less: direct expenses b						
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances a						
	b Less: cost of goods sold b						
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Busn. Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d ▶						
	12 **Total revenue.** See instructions. ▶			250,387	89,024	0	35,344

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	57,750	40,425	8,663	8,662
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	31,111	21,735	4,688	4,688
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	4,800	3,360	720	720
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3,650	2,555	1,095	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	15,188	15,188		
12 Advertising and promotion				
13 Office expenses	13,190	11,378	1,087	725
14 Information technology	92		46	46
15 Royalties				
16 Occupancy	30,380	24,304	3,038	3,038
17 Travel	5	5		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	49		49	
20 Interest	6,230		6,230	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,831	27,372	3,421	3,038
23 Insurance	9,276	7,420	928	928
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.)				
a SPECIAL EVENTS	5,963	5,963		
b REPAIRS & MAINTENANCE	4,542	4,269	273	
c TAXES & LICENSES	473		473	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	216,530	163,974	30,711	21,845
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)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing		25,087	1	34,423
	2 Savings and temporary cash investments			2	
	3 Pledges and grants receivable, net			3	
	4 Accounts receivable, net			4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use		5,000	8	5,000
	9 Prepaid expenses and deferred charges		125,440	9	125,726
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,142,248			
	b Less: accumulated depreciation	10b 382,632	793,448	10c	759,616
	11 Investments—publicly traded securities			11	
	12 Investments—other securities. See Part IV, line 11			12	
	13 Investments—program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11			15	
	16 **Total assets.** Add lines 1 through 15 (must equal line 34)		948,975	16	924,765
Liabilities	17 Accounts payable and accrued expenses		66,985	17	47,992
	18 Grants payable			18	
	19 Deferred revenue		66,729	19	57,094
	20 Tax-exempt bond liabilities			20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties		47,500	23	47,500
	24 Unsecured notes and loans payable to unrelated third parties		40,000	24	25,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		46,817	25	32,378
	26 **Total liabilities.** Add lines 17 through 25		268,031	26	209,964
Net Assets or Fund Balances	**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27 Unrestricted net assets		555,504	27	590,381
	28 Temporarily restricted net assets		125,440	28	124,420
	29 Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds			30	
	31 Paid-in or capital surplus, or land, building, or equipment fund			31	
	32 Retained earnings, endowment, accumulated income, or other funds			32	
	33 Total net assets or fund balances		680,944	33	714,801
	34 Total liabilities and net assets/fund balances		948,975	34	924,765

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	250,387
2	Total expenses (must equal Part IX, column (A), line 25)	2	216,530
3	Revenue less expenses. Subtract line 2 from line 1	3	33,857
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	680,944
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)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	714,801

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? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
YBOR CITY MUSEUM SOCIETY INC

Employer identification number
-**4494

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

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

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 [X] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations [ ]

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	202,904	31,919	126,845	156,605	126,019	644,292
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	16,375				126,123	142,498
3 Gross receipts from activities that are not an unrelated trade or business under section 513	84,003	43,006	63,037	29,515	35,302	254,863
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	303,282	74,925	189,882	186,120	287,444	1,041,653
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						1,041,653

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	303,282	74,925	189,882	186,120	287,444	1,041,653
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	97,917	40,548	118,416	122,458	42	379,381
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	97,917	40,548	118,416	122,458	42	379,381
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.)	401,199	115,473	308,298	308,578	287,486	1,421,034

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	73.30 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	72.14 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	27 %
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	28 %

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

Name of the organization	Employer identification number
YBOR CITY MUSEUM SOCIETY INC	**-***4494

Organization type (check one):

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

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 (entering) "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Name of organization
YBOR CITY MUSEUM SOCIETY INC

Employer identification number
-*4494

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF TAMPA E. JACKSON ST, 8E TAMPA FL 33602	$ 46,080	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	RAYS BASEBALL FOUNDATION 1 TROPICANAN FIELD ST PETE FL 33705	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	SWOPE & RODANTE, P.A 1234 EAST 5H AVENUE TAMPA FL 33605	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	LIGHTNING FOUNDATION 401 CHANNELSIDE DRIVE TAMPA FL 33602	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	ROBERT & AIDA CALAFELL 600 GARRISON COVE LANE UNIT PH TAMPA FL 33602	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization: YBOR CITY MUSEUM SOCIETY INC

Employer identification number: **-***4494

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ $
- (ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ $
- b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Board designated or quasi-endowment ▶ %
b Permanent endowment ▶ %
c Temporarily restricted endowment ▶ %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		439,542	190,631	248,911
c Leasehold improvements		12,850	3,898	8,952
d Equipment				
e Other		689,856	188,103	501,753
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				759,616

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE DEPOSITS	28,150
(3) PAYROLL LIABILITIES	4,012
(4) SALES TAX PAYABLE	216
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	32,378

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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	297,069
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	9,584		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	37,098		
e	Add lines **2a** through **2d**			2e	46,682
3	Subtract line **2e** from line **1**			3	250,387
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	250,387

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	263,212
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	9,584		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	37,098		
e	Add lines **2a** through **2d**			2e	46,682
3	Subtract line **2e** from line **1**			3	216,530
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	216,530

Part XIII Supplemental Information.

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

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DIRECT RENTAL EXPENSES $ 37,098

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

DIRECT RENTAL EXPENSES $ 37,098

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: YBOR CITY MUSEUM SOCIETY INC

Employer identification number: **-***4494

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

PRESIDENT & CEO REVIEWS ALONG WITH THE FINANCE COMMITTEE WHO THEN MAKES IT AVAILABLE TO ALL VOTING BOARD MEMBERS FOR THEIR REVIEW.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

OFFICERS AND DIRECTORS SIGN A CONFLICT OF INTEREST POLICY AT THE BEGINNING OF EACH FISCAL YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE PRESIDENT'S PERFORMANCE AND SALARY ARE REVIEWED ANNUALLY BY A COMMITTEE OF BOARD MEMBERS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

DIRECT RENTAL EXPENSES	$	37,098
DIRECT RENTAL EXPENSES	$	-37,098

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2018

Attachment Sequence No. **179**

Name(s) shown on return: YBOR CITY MUSEUM SOCIETY INC

Identifying number: **-***4494

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ▶	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	33,831

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	33,831
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

THERE ARE NO AMOUNTS FOR PAGE 2

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Federal Asset Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	Cabinets	9/20/92	560				560	5	MO	S/L	560	0
2	Equipment	10/16/95	250				250	5	MO	S/L	250	0
3	Akia Copier	1/01/96	1,100				1,100	5	MO	200DB	1,100	0
4	Computer Assembly	1/20/96	830				830	5	MO	200DB	830	0
5	Cash Register	3/16/98	499				499	5	MO	S/L	499	0
6	Telephones	1/20/99	463				463	7	MO	S/L	463	0
7	VCR	1/23/99	106				106	5	MO	S/L	106	0
8	Equipment - Sears	3/08/99	181				181	5	MO	S/L	181	0
9	Fax Machine	6/28/99	160				160	5	MO	S/L	160	0
10	Copier	3/15/99	2,204				2,204	5	MO	S/L	2,204	0
11	Digital Camera	4/13/01	420				420	5	MO	S/L	420	0
12	copier	10/01/00	3,361				3,361	5	MO	S/L	3,361	0
13	Equipment - Puip	1/16/03	69				69	3	MO	S/L	69	0
14	Bunker Building	10/01/00	37,001				37,001	25	MO	S/L	16,650	1,480
15	Survey	1/11/02	440				440	25	MO	S/L	281	17
16	Bunker Building Improvements	9/30/06	175,078				175,078	25	MO	S/L	78,785	7,003
17	Computers	10/29/02	1,450				1,450	5	MO	S/L	1,450	0
18	Surge Protector	10/29/02	29				29	3	MO	S/L	29	0
19	Computer Systems Improvement	11/12/02	1,735				1,735	5	MO	S/L	1,735	0
20	Computer Equipment - Alicia	11/25/02	100				100	5	MO	S/L	100	0
21	Computer Equipment	12/10/02	360				360	5	MO	S/L	360	0
22	Computer Improvement	12/16/02	305				305	5	MO	S/L	305	0
23	Peachtree Upgrade	1/16/03	400				400	5	MO	S/L	400	0
24	Computer Equipment - Alicia	1/16/03	53				53	5	MO	S/L	53	0
25	Computer Equipment	1/31/03	60				60	5	MO	S/L	60	0
26	Software upgrade	2/03/03	110				110	5	MO	S/L	110	0
27	Computer Equipment - Alicia	8/13/03	177				177	5	MO	S/L	177	0
28	Software Upgrades	10/15/03	900				900	3	MO	S/L	900	0
29	Computer Monitor	1/24/05	827				827	5	MO	S/L	827	0
30	Computer	3/08/05	1,308				1,308	5	MO	S/L	1,308	0
31	dell Computers	3/16/05	2,478				2,478	5	MO	S/L	2,478	0
32	Computer Equipment	1/23/07	204				204	5	MO	S/L	204	0
33	Musueum Improvements	4/09/99	4,750				4,750	20	MO	S/L	4,455	237
34	Carpet	6/05/96	1,145				1,145	10	MO	S/L	1,145	0
35	Arnold's Custom design	7/30/02	1,350				1,350	25	MO	S/L	833	54
36	Improvements	8/31/02	403				403	25	MO	S/L	247	16
37	Blueprints	11/12/02	29				29	3	MO	S/L	29	0
38	Museum Improvements	4/01/06	1,612				1,612	25	MO	S/L	756	65
39	Electrical Improvements	1/11/07	135				135	5	MO	S/L	135	0
40	Computer Equip. & Software	8/01/08	2,394				2,394	5	MO	S/L	2,394	0
41	Centro Ybor Museum	9/30/01	437,648				437,648	40	MO	S/L	177,794	10,941
42	Projector	10/21/03	1,894				1,894	7	MO	S/L	1,894	0
43	Furniture & Fixtures	1/01/95	787				787	10	MO	S/L	787	0
44	Furniture - Nerrero	3/03/99	150				150	10	MO	S/L	150	0
45	Store Shelves	9/30/03	83				83	5	MO	S/L	83	0
46	Concrete Specialties	9/30/03	344				344	5	MO	S/L	344	0
47	Store Shelves	6/30/03	70				70	5	MO	S/L	70	0
48	Cabinets	1/09/04	1,500				1,500	10	MO	S/L	1,500	0
49	Outdoor Table & Chairs	12/27/05	5,842				5,842	10	MO	S/L	5,842	0
50	Furn & Fixtures	3/14/07	5,027				5,027	10	MO	S/L	5,027	0
51	Furniture & Fixtures	5/24/07	132				132	7	MO	S/L	132	0
52	Dell Vostro Mini-Tower	3/31/09	578				578	5	MO	S/L	578	0
53	Dell Vostro 410	12/24/08	657				657	5	MO	S/L	657	0
54	Dell Vostro Tower #2	12/24/08	657				657	5	MO	S/L	657	0
55	Museum Improvements	6/01/11	12,850				12,850	25	MO	S/L	3,384	514
56	Dell Latitude	4/06/12	900				900	5	MO	S/L	900	0
57	Permits & Architects	5/18/16	25,000				25,000	40	MO	S/L	990	625
58	Baseball exhibit	5/18/16	17,500				17,500	10	MO	S/L	2,771	1,750
59	Apple iPad	2/06/13	529				529	5	MO	S/L	520	9
60	ApplemKiost	2/07/13	734				734	5	MO	S/L	722	12
61	Permits & Architects	5/18/16	23,576				23,576	40	MO	S/L	933	590
62	Architects & Contractors	5/18/16	12,223				12,223	40	MO	S/L	484	305
63	Museum Construction	5/18/16	185,974				185,974	40	MO	S/L	7,361	4,650
64	Museum Construction FY2015	5/18/16	93,018				93,018	40	MO	S/L	3,682	2,325
65	Creative Arts Exhibits FY2015	5/18/16	20,000				20,000	10	MO	S/L	3,167	2,000
66	Museum Construction Drywall	5/18/16	49,539				49,539	40	MO	S/L	1,961	1,238

100965 YBOR CITY MUSEUM SOCIETY INC
-*4494
FYE: 12/31/2018

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Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
	Total Other Depreciation		1,142,248				1,142,248				348,799	33,831
	Total ACRS and Other Depreciation		1,142,248				1,142,248				348,799	33,831
	Grand Totals		1,142,248				1,142,248				348,799	33,831
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		1,142,248				1,142,248				348,799	33,831

100965 YBOR CITY MUSEUM SOCIETY INC
-*4494
FYE: 12/31/2018

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AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	Cabinets	9/20/92	0				0	0	HY		0	0
2	Equipment	10/16/95	0				0	0	HY		0	0
3	Akia Copier	1/01/96	0				0	0	HY		0	0
4	Computer Assembly	1/20/96	0				0	0	HY		0	0
5	Cash Register	3/16/98	0				0	0	HY		0	0
6	Telephones	1/20/99	0				0	0	HY		0	0
7	VCR	1/23/99	0				0	0	HY		0	0
8	Equipment - Sears	3/08/99	0				0	0	HY		0	0
9	Fax Machine	6/28/99	0				0	0	HY		0	0
10	Copier	3/15/99	0				0	0	HY		0	0
11	Digital Camera	4/13/01	0				0	0	HY		0	0
12	copier	10/01/00	0				0	0	HY		0	0
13	Equipment - Puip	1/16/03	0				0	0	HY		0	0
14	Bunker Building	10/01/00	0				0	0	HY		0	0
15	Survey	1/11/02	0				0	0	HY		0	0
16	Bunker Building Improvements	9/30/06	0				0	0	HY		0	0
17	Computers	10/29/02	0				0	0	HY		0	0
18	Surge Protector	10/29/02	0				0	0	HY		0	0
19	Computer Systems Improvement	11/12/02	0				0	0	HY		0	0
20	Computer Equipment - Alicia	11/25/02	0				0	0	HY		0	0
21	Computer Equipment	12/10/02	0				0	0	HY		0	0
22	Computer Improvement	12/16/02	0				0	0	HY		0	0
23	Peachtree Upgrade	1/16/03	0				0	0	HY		0	0
24	Computer Equipment - Alicia	1/16/03	0				0	0	HY		0	0
25	Computer Equipment	1/31/03	0				0	0	HY		0	0
26	Software upgrade	2/03/03	0				0	0	HY		0	0
27	Computer Equipment - Alicia	8/13/03	0				0	0	HY		0	0
28	Software Upgrades	10/15/03	0				0	0	HY		0	0
29	Computer Monitor	1/24/05	0				0	0	HY		0	0
30	Computer	3/08/05	0				0	0	HY		0	0
31	dell Computers	3/16/05	0				0	0	HY		0	0
32	Computer Equipment	1/23/07	0				0	0	HY		0	0
33	Musueum Improvements	4/09/99	0				0	0	HY		0	0
34	Carpet	6/05/96	0				0	0	HY		0	0
35	Arnold's Custom design	7/30/02	0				0	0	HY		0	0
36	Improvements	8/31/02	0				0	0	HY		0	0
37	Blueprints	11/12/02	0				0	0	HY		0	0
38	Museum Improvements	4/01/06	0				0	0	HY		0	0
39	Electrical Improvements	1/11/07	0				0	0	HY		0	0
40	Computer Equip. & Software	8/01/08	0				0	0	HY		0	0
41	Centro Ybor Museum	9/30/01	0				0	0	HY		0	0
42	Projector	10/21/03	0				0	0	HY		0	0
43	Furniture & Fixtures	1/01/95	0				0	0	HY		0	0
44	Furniture - Nerrero	3/03/99	0				0	0	HY		0	0
45	Store Shelves	9/30/03	0				0	0	HY		0	0
46	Concrete Specialties	9/30/03	0				0	0	HY		0	0
47	Store Shelves	6/30/03	0				0	0	HY		0	0
48	Cabinets	1/09/04	0				0	0	HY		0	0
49	Outdoor Table & Chairs	12/27/05	0				0	0	HY		0	0
50	Furn & Fixtures	3/14/07	0				0	0	HY		0	0
51	Furniture & Fixtures	5/24/07	0				0	0	HY		0	0
52	Dell Vostro Mini-Tower	3/31/09	0				0	0	HY		0	0
53	Dell Vostro 410	12/24/08	0				0	0	HY		0	0
54	Dell Vostro Tower #2	12/24/08	0				0	0	HY		0	0
55	Museum Improvements	6/01/11	0				0	0	HY		0	0
56	Dell Latitude	4/06/12	0				0	0	HY		0	0
57	Permits & Architects	5/18/16	0				0	0	HY		0	0
58	Baseball exhibit	5/18/16	17,500				17,500	10	MO	S/L	2,771	1,750
59	Apple iPad	2/06/13	0				0	0	HY		0	0
60	ApplemKiost	2/07/13	0				0	0	HY		0	0
61	Permits & Architects	5/18/16	0				0	0	HY		0	0
62	Architects & Contractors	5/18/16	0				0	0	HY		0	0
63	Museum Construction	5/18/16	0				0	0	HY		0	0
64	Museum Construction FY2015	5/18/16	0				0	0	HY		0	0
65	Creative Arts Exhibits FY2015	5/18/16	0				0	0	HY		0	0
66	Museum Construction Drywall	5/18/16	0				0	0	HY		0	0

100965 YBOR CITY MUSEUM SOCIETY INC
-*4494
FYE: 12/31/2018

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AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
	Total Other Depreciation		17,500				17,500			2,771	1,750
	Total ACRS and Other Depreciation		17,500				17,500			2,771	1,750
	Grand Totals		17,500				17,500			2,771	1,750
	Less: Dispositions and Transfers		0				0			0	0
	Net Grand Totals		17,500				17,500			2,771	1,750

100965 YBOR CITY MUSEUM SOCIETY INC
-*4494
FYE: 12/31/2018

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Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

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Future Depreciation Report FYE: 12/31/19

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Cabinets	9/20/92	560	0	0
2	Equipment	10/16/95	250	0	0
3	Akia Copier	1/01/96	1,100	0	0
4	Computer Assembly	1/20/96	830	0	0
5	Cash Register	3/16/98	499	0	0
6	Telephones	1/20/99	463	0	0
7	VCR	1/23/99	106	0	0
8	Equipment - Sears	3/08/99	181	0	0
9	Fax Machine	6/28/99	160	0	0
10	Copier	3/15/99	2,204	0	0
11	Digital Camera	4/13/01	420	0	0
12	copier	10/01/00	3,361	0	0
13	Equipment - Puip	1/16/03	69	0	0
14	Bunker Building	10/01/00	37,001	1,480	0
15	Survey	1/11/02	440	18	0
16	Bunker Building Improvements	9/30/06	175,078	7,003	0
17	Computers	10/29/02	1,450	0	0
18	Surge Protector	10/29/02	29	0	0
19	Computer Systems Improvement	11/12/02	1,735	0	0
20	Computer Equipment - Alicia	11/25/02	100	0	0
21	Computer Equipment	12/10/02	360	0	0
22	Computer Improvement	12/16/02	305	0	0
23	Peachtree Upgrade	1/16/03	400	0	0
24	Computer Equipment - Alicia	1/16/03	53	0	0
25	Computer Equipment	1/31/03	60	0	0
26	Software upgrade	2/03/03	110	0	0
27	Computer Equipment - Alicia	8/13/03	177	0	0
28	Software Upgrades	10/15/03	900	0	0
29	Computer Monitor	1/24/05	827	0	0
30	Computer	3/08/05	1,308	0	0
31	dell Computers	3/16/05	2,478	0	0
32	Computer Equipment	1/23/07	204	0	0
33	Musueum Improvements	4/09/99	4,750	58	0
34	Carpet	6/05/96	1,145	0	0
35	Arnold's Custom design	7/30/02	1,350	54	0
36	Improvements	8/31/02	403	16	0
37	Blueprints	11/12/02	29	0	0
38	Museum Improvements	4/01/06	1,612	64	0
39	Electrical Improvements	1/11/07	135	0	0
40	Computer Equip. & Software	8/01/08	2,394	0	0
41	Centro Ybor Museum	9/30/01	437,648	10,942	0
42	Projector	10/21/03	1,894	0	0
43	Furniture & Fixtures	1/01/95	787	0	0
44	Furniture - Nerrero	3/03/99	150	0	0
45	Store Shelves	9/30/03	83	0	0
46	Concrete Specialties	9/30/03	344	0	0
47	Store Shelves	6/30/03	70	0	0
48	Cabinets	1/09/04	1,500	0	0
49	Outdoor Table & Chairs	12/27/05	5,842	0	0
50	Furn & Fixtures	3/14/07	5,027	0	0
51	Furniture & Fixtures	5/24/07	132	0	0
52	Dell Vostro Mini-Tower	3/31/09	578	0	0
53	Dell Vostro 410	12/24/08	657	0	0
54	Dell Vostro Tower #2	12/24/08	657	0	0
55	Museum Improvements	6/01/11	12,850	514	0
56	Dell Latitude	4/06/12	900	0	0
57	Permits & Architects	5/18/16	25,000	625	0
58	Baseball exhibit	5/18/16	17,500	1,750	1,750
59	Apple iPad	2/06/13	529	0	0
60	ApplemKiost	2/07/13	734	0	0
61	Permits & Architects	5/18/16	23,576	589	0
62	Architects & Contractors	5/18/16	12,223	306	0
63	Museum Construction	5/18/16	185,974	4,649	0
64	Museum Construction FY2015	5/18/16	93,018	2,326	0
65	Creative Arts Exhibits FY2015	5/18/16	20,000	2,000	0
66	Museum Construction Drywall	5/18/16	49,539	1,239	0

Future Depreciation Report FYE: 12/31/19

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
	Total Other Depreciation		1,142,248	33,633	1,750
	Total ACRS and Other Depreciation		1,142,248	33,633	1,750
	Grand Totals		1,142,248	33,633	1,750

Form **990**

Two Year Comparison Report

For calendar year 2018, or tax year beginning , ending

2017 & 2018

Name: YBOR CITY MUSEUM SOCIETY INC

Taxpayer Identification Number: **-***4494

			2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1.	78,713	71,229	-7,484
	2. Membership dues and assessments	2.	8,435	8,710	275
	3. Government contributions and grants	3.	69,457	46,080	-23,377
	4. Program service revenue	4.	149,973	35,302	-114,671
	5. Investment income	5.		42	42
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	2,000		-2,000
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.		89,024	89,024
	12. **Total revenue.** Add lines 1 through 11	12.	308,578	250,387	-58,191
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	57,751	57,750	-1
	16. Salaries, other compensation, and employee benefits	16.	72,717	35,911	-36,806
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	1,150	18,838	17,688
	19. Occupancy, rent, utilities, and maintenance	19.	22,940	30,380	7,440
	20. Depreciation and Depletion	20.	34,214	33,831	-383
	21. Other expenses	21.	93,799	39,820	-53,979
	22. **Total expenses.** Add lines 13 through 21	22.	282,571	216,530	-66,041
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	26,007	33,857	7,850
Other Information	24. Total exempt revenue	24.	308,578	250,387	-58,191
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	151,973	124,368	-27,605
	27. Total assets	27.	948,975	924,765	-24,210
	28. Total liabilities	28.	268,031	209,964	-58,067
	29. Retained earnings	29.	680,944	714,801	33,857
	30. Number of voting members of governing body	30.	12	15	
	31. Number of independent voting members of governing body	31.	12	15	
	32. Number of employees	32.	4	3	
	33. Number of volunteers	33.	57	95	

Form **990**

Tax Return History

2018

Name: YBOR CITY MUSEUM SOCIETY INC

Employer Identification Number: **-***4494

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	189,569	28,389	119,160	148,170	117,309	
Membership dues	13,335	3,530	7,685	8,435	8,710	
Program service revenue	124,122	42,651	167,273	149,973	35,302	
Capital gain or loss						
Investment income	4				42	
Fundraising revenue (income/loss)	44,068	25,774	8,425	2,000		
Gaming revenue (income/loss)						
Other revenue					89,024	
Total revenue	371,098	100,344	302,543	308,578	250,387	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	57,750	14,438	57,750	57,751	57,750	
Other compensation	101,611	33,304	86,952	72,717	35,911	
Professional fees	40,851	7,300	8,649	1,150	18,838	
Occupancy costs	30,568	6,312	22,011	22,940	30,380	
Depreciation and depletion	21,847	5,463	29,275	34,214	33,831	
Other expenses	63,210	29,092	131,171	93,799	39,820	
Total expenses	315,837	95,909	335,808	282,571	216,530	
Excess or (Deficit)	55,261	4,435	-33,265	26,007	33,857	
Total exempt revenue	371,098	100,344	302,543	308,578	250,387	
Total unrelated revenue						
Total excludable revenue	168,194	68,425	175,698	151,973	124,368	
Total Assets	984,466	1,006,974	1,002,854	948,975	924,765	
Total Liabilities	300,699	318,772	347,917	268,031	209,964	
Net Fund Balances	683,767	688,202	654,937	680,944	714,801	

Federal Statements

Tax-Exempt Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	InState Muni ($ or %)
INTEREST	$ 42		25			
TOTAL	$ 42					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	$ 3,171	$ 3,171	$	$
PROGRAM AWARENESS	9,255	9,255		
INTERNS	2,600	2,600		
VOLUNTEERS	162	162		
TOTAL	$ 15,188	$ 15,188	$ 0	$ 0

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
	$ 8,710
PARK RANGER FEES	5,484
MISCELLANEOUS INCOME	135
MERCHANDISE SALES	69
CASH CONTRIBUTIONS	20,541
CITY OF TAMPA	
CASH CONTRIBUTION	46,080
RAYS BASEBALL FOUNDATION	
CASH CONTRIBUTION	10,000
SWOPE & RODANTE, P.A	
CASH CONTRIBUTION	15,000
LIGHTNING FOUNDATION	
CASH CONTRIBUTION	10,000
ROBERT & AIDA CALAFELL	
CASH CONTRIBUTION	10,000
TOTAL	$ 126,019

Schedule A, Part III, Line 2(e)

Description	Amount
CASITAS/BUNKER/GARDEN	$ 126,123
TOTAL	$ 126,123

Federal Statements

Schedule A, Part III, Line 3(e)

Description	Amount
LEGACY	$ 14,650
BUILDINGS ALIVE	14,120
SILENT AUCTION	3,785
BRICK PAVER	2,000
CIGAR BOXES	747
TOTAL	$ 35,302

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

Description	Amount
INTEREST	$ 42
TOTAL	$ 42