

Florida Department of Environmental Protection

CITIZEN SUPPORT ORGANIZATION 2016 REPORT (pursuant to Florida Statute 20.058)

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

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

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

Statutory Authority:

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

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

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

Brief Description of the CSO's Results Obtained: The following activities are transpired during a 15-month period that includes the 2015 fiscal year (Oct. 1, 2014 – Sept. 30, 2015) and the short fiscal year (Oct. 1, 2015 – Dec. 31, 2015) that transition into the fiscal year beginning January 1, 2016.2016 beginning

Now in its 34th year, the Ybor City Museum Society, created, funded and presented several programs during the extended fiscal year 2015, which served to provide educational experiences for children and adults, increase the Ybor City Museum State Park's visitation, and develop new audiences for both the Park and the CSO. The fourth annual Buildings Alive! Ybor City Architecture Hop included behind-the-scenes tours of seven historic sites in Ybor City, Tampa's National Historic Landmark District, and an after party in the museum garden. The Cigar Heritage Party, which provides a cultural program and fundraising opportunity, was presented in the fall of 2014 and 2015. The CSO honored three visionaries at the 31st Annual Legacy Awards, which is both a fundraiser and a friend raiser. The Discover Ybor Historic Tour, a 21-stop self-guided tour that begins at the Park, was launched. This Internet-based tour is available free of charge by mobile device or computer at DiscoverYbor.org. New lesson plans according to Florida Standards were created and posted on the website, giving teachers an educational tool for the thousands of school children who visit the museum annually as well as those who are unable to visit the museum. The CSO also continued taking and transcribing oral histories to add to the collection that will be posted on the website, which also provides park location, hours, fees, parking and exhibit information and is a first point contact regarding rental of the museum garden, which is managed by

CSO staff. The CSO is actively involved in marketing the park on a day-to-day basis. Media inquiries and tours, community engagement, and collaborations were expanded through active participation in local boards, committees, meetings, events and person to person solicitations.

Brief Description of the CSO's Plans for Next Three Fiscal Years: The CSO will continue to support the Park by updating or replacing selected exhibits, creating and updating educational programs and materials, and continuing annual events, so that Ybor City's cultural heritage can be preserved and communicated. Other opportunities to support the Park include funding for volunteer activities and projects that will be explored and agreed with the Park Manager and staff. The CSO board members, staff and volunteers will continue to provide community outreach and collaboration with other nonprofit organizations and businesses. The CSO also will continue to manage garden rentals and find new ways to increase rentals and services to customers. A reinvented museum store will include a better interface between the Park's educational experience with new merchandise that appeals to children and adults. The Park provides a tremendous opportunity to foster heritage tourism. The CSO takes an active role in ensuring that Audience development through partnerships with cultural, tourism and economic develop entities are components of the three-year plan.

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

Ybor City Museum Society, Inc. CODE OF ETHICS

PREAMBLE

- (1) It is essential to the proper conduct and operation of Ybor City Museum Society, Inc. (herein "CSO") that its board members, officers, and employees be independent and impartial and that their position not be used for private gain. Therefore, the Florida Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect against any conflict of interest and establish standards for the conduct of CSO board members, officers, and employees in situations where conflicts may exist.
- (2) It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Ybor City Museum Society, Inc. board members, officers, and employees in the performance of their official duties.

STANDARDS

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

1. Prohibition of Solicitation or Acceptance of Gifts

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

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain From Voting

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

9. Failure to Observe CSO Code of Ethics

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

Internal Rev	990 L of the Treesury venue Service	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (a Do not enter social security numbers on this form as it ma Information about Form 990 and its instructions is at www	except private founda y be made public. .irs.gov/form990.	tions)	OMB No 1545-0047 2014 Open to Public Inspection
A Fort	the 2014 calendar	year, or tax year beginning 10/01/14 , and ending 09/30			
B Check If	tapplicable: C Name	nolesniselion		D Employe	Identification number
Address	s change	YBOR CITY MUSEUM SOCIETY INC			
Name c	bande	pusiness as			274494
_	Numbe	r and street tor P 0 box if must is not delivered to street address) 9 N ANGEL OLIVA SR STREET	Room/sulls	E Telephone	247-1434
Initial rel		town, state or province, country, and ZIP or foreign postal code	-	010-	241-2424
terminat	ted TAM				406,66
Amende	A subject and an and a subject of the subject of th	and address of principal officer:		G Gross nace	ipiss 400,00
	200 TAM	ANTAL HEVIA 9 N ANGEL OLIVIA SR STREET 1PA FL 33605 501(0)(3) 501(c) () 《(insert no.) 4947(a)(1) or 527	H(a) is this a grou H(b) Are all aubo It "No,"	rdinetes inclu	Π. Π.
Websit		BORMUSEUM.ORG	H(c) Group exem		
	and the second se		Year of formation: 19		M State of legal domicile. F
Part I	Summar		- TODE OF IDENTIBIADER		mi suste di leger dormane. 🔺
Activities	Number of indeper Total number of ind Total number of vo	nembers of the governing body (Part VI, line 1a) ndent voting members of the governing body (Part VI, line 1b) dividuals employed in calendar year 2014 (Part V, line 2a) lunteers (estimate if necessary)	174	3 4 5 6	19 19 7 0
7a	Total unrelated but	siness revenue from Part VIII, column (C), line 12		7a	
b	Net unrelated busin	ness taxable income from Form 990-T, line 34		7b	
	- 11 V		Prior Year	070	Current Year
8		grants (Part VIII, line 1h)		,276	208,37
9		venue (Part VIII, line 2g)	21	,554	124,12
~		(Part VIII, column (A), lines 3, 4, and 7d)	70	3	44,06
		rt VIII. column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,797	
_	the second s	d lines 8 through 11 (must equal Part VIII, column (A), line 12)	540	, 191	376,56
		amounts paid (Part IX, column (A), lines 1-3)			
40		for members (Part IX, column (A), line 4)	172	,931	159,36
D		ipensation, employee benefits (Part IX, column (A), lines 5-10)	416	1934	105,50.
ind h		tising fees (Part IX, column (A), line 11e) (cpenses (Part IX, column (D), line 25) ► 31,262	The second second	Sectore 1	
1 17			and the second set of herein the second seco	,675	161,942
1.1		art IX, column (A), lines 11a–11d, 11f–24e) Id lines 13–17 (must equal Part IX, column (A), line 25)	and the local division of the local division	,606	321,303
		nses. Subtract line 18 from line 12		,191	55,26
	revenue less expe	nses. Subtract line to noth line 12	Beginning of Curre	A Day Concerning Street or other	End of Year
19	Total assets (Part)	(, line 16)	869	,433	984,466
19	the same a subserve for such t	V line DE)	304	,598	300,699
19	Total liabilities (Par	(A, line 20)			683,767
19	Total liabilities (Par	balances. Subtract line 21 from line 20		,835	003,10
19 20 21 22 21 22	Total liabilities (Par Net assets or fund	balances. Subtract line 21 from line 20		,835	000,10
19 20 21 22 Part II Under per true, corre	Total liabilities (Par Net assets or fund Signature nalties of perjury, I de ect, and complete. De Signature of o	balances, Subtract line 21 from line 20 Block clare that I have examined this return, Including accompanying schedules and statemen claration of preparer (other than officer) is based on all information of which preparer has months for the statement of the stat	564		
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rm 990 (2014) YBOR C	ITY MUSEUM SOCIETY INC	59-2274494	Page 2
	of Program Service Accomplishments hedule O contains a response or note to a	any line in this Part III	
Briefly describe the organ			
PRESERVING, P CITY AND SUPP	ROMOTING AND CELEBRATING ORTING THE YBOR CITY MUSE	THE UNIQUE CULTURAL UM STATE PARK.	HERITAGE OF YBO
그는 것 같은 것 같	ertake any significant program services during the y	year which were not listed on the	
prior Form 990 or 990-E2			Yes X No
	new services on Schedule O.		
the state of the second s	se conducting, or make significant changes in how i	t conducts, any program	Yes X No
services? If "Yes," describe these of	abanaas an Schedule O		Tes A NO
	n's program service accomplishments for each of its	s three largest program services, as meas	ured by
expenses. Section 501(c	c)(3) and 501(c)(4) organizations are required to reprevenue, if any, for each program service reported.		
a (Code:) (Expe	enses \$ 251,393 including grants o	f\$) (Revenue	\$
PROGRAMMING, I HISTORICAL PRO	COMMUNICATIONS, DEVELOP PROVIDE COMMUNITY OUTREAC OPERTIES, AND RUNNING THE NEFIT THE YBOR CITY STATE	H, REHABILITATE AND MUSEUM STORE TO DIR	MAINTAIN
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c (Code:)(Expe	nses\$ including grants of		
	nses\$ including grants of		

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

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		-	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	1.20		-
	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.	-		42
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		- 11	1
	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	10.000		
	"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	1		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	1.00	141	1.00
	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,	1	à	1.0
	VII, VIII, IX, or X as applicable.	-		20
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	1
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		-	1.1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	115		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	1-1		
	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	123		1.67
	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	1		1.20
	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	1.0		
	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	1		-
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	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				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	444	. 1	x
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	-	-
15	A STATE AND A STATE AND A STATE AND AND AND A STATE AN	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	-	-
10	contributions to an fear fear to all data to 2 MW/contributions Cales data E. Data III and N/	16	1.1	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10	-	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1.7	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		17	
	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
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014)

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

Dat		. 11
Pad	зe	- 44

-	are in checkinst of Required Schedules (continued)	100	Yes	No
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
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			1
	employees? If "Yes," complete Schedule J	23	100	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		-	1.00
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1. 200		
	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	-	1
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			1.1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1 const		
-	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			1
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
1990	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	100		
	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,	1 2	(1. TH)	19.00
	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		1.1	-
-20	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)		11	
-	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		15	
	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,			w
	Part I	-31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		v
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33		22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33	-	1
34		24		v
25-	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	-	X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a	-	-
v	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	350		
00	rolated emperiantian? If "Ves." complete Schedule P. Pert V. Jins 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 M	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1010		
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
			-	

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Form 990 (2014)

the second second	m 990 (2014) YBOR CITY MUSEUM SOCIETY INC 59-2274494 art V Statements Regarding Other IRS Filings and Tax Compliance		-	Page
F.	Check if Schedule O contains a response or note to any line in this Part V			
-			Ye	SN
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6		101	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		91
	reportable gaming (gambling) winnings to prize winners?	101010100	:	-
2a				1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7		14	99
b	The second s	2	X	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	
3a	· · · · · · · · · · · · · · · · · · ·		_	+
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3	>	+
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)?		1	
D	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	(+)++++(+)++	100	
	(FBAR).	1		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		-	+
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		-	+
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	68	-	+
b	gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).	61	1	+
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	100	1	
a	and services provided to the payor?	72		77
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	71		+
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	antantanti 🕂	1	+
	required to file Form 8282?	70	1	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		1	T
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76	1	100
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			1
a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as r		_	1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo		-	T
B	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	10000 CO.		
	sponsoring organization have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.		1	T
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?	96		1
)	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		100	D
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		100	1
1	Section 501(c)(12) organizations. Enter:	10	1.5	
а	Gross income from members or shareholders 11a		100	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1.0	4.5	1
	against amounts due or received from them.)		177	1
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12:	1	-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		120	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	-
a	Is the organization licensed to issue qualified health plans in more than one state?	13:	1	-
	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 Enter the amount of reserves on hand			
C		14:		X
ta b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	A DECEMBER OF A	-	1-1
	IT TES, HAS IT INCLI A FUTH 1 ZU TO REPORT THESE DAVITEDIS! IT INC. DROVIDE ALL EXDIANATURI IN SCREDULE U	141		1

Form 990 (2014) YBOR CITY MUSEUM SOCIETY INC

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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

Sec	tion A. Governing Body and Management		_	-	1	1
			10	1	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19			08
	If there are material differences in voting rights among members of the governing body, or			1	1.0	100
	if the governing body delegated broad authority to an executive committee or similar				0.9	1.5
	committee, explain in Schedule O.	1.50	10	1.01	0.0	12.0
b	Enter the number of voting members included in line 1a, above, who are independent	16	19	100		2.1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1.00		
-	any other officer, director, trustee, or key employee?		0.0004010	2	_	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			121	-	1.2
	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?		abaratest.	6	_	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			100		
	one or more members of the governing body?		evinea e	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1.21		
	stockholders, or persons other than the governing body?		in a state of the	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	e year b	y the follow	ing:		1
а	The governing body?			8a	x	
b	Each committee with authority to act on behalf of the governing body?	111111111	10110101	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		1241215-1222	1		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	-	x
Sec	tion B. Policies (This Section B requests information about policies not required by the	Interna	Reven	ue Co	ode.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	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.		2004/2004/2013-14		1	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv	e 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?	04 96 96 96 96 96 96 96 96 96 96 96 96 96	# 69-CH3-29-CH	13	X	
14	Did the organization have a written document retention and destruction policy?	11111111	****	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		A. A. A. A. A. M. M. M. M.	14	-	-
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decisi	002			- 1	
	The organization's CEO, Executive Director, or top management official	UIII		15a	x	
h	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).		20000	150	-	-
R.	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement.			1	1	10.
	where the standard data of the second s			10.		v
	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			16a	-	X
p	If Yes, did the organization follow a written policy of procedure requiring the organization to evaluate its			121	100	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				1.14	
200	organization's exempt status with respect to such arrangements?		initialized and	16b	-	-
	tion C. Disclosure		_		_	
17	List the states with which a copy of this Form 990 is required to be filed NONE			t contractor	1,19951,2	1000
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(c)	(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain in Schedule O)					
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of i	nterest p	olicy, and			

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

CHANTAL HEVIA 2009 N ANGEL OLIVA SR STREET TAMPA FL 336

Form 990 (2014) YBOR CITY MUSEUM SOCIETY INC

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

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	bo	x, unia	Pos check ess pe	erson	e than on is both a or/trustee	an	(D) Réportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) JOSEPH CITRO											
	0.00			-					0		
CHAIR	0.00	X	-	X	-		-	0	0	0	
(2) PATRICK VENABLE	0.00			11					1.		
VICE CHAIR	0.00	x		x				0	0	0	
(3) SHAWN HAGGERTY	0.00	44		42	1		-			v	
() Diffinit intochilit	0.00	1.									
SECRETARY	0.00	x		x				0	0	0	
(4) JASON DICKENS	0.000	1		-							
	0.00										
TREASURER	0.00	x		x				0	0	0	
(5) LEO ALVAREZ		1									
	0.00										
IMMEDIATE PAST CHAIR	0.00	X		X				0	0	0	
(6) HERMAN LAZZARA		1									
	0.00										
MEMBER AT LARGE	0.00	X	-	х	1.1			0	0	0	
(7) STEPHANIE AGLIA	NO		-				1				
	0.00										
DIRECTOR	0.00	X	_					0	0	0	
(8) STEPHEN M BARBA											
	0.00	1.1						-			
DIRECTOR	0.00	X			1			0	0	0	
(9) BOB CALAFELL					115	1.11					
	0.00							1 A A A A A A A A A A A A A A A A A A A			
DIRECTOR	0.00	X	_				-	0	0	0	
(10) ANTHONY CARRENO											
	0.00	-									
DIRECTOR	0.00	X	-	_			-	0	0	0	
(11) JAMES HOWARD	0.00										
DIDROMOD	0.00	-							0		
DIRECTOR DAA	0.00	X	-	_				0	0	Form 990 (2014)	

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(A) Name and title	(B) Average hours per week (list any	box	, unle	(C Posi heck r iss per id a di	tion nore son i	s both	an	(D) Reportable compensatior from the	(E) Reportable compensation from related organizations	arr	(F) timated ount of other pensatio	n
	hours for related organizations below dotted line)	or director	Institutional Inustee	Officer	Key employee	Highest compensatec employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga	om the inization i related nization	
(12) JAMES JIMENEZ	1 37 3	1				a						
DIRECTOR	0.00	x			Ľ			0	0			0
(13)GILDA MCKINNON	0.00	-	-				-			-		
	0.00											
DIRECTOR	0.00	X	_		_		-	0	0	-	-	0
(14) SHARI MIDDLETON	0.00				1							
DIRECTOR	0.00	x		-				0	0			0
(15) VICTOR PADILLA		1										
	0.00											
DIRECTOR	0.00	X	-	-	-		-	0	0		_	0
(16) CHARLOTTE PAGAN	0.00											
DIRECTOR	0.00	x						0	0			0
(17)SCOTT L PEELER	JR											
	0.00		14									
DIRECTOR	0.00	X	-	-	-	-	-	0	0		_	0
(18) RICH SIMMONS	0.00											
DIRECTOR	0.00	x			_			0	0			0
(19)COOKIE RODANTE	SPOTO											
GORALDHOUTHING	0.00						1					
1b Sub-total	0.00	X	-	_	_			0	0		-	0
c Total from continuation she				A			AT	57,750				
d Total (add lines 1b and 1c)	****							57,750				
2 Total number of individuals (i reportable compensation from				o tho	sel	listec	aboy	ve) who received more that	an \$100,000 of			
reponable compensation from	n me organizati		u	-	-		-			-	Ye	s No
3 Did the organization list any f								loyee, or highest compens	sated	3		x
employee on line 1a? If "Yes,For any individual listed on line	te 1a, is the su	m of	repo	rtable	e co	mpe	nsatio	on and other compensatio	n from the			-
organization and related orga	inizations great	er th	an \$	150,0	000	? If "	Yes,"	complete Schedule J for s	such	4	1	x
individual 5 Did any person listed on line	1a receive or a	ccrue	con	npen	sati	on fr	om ar	y unrelated organization	or individual			A 1
for services rendered to the c	organization? If	"Yes	," co	mple	te S	Sche	dule J	for such person	ennini i como comercia	5	1_	X
Section B. Independent Contract				1.04.44			1	maters that marking man	then \$100,000 of	_	_	_
 Complete this table for your fi compensation from the organ 										year.		
Name and	(A) business address	-						(B Description	3) of services		(C) Comper	sation
		_	_		_						_	_
			_	-	-	-	-					
				_								
		-	-			-	-					_
											_	

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Lebox define Big	(A)	(B) Average hours per week (list any	(de boi off	o not (x, unli icer a	Pos check ess pe nd a d	C) sition more erson directe	e than o is both or/trust	one 1 an 1ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Estimated amount of other compensation from the	
(12)RAFABL MARTINEZ-YBOR 0.00 0.00 0.00 DIRECTOR EMERTION 0.00 0.00 0.00 0.00 (13)CHANTAL HEVIA 40.00 x 57,750 0 PRESIDENT & CRO 0.00 x 57,750 0 (14) 0.00 x 57,750 0 (15) 0.00 x 57,750 0 (16) 0.00 x 57,750 0 (17) 0.00 x 57,750 0 (18) 0.00 x 57,750 0 (19) 0.00 x 57,750 0 (19) 0.00 x 57,750 0 (19) 0.00 x 57,750 0 10 Sub-total 57,750 0 0 (19) 0.00 x 57,750 0 0 110 Sub-total 57,750 0 0 0 0 12 Total rome continuation sheets to Part VI, Section A > 0 0 0 0 0 <		organizations below dotted	or director	Institutional trustee	Officer	Key employee	Highest compensate employee	Former	(W-2/1099-MISC)		and	related	
DIRECTOR EXERTIONS 0,00 X 0 0 (13) CHANTAL HEVIA 40,00 X 57,750 0 PRESIDENT & CBO 0,00 X 57,750 0 (14) 1 1 1 1 1 (15) 1 1 1 1 1 1 (16) 1 1 1 1 1 1 1 (17) 1 1 1 1 1 1 1 1 (19) 1	(12)RAFAEL MARTINEZ	and the second second	-										
40.00 X 57,750 0 (14) 1 1 1 1 (15) 1 1 1 1 (16) 1 1 1 1 (17) 1 1 1 1 1 (18) 1 1 1 1 1 1 (19) 1 <td>and the second second</td> <td>a a to a strang to black he are to a</td> <td>x</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td>0</td>	and the second	a a to a strang to black he are to a	x						0	0			0
PRESIDENT & CEO 0,00 X 57,750 0 (14) 1 1 1 1 1 (15) 1 1 1 1 1 1 (16) 1	(13) CHANTAL HEVIA	10.00											
(14) Image: Construction of the consthe construction of the construction of the	PRESIDENT & CEO			-	x				57,750	0			0
(15) Image: Contract of the second contractors (including but not limited to those listed above) who (16) Image: Contract of the second contractors (including but not limited to those listed above) who 12 Total number of independent contractors (including but not limited to those listed above) who 2 Total number of independent contractors (including but not limited to those listed above) who 3 Did the organization is a second compensation or individual for such individual (including but not limited to those listed above) who 4 Station and regimentation? If Yes, "complete Schedule J for such individual for such individual for a such individual for such individual for any installed cognization or individual for compensation from the organization? If Yes, "complete Schedule J for such individual for such as a such as	and the second state of th	0100		1					011100		10 2		
			10										
	(15)		-	-		-					-		
(16) (17) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (11) (11) (11) (11) (12) (11) (11) (11) (12) (11) (11) (11) (12) (11) (13) (11) (14) (11) (15) (11) (12) (11) (2) (11) (2) (11) (11)													
(17) (18) (18) (19) 1b Sub-total 57,750 (19) 1c Total from continuation sheets to Part VII, Section A 2 Total from continuation sheets to Part VII, Section A 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 P 3 Did the organization and related organization persection and other compensation from the organization P 3 Did the organization and related organization persection and other compensation from the organization and related organization persection and related organization persection and related organizations preservices rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 3 Did attrapendent Contractors 1 Complete this table for your five highest compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 1 Complete this table for your five highest compensated independent contractors Complete Schedule J for such person. 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. Compensation 1 Name and Manes address <t< td=""><td></td><td></td><td>-</td><td>_</td><td></td><td>-</td><td></td><td>-</td><td></td><td></td><td>-</td><td>_</td><td>_</td></t<>			-	_		-		-			-	_	_
(17) (18) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (10)	(16)												
(18) Image: State of the second state of											-		
(19) 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 > 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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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. (B) Name and business address Description of services Compensation (B) Name and business address Description of services Compensation (C) Name and business address Description of services Compensation (C) Compensation of inde		******											
(19) 57,750 1b Sub-total 57,750 c Total from continuation sheets to Part VII, Section A 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 is any former officer, director, or trustee, key employee, or highest compensated employee on line 13 if Y'es, "complete Schedule J for such individual 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensation from the organization and related organizations greater than \$150,000? If 'Yes, "complete Schedule J for such individual for services rendered to the organization? If 'Yes," complete Schedule J for such individual for services rendered to the organization? If 'Yes, "complete Schedule J for such person 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 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. (B) Name and business address Compensation of services Compensation of services 2 Total number of independent contractors (including but not limited to those listed above) who Image: Compensation of services Compensation of services	(18)					-							
1b Sub-total 57,750 c Total from continuation sheets to Part VII, Section A Image: Contract of Individuals (Including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 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 Yes 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 Image: Contract of a such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person Image: Contract organization? If "Yes," complete Schedule J for such person 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 individual Image: Compensation for the calendar year ending with or within the organization's tax year. 10 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensated independent contractors that received more than \$100,000 of compensation for the organization's tax year.		· · · · · · · · · · · · · · · · · · ·											
1b Sub-total 57,750 c Total from continuation sheets to Part VII, Section A Image: Contract of Individuals (Including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 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 Yes 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 Image: Contract of a such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person Image: Contract organization? If "Yes," complete Schedule J for such person 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 individual Image: Compensation for the calendar year ending with or within the organization's tax year. 10 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensated independent contractors that received more than \$100,000 of compensation for the organization's tax year.			-	-	-	1	\vdash	+			-	_	
1b Sub-total 57,750 c Total from continuation sheets to Part VII, Section A 57,750 d Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes 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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization sgreater than \$150,000? If 'Yes,'' complete Schedule J for such individual for services rendered to the organization's from any unrelated organization or individual for services rendered to the organization. Report compensation from the organization or individual for services rendered to the organization. Report compensation for the calendar year ending with or within the organization's tax year. 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services 0 Name and business address Complete services 1 Complete of independent contractors (including but not limited to those listed above) who 1 2 Total number of independent contractors (including but not limited to those listed above) who 1													
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 Ib 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 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a, is the organization from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed to the organization? If "Yes," complete Schedule J for such person 6 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. (6) Name and business address 0 Description of services 0 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (6) Name and business address 0 Description of services 0 Complete this table for your five highest compensation for the calendar year ending with or services 1 Complete this table for your five						_		-					
d Total (add lines 1b and 1c) Image: Contract of Contrac						a e e e	10.00		57,750				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes 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 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 for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors Compensation from the organization? If 'Yes,' complete Schedule J for such person 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. (c) Name and business address (c) (c) Name and business address (d)			, oet			*****	ence actor				-		
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 3 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 3 4 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 5 Section B. Independent Contractors 5 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (C) Name and business address Description of services Compensation for services 2 Total number of independent contractors (including but not limited to those listed above) who 4	2 Total number of individuals (in				to the	ose	listed	abo	ve) who received more that	in \$100,000 of			
employee on line 1a? If "Yes," complete Schedule J for such individual 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 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 4 6 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization's tax year. (C) 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (C) Name and business address Description of services Complementer 2 Total number of independent contractors (including but not limited to those listed above) who 4	reportable compensation from	n the organizati	on 🕨		-	-	-	-			2.4.4	Yes	No
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 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual Section B. Independent Contractors 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 Description of services Compensatio Z Total number of independent contractors (including but not limited to those listed above) who	3 Did the organization list any f	ormer officer, o	lirect		or tru	stee	e, key	/ emp	ployee, or highest compens	sated	3	-	
individual 4 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 Section B. Independent Contractors 5 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. (6) Compensation's tax year. (A) Name and business address Description of services Compensation (B) Description of services Compensation (1) (A) Description of services Compensation (2) (B) Description of services Compensation (C) Compensation (2) (2) (3) (C) Compensation (3) (4) (4) (C) Name and business address Description of services (2) (3) (C) Name and business address (4) (4) (4) (4) (C) Name and business address Description of services (4) (4) (4) (C) (4)	4 For any individual listed on lin	ie 1a, is the sur	n of	repo	rtabl	le co	ompe	nsati	ion and other compensatio				1
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 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation. Report compensation for the calendar year ending with or within the organization's tax year. (B) (B) (B) (C) Name and business address Description of services Compensation (C) Compensation (C) (C) Variable for your five highest compensated independent contractors that received more than \$100,000 of compensation. Report compensation for the calendar year ending with or within the organization's tax year. (C) (B) (C) (C) (C) Name and business address Description of services (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C)<	Individual	and the second second second						Yes,"	complete Schedule J for s	luch	4		1
Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address (C) (B) (B) Description of services Compensation (C) (C) (B) (C) (C) (C) (B) (C) (C) (C) (D) (C)	5 Did any person listed on line	1a receive or a	corue	e cor	nper	nsat	ion fr				010	100	
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) (B) (C) Name and business address Compensation (B) (C) (C) Name and business address (C) (C) (C)			Yes	,	mple	ete :	Sche	dule .	J for such person	******		1	<u> </u>
(A) Name and business address Description of services Compensation Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of services Image: Compensation of service	1 Complete this table for your fi	ve highest com											
Total number of independent contractors (including but not limited to those listed above) who			com	pens	satio	n fo	r the	calen				(C)	
	Name and	business address	1.0	-		-	-	-	Description	of services		Compens	ation
											-		
			-		-	-	-	-					
					_								
			-	-	-		-					-	-
								-					
received more than \$100,000 of compensation from the organization 🕨											10		

Form 990 (2014)

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Form 990 (2014) YBOR CITY MUSEUM SOCIETY INC

59-2274494

Part VIII

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

1				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Girts, Grans	a Federated campaigns	1a			tor a star in as		
	Membership dues	1b	13,335			10 II II II II II I	
An a	Fundraising events	1c			a in the internal second	12 M H H H H	EKREAR
lar	d Related organizations	1d					
sill e	e Government grants (contributions)	1e	122,341		1 10 10 10 10 10 21		
S	f All other contributions, gifts, grants,						
the	and similar amounts not included above	1f	72,694		10 Pf		
SÒ ,	Noncash contributions included in lines						
and	Total. Add lines 1a-1f		•••••••	208,370			
3	Total. Add mos ra-IT		Busn. Code				
Laver 2a	CASITAS/BUNKER/GAR	DEN	Duan. Code	97,913			97,913
a i			•	9,834			9,834
ice	LEGACY	• • • • • • • • • • • • • •		9,800	9,800		57052
Ser 1	BUILDINGS ALIVE	• • • • • • • • • • • • • •		6,575	6,575		
E S				07575	07070		
gra	f All other program service rev						
2				124,122		Charles and the second	
3	Total. Add lines 2a-2f			141,144			
3	and a second second for second			4			4
	and other similar amounts)			7			3
4	Income from investment of ta	and the second second second	Construction and the second second second				
5	Royalties						
	(i) Real		(ii) Personal			制 医 新 田 田 田	
6a				A. 18. 10. 10. 10. 10. 10. 1	A.A.R.B.A.A.	2.0.0.0.0.0.0.	1 1 1 1 1 1 1 1
b	Less: rental exps.			N N N N N N N		20.00.00.00.00.00.00	
C	Rental inc. or (loss						
72	Gross amount from (I) Securities		···· •				
1.0	sales of assets		(ii) Other			I D F F E S	
	other than inventor			10 0 0 1 0 0 1 1		*****	1 1. 12 12 12 1 1
b	Less: cost or other						
	basis & sales exps			12 10 20 10 20 10			
2.2	Gain or (loss)						
	Net gain or (loss)			-			
9 8a	Gross income from fundraising ev	ents					
Revenue	(not including \$			15 H	158		
Sev	of contributions reported on line 1	c).		1			10 0 10 0 0 0 0
	See Part IV, line 18	. a	74,169				
	Less: direct expenses	ь	30,101		1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -		DE A A A A S
C	Net income or (loss) from fun	Provide statements and	nts 🕨	44,068			44,068
9a	Gross income from gaming activit			a a be a de la la		1 1	19 A.
	See Part IV, line 19			1	de 😤	1889 - 1997 - 19	
	Less: direct expenses			19.000			a 11
c	Net income or (loss) from gai	ning activitie	s 🕨				
10a	Gross sales of inventory, less						- 45
1.0	returns and allowances	a					d 10
b	Less: cost of goods sold	b		·····································		at a to a second	10
	Net income or (loss) from sal		ry 🕨				
	Miscellaneous Revenue		Busn. Code	4 R.	N NAT N NEA	H. 20	
11a							
b	******						
1.							
C							
c d							
c d e							151,819

Form 990 (2014) YBOR CITY MUSEUM SOCIETY INC Part IX Statement of Functional Expenses

59-2274494

Page 10

_	tion 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a resp				X
	not include amounts reported on lines 6b, 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		1	A	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	-			
	organizations, foreign governments, and foreign			and the second	
	individuals. See Part IV, lines 15 and 16				222224
4	Benefits paid to or for members			R = = 2 2 2 5 5 5	
5	Compensation of current officers, directors,	57 750	40 425	0 662	0 660
	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	101,611	71,128	15,242	15,241
8	Pension plan accruals and contributions (include	101/011	11,140	13,444	15,271
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Decimal terren				
11	Fees for services (non-employees):				
	Management				
b	Legal	-			
c	Accounting	7,966	5,576	2,390	
d	Lobbving		-/		
e	Lobbying Professional fundraising services. See Part IV, line 17			CONTRACTOR OF	
f	Investment management fees				
g	VAGA VIGAT VITA				
1	(A) amount, list line 11g expenses on Schedule O.)	38,351	38,351		
12	Advertising and promotion				
13	Office expenses	14,673	11,738	1,761	1,174
14	Information technology				
15	Royalties				
16	Occupancy	30,568	24,454	3,057	3,057
17					
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	383	307	38	38
20	Interest	3,496		3,496	
21	Payments to affiliates	0.0 0.1 00			
22	Depreciation, depletion, and amortization	21,847	17,477	2,185	2,185
23	Insurance	9,048	7,238	905	905
24	Other expenses. Itemize expenses not covered	di seconda	202202		
	above (List miscellaneous expenses in line 24e. If		0000000		
	line 24e amount exceeds 10% of line 25, column		0.000000	15	- 2
	(A) amount, list line 24e expenses on Schedule O.)	0.000	0.000		
a	STATE PARK FEES PARK RANGERS	9,900	9,900		
D	REPAIRS & MAINTENANCE	9,876	9,876	E00	
C	COGS	8,367	7,865	502	
d		409	7,058	409	
e 75	All other expenses	321,303	251 202		21 262
25 26	Total functional expenses. Add lines 1 through 24e	341,303	251,393	38,648	31,262
20	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)				

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

59-2274494

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	Check if Schedule O contains a response or no			(A)		(B)
-				Beginning of year		End of year
1				3,562	1	11,76
2	Savings and temporary cash investments			5,347	2	10 50
3	Pledges and grants receivable, net				3	12,50
4	Accounts receivable, net			5,645	4	12,38
5	Loans and other receivables from current and former			(-)	重 1 。	
1.1	trustees, key employees, and highest compensated e	mployee	S.	00000000		
1.2	Complete Part II of Schedule L				5	
6	Loans and other receivables from other disqualified p	and the state of the second		1 ×* 2 0 0 0 7 /	2	
	4958(f)(1)), persons described in section 4958(c)(3)(E	A COLORADO DE	and the second	d		× 0
	sponsoring organizations of section 501(c)(9) voluntar			15 m. P. P. P. M. M.		
12	organizations (see instructions). Complete Part II of S	chedule	·		6	
7	Notes and loans receivable, net	*******		0.007	7	7 15
8		*******		9,007	8	7,15
9		quine.		128,500	9	127,59
10a	Land, buildings, and equipment: cost or	1.0	1 000 700		1	
	other basis. Complete Part VI of Schedule D	10a	1,092,709	717 100	12	010 06
1000	Less: accumulated depreciation	10b	279,847	717,182		812,86
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		Neuropean and an annual an	190	14	19
15	Other assets. See Part IV, line 11			869,433	15	984,46
16	Total assets. Add lines 1 through 15 (must equal line			99,316	16 17	62,39
17	Accounts payable and accrued expenses			33,510	18	04,55
18	Grants payable Deferred revenue			97,981	10	88,34
20	Terrare the sed Bak Males			51,501	20	00,54
20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV				21	
22	Loans and other payables to current and former office				21	C
~~	trustees, key employees, highest compensated emplo		Vice We		100	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	disqualified persons. Complete Part II of Schedule L	yees, an	u l		22	
23	Secured mortgages and notes payable to unrelated th	ird nartie		40,500	23	49,50
24	Unsecured notes and loans payable to unrelated third	narties		1,000		40,00
25	Other liabilities (including federal income tax, payable)			1,000		10,00
20	parties, and other liabilities not included on lines 17-24					
		A MUCH Constraint (Charles	ACCES MAY REPORT OF CARMENTS	65,801	25	60,46
26	of Schedule D Total liabilities. Add lines 17 through 25	* * * * * * * * * *	********************	304,598	26	300,69
	Organizations that follow SFAS 117 (ASC 958), che					
	complete lines 27 through 29, and lines 33 and 34.				1	
27	Unrestricted net assets			436,335	27	556,16
28				128,500	28	127,60
29	Temporarily restricted net assets Permanently restricted net assets				29	
100	Organizations that do not follow SFAS 117 (ASC 9	58), chee	ck here 🕨 🛛 and			
	complete lines 30 through 34.			2		
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or equipme	ent fund	******		31	
32	Retained earnings, endowment, accumulated income,				32	
1.000			*********	564,835	33	683,76
33	Total net assets of fund balances		the state of the s	00110000		

Form 990 (2014)

ige 1	Pa			990 (2014	orm
				t XI	Pa
564	76	37		Total reve	4
303			2	Total expe	2
261				Revenue	
835			-	Vet assets	
00.	041			Vet unrea	
_	-		6	Donated s	6
		_	7	nvestmen	7
				Prior perio	
671	53.	6	-	Other cha	
				Vet assets	
767	33.	68	10	33, colum	
	-			t XII	_
				- 1	
No	Yes				
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12 11	12	1		Schedule	
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11 1	1.00			f "Yes," cl	
1.0				eviewed o	
12	22	1 = 1		Separa	1
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				f"Yes" to	C
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100	a content			Schedule	
0	and the second second			As a result	3a
x	10 mm	3a		al al a substantial a	
				As a result	

SCHEDULE A (Form 990 or 990-EZ)		if the organization is a se 4947(a)(1) nonex	ction 501(empt char	c)(3) organ itable trust	ization or a section	OMB No. 1545-0047 2014 Open to Public			
Department of the Treasury Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.									
Name of the organization					Employer id	entification number			
Deuti Deres	and the second	USEUM SOCIETY	and the second se	Accordia	59-22	and the second se			
		y Status (All organizations it is: /For lines 1 through		and the second s		ructions.			
 A church, com A school desc A hospital or a A medical rest city, and state A medical rest city, and state A norganizatio section 170(b A federal, stat A federal, stat A federal, stat A norganizatio described in s A community 10 An organizatio receipts from a support from g acquired by th An organizatio one or more puthe box in lines Type I. A supported organization. Y Type II. A supported organization (s) Type III function Type III non-fit 	vention of churches, or a ribed in section 170(b) (cooperative hospital ser- earch organization opera- in operated for the benef- b)(1)(A)(iv) . (Complete Pa- e, or local government or on that normally receives ection 170(b)(1)(A)(vi) . Trust described in section on that normally receives: activities related to its ex- pross investment income e organization after June n organized and operate ublicly supported organiz is 11a through 11d that do porting organization oper- organization(s) the power You must complete Par- porting organization support agement of the support No must complete Par- porting organization support agement of the support You must complete Par- porting organization support Sonally integrated . A sup- organization(s) (see instru- unctionally integrated .	r governmental unit describe a substantial part of its supp (Complete Part II.) n 170(b)(1)(A)(vi). (Complet : (1) more than 33 1/3% of it empt functions—subject to c and unrelated business taxa 30, 1975. See section 509 ed exclusively to test for publ d exclusively to test for publ d exclusively for the benefit tations described in section escribes the type of supporti ated, supervised, or controll er to regularly appoint or elect	ribed in sec in section spital descr wheel or op ed in section port from a e Part II.) s support fr wertain exce able income (a)(2). (Con lic safety. S of, to perfo 509(a)(1) of ng organizated by its su ct a majority ection with a same pers ed in connect te Part IV, perated in co	ction 170(b) 170(b)(1)(/ ibed in sec in 170(b)(1) governmen om contribu- ptions, and a (less section rm the func or section ! ation and co pported org r of the dire its supported cons that co ection with, Sections A connection	a)(1)(A)(i). A)(iii). tion 170(b)(1)(A)(iii). Entry a governmental unit descri)(A)(v). tal unit or from the general utions, membership fees, a (2) no more than 33 1/3% ion 511 tax) from business (II.) 509(a)(4). tions of, or to carry out the 509(a)(2). See section 50 complete lines 11e, 11f, and ganization(s), typically by generation (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	bed in I public and gross o of its es purposes of 9(a)(3). Check 1 11g. giving oporting opted d with, ation(s)			
		ist complete Part IV, Section							
e Check this box	if the organization receive	ved a written determination	from the IR	S that it is a	a Type I, Type II, Type III				
		functionally integrated suppo	orting organ	ization.					
	of supported organization			a an		1			
g Provide the follows (i) Name of supported	Contraction of the second s	supported organization(s).	Innin	organization	the second statement	(vi) Amount of			
organization	(ii) EIN	 (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) 	listed in yo	ur governing ment?	 (v) Amount of monetary support (see instructions). 	other support (see instructions)			
			Yes	No					
A)									
B)			1.1.2						
C)									
0)									
E)			-						
-0.51									
			100.00	19 JA					

Schedule A (Forr	n 990 or 990-EZ	2014 YBOR	CITY	MUSEUM	SOCIETY	INC
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				1.1.1		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	*		10		<i>k</i> -	
6	Public support. Subtract line 5 from line 4.	Jac a a al	Carden -				
Sec	tion B. Total Support	-					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					N	
12	Gross receipts from related activities, etc.	(see instructions)			12	
13	First five years. If the Form 990 is for the	organization's fi					
	organization, check this box and stop he						•
Sec	tion C. Computation of Public S						1.06
14	Public support percentage for 2014 (line 6	3, column (f) divid	led by line 11, co	lumn (f))		14	%
15	Public support percentage from 2013 Sch					15	%
16a	33 1/3% support test-2014. If the organ				4 is 33 1/3% or m	ore, check this	
	box and stop here. The organization qua						🕨 🗋
b	33 1/3% support test—2013. If the organ check this box and stop here. The organ					or more,	•
17a		· · · · · · · · · · · · · · · · · · ·					
	10% or more, and if the organization mee Part VI how the organization meets the "fa						
	organization		******	* + *) - + * * * * + * + * + * + * *			
b	10%-facts-and-circumstances test-20 15 is 10% or more, and if the organization Explain in Part VI how the organization m	 If the organization meets the "facts" 	ation did not che -and-circumstan	ck a box on line 1 ces" test, check th	3, 16a, 16b, or 17 his box and stop I	a, and line nere.	
18	supported organization			*)*(*************			
	instructions		5. * * * * * * * * * * * * * * * * * * *)

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

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Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support	1					
Cale	ndar year (or fiscal year beginning in) 🕨 📘	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	104,894	114,476	175,255	439,276	208,370	1,042,271
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	65,563	53,702	119,653	46,198	16,375	301,491
3	Gross receipts from activities that are not an unrelated trade or business under section 513					84,003	84,003
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		1.21				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	170,457	168,178	294,908	485,474	308,748	1,427,765
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
Ь	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.)		·			000.01	1,427,765
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 📘	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	170,457	168,178	294,908	485,474	308,748	1,427,765
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	91,847	110,518	111,558	99,452	97,917	511,292
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			1			
c	Add lines 10a and 10b	91,847	110,518	111,558	99,452	97,917	511,292
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					2 2 2	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	262,304	278,596	406,466	584,926	406,665	1,939,057
14	First five years. If the Form 990 is for the organization, check this box and stop here	organization's firs	the second se	and the second	the second se	the second s	
Sec	tion C. Computation of Public Su		tane	************	*****************		unana la
15	Public support percentage for 2014 (line 8			nn (f))		15	73.63%
16	Public support percentage from 2013 Sche				(1211))(1))(1)(1))	16	%
	tion D. Computation of Investme						
17	Investment income percentage for 2014 (li			3, column (f))		17	26 %
18	Investment income percentage from 2013				*****************	18	28 %
19a	33 1/3% support tests-2014. If the organ			e 14, and line 15	is more than 33 '	/3%, and line	
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2013. If the organ	ox and stop here.	The organization	qualifies as a pul	blicly supported o	rganization	► 🛛
1	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did						

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

59	-22	74	49	4
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(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

	tion A. All Supporting Organizations			-
1	Are all of the organization's supported organizations listed by name in the organization's governing	-	Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		Concerned in	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	-	-
2	Did the organization have any supported organization that does not have an IRS determination of status		200	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		19. July 1	
	organization was described in section 509(a)(1) or (2).	2	-	-
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	-	1
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1.00	1000	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	1.000	$h = \lambda$	
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	6. (19)	state 1	
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	1 mm	4	
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	1. 100	1	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	6-20	1 10 1	
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination		1	0.00
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1.11	1000	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	1.00	100	
	purposes.	4c		-
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	C m		
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	1. 11	1	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,	12.11		
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	1.0	-	
	was accomplished (such as by amendment to the organizing document).	5a		_
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		1	10.5
	designated in the organization's organizing document?	5b		-
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	100.00		
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also	1 - 1	V	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	17	1	
	Part VI.	6		-
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial	1. 10	x" - 1	
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent		-	10
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	1	-	-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		1.111	
	If "Yes," complete Part I of Schedule L (Form 990).	8	-	-
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	1.16	1-1	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	-	100	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	<u>9a</u>	0.25.1	1000
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which		-	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		3. 2
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	0.		
10-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90	1	12 11
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)		1.11	
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	100		
	organizations)? If "Yes," answer (b) below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a	-	10.0
b	determine whether the organization had excess business holdings.)	106		

Schedule A (Form 990 or 990-EZ) 2014

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Pa	rt IV Supporting Organizations (continued)	-		
24	the design of the second se	1.000	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	150	-	
a			C. State of the other	1
0	below, the governing body of a supported organization?	11a		-
	A family member of a person described in (a) above?	11b	-	-
C		11c		
1.1	tion B. Type I Supporting Organizations		Vac	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	(The second	Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	125	$\lambda = 0$	163
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	0.00	e (100
	controlled the organization's activities. If the organization had more than one supported organization,	1000	1.0	104
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1.1	-	100
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	-	1
2	Did the organization operate for the benefit of any supported organization other than the supported		100	163
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		8, E 3	100
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	10,000		1.25-25
	supervised, or controlled the supporting organization.	2	-	
eci	tion C. Type II Supporting Organizations	-		
		-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.2	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		the split is the	6.99
	the supported organization(s).	11	_	1.00
eci	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		12.00	100
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	1.00	0.00	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1.00	-	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	0.000	1.00	0.0
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	CHU	-	
	significant voice in the organization's investment policies and in directing the use of the organization's	1.10		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	100	
- not	supported organizations played in this regard.	3		-
CBC	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions):		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	1	275	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instructio	ns).	
	Activities Test Answer (a) and (b) helew	ſ	Vee	No
	Activities Test. Answer (a) and (b) below.	1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	100	- D	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	100	100	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1.1	120	
	how the organization was responsive to those supported organizations, and how the organization determined	1	1.00	5.25
	that these activities constituted substantially all of its activities.	2a	-	-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1.01	1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
-	activities but for the organization's involvement.	2b		-
3	Parent of Supported Organizations. Answer (a) and (b) below.			R :
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		100	
-	trustees of each of the supported organizations? Provide details in Part VI.	3a	-	-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1.000	1000	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Yea (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			10
collection of gross income or for management, conservation, or	101		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	00	2.202000	1.22233
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		10
e Discount claimed for blockage or other	1 1		
factors (explain in detail in Part VI):	1. 2. 10	1	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		1
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	11		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
		2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			

Par	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported		1
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			1
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organ	nization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	and the second second	the second second second	
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)	· · · · · · · · · · · · · · · · · · ·		
3	Excess distributions carryover, if any, to 2014:	The second second second		
a			a ta sta a la su	
b			the second second second	
c		the same of the	and the state	
d				10 - 24 - C - C - C
e	From 2013	A CONTRACTOR OF STREET		
-	Total of lines 3a through e			The second second second
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)		2011-1-	
1	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$	和,用,用,用,用,用,用,用		
	Applied to underdistributions of prior years		the state of the state of the	
	Applied to 2014 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.	and the second s	and the State of the State	
5	Remaining underdistributions for years prior to 2014, if	Part of the second second		
5	any. Subtract lines 3g and 4a from line 2 (if amount			
6	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h	and a start	A A A A A A A	
	and 4b from line 1 (if amount greater than zero, see			
7	instructions).	1.B.		
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b			- 444 - 444 - 444 - 444 - 444 - 444 - 444 - 444 - 444 - 444 - 444 - 444 - 444 - 444 - 444 - 444 - 444 - 444 - 4	
c		·····································	1	
d	Excess from 2013		1999 - 1997 - 19	na porte de se an
-	Excess from 2014			CLEAR ONLY IN THE PARTY OF THE

Schedule A ((Form 990 or 990-E2	Z) 2014 YBOR	CITY M	USEUM SC	OCIETY 1	INC	59-2274494	Page 8
; Part VI	Supplementa	al Information. 2. Also comple	Provide th	ne explanatio	ons required	by Part II, I	ine 10; Part II, line	17a or 17b; and
• • • • • • • • • • • • • • •	******	*******		*****				
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Schedule B	Schedule of Contributors		OMB No. 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	990-PF. ctions is at www.irs.gov/form990.	2014			
Name of the organizat			tification number		
YBOR CITY	MUSEUM SOCIETY INC	59-22744	94		
Organization type (chi					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private f	foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private found	dation			
	501(c)(3) taxable private foundation				
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule. See			
General Rule					
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contr ey or property) from any one contributor. Complete Parts I and II. See instru al contributions.				
Special Rules					
regulations unde 13, 16a, or 16b,	tion described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the 33 ar sections $509(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 9 and that received from any one contributor, during the year, total contributor of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line	990 or 990-EZ), Part II, line ons of the greater of (1)			
contributor, durin	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ than ng the year, total contributions of more than \$1,000 exclusively for religious, ational purposes, or for the prevention of cruelty to children or animals. Corr	, charitable, scientific,			

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

	Form 990, 990-EZ, or 990-PF) (2014) ganization CITY MUSEUM SOCIETY INC		Employer identification number 59-2274494
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional spa	ace is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF FERNANDO MESA 3450 BUSCHWOOD PARK DR TAMPA FL 33618	\$ 8,94	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HILLSBOROUGH COUNTY 601 E KENNEDY BLVD TAMPA FL 33602	\$ 9,60	Person X Payroli Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CITY OF TAMPA E. JACKSON ST, 8E TAMPA FL 33602	\$ 98,20	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FLORIDA DIVISION OF CULTURAL AFFAIRS 500 SOUTH BRONOUGH STREET TALLAHASSEE FL 32399	s 14,54	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4 ARTS COUNCIL OF HILLSBOROUGH COUNTY 505 E JACKSON ST #306 TAMPA FL 33602	Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ister) t		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service	Part IV, line 6, 7, 8, 9, 10, 1	Financial Statement nization answered "Yes" to Form 990 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 ttach to Form 990. 990) and its instructions is at www.	126.	OMB No. 1545-0047 2014 Open to Public Inspection
Name of the organization	P momaton about Schedule B [] Ohn	1 3301 and its instructions is at www.	Employer identifie	and the second
Hume of the orgenization			and a new or	
YBOR CITY M	USEUM SOCIETY INC		59-2274	494
Part I Organi	zations Maintaining Donor Advised	Funds or Other Similar Fund	ds or Accounts	5.
Comple	ete if the organization answered "Yes"	to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds	and other accounts
1 Total number at en	d of year		A Designed Street, Str	and the second second
2 Aggregate value of	f contributions to (during year)		1.1	
3 Aggregate value of	f grants from (during year)		10 1 mm	
4 Aggregate value al	tend of year	1 1	1	
The second s	n inform all donors and donor advisors in writin	and the second state of th		
6 Did the organizatio only for charitable conferring impermi		ors in writing that grant funds can be us	sed se	Yes No
	rvation Easements. ete if the organization answered "Yes"	to Form 990 Part IV line 7		
the second s	ervation easements held by the organization (c			
Preservation of Protection of na Preservation of	f land for public use (e.g., recreation or educatio atural habitat f open space	on) Preservation of a historically Preservation of a certified his	storic structure	a
	through 2d if the organization held a qualified of	conservation contribution in the form of		
	ast day of the tax year.			the End of the Tax Yea
a Total number of co	nservation easements		2a	
b Total acreage restr	icted by conservation easements		2b	
c Number of conserv	ation easements on a certified historic structure	e included in (a)	2c	
	ation easements included in (c) acquired after	8/17/06, and not on a	24	
	sted in the National Register	d outpaulabad as templated by the a	2d	the
	auon easements modified, transferred, release	a, exunguished, or terminated by the o	nganization during	ule
	where property subject to conservation easement	at is logated		
	ion have a written policy regarding the periodic			
	provide a written policy regarding the periodic			Yes No
	hours devoted to monitoring, inspecting, and e			
			and Just	
7 Amount of expense \$	es incurred in monitoring, inspecting, and enford	cing conservation easements during th	e year	
and section 170(h)	vation easement reported on line 2(d) above sa (4)(B)(ii)?			Yes 🗌 No
balance sheet, and	e how the organization reports conservation ea include, if applicable, the text of the footnote to outling for conservation easements.			2
Part III Organia	zations Maintaining Collections of A te if the organization answered "Yes"	Art, Historical Treasures, or C to Form 990, Part IV, line 8.	Other Similar A	ssets.
1a If the organization e	elected, as permitted under SFAS 116 (ASC 95	i8), not to report in its revenue stateme	ent and balance she	et
works of art, historic	cal treasures, or other similar assets held for pu	ublic exhibition, education, or research	in furtherance of	
	ride, in Part XIII, the text of the footnote to its fir			
b If the organization e	elected, as permitted under SFAS 116 (ASC 95	i8), to report in its revenue statement a	ind balance sheet	
	cal treasures, or other similar assets held for pu		in furtherance of	
	ide the following amounts relating to these item			
 Revenues inclu 	ded in Form 990, Part VIII, line 1		\$	
(II) Assets included	1 in Form 990, Part X		P 3	
	eceived or held works of art, historical treasure		gain, provide the	
	required to be reported under SFAS 116 (ASC			
a Revenue included i	n Form 000 Part VIII line 1		► \$	
	n Form 990, Part VIII, line 1 Form 990, Part X	(1,2,3,3,3,3,3,3,3,3,3,3,3,3,3,3,3,3,3,3,	aladaa ahaa 🖉 🖉 🗤 ah	$(A_{1}^{(1)},a_{2}^{(1)},a_{$

Schedule D (Form 990) 2014 YBOR CI	NAME AND ADDRESS OF TAXABLE ADDRESS OF TAXA	Construction of the second		9-2274494	Page 2
Part III Organizations Maintain					
3 Using the organization's acquisition, acc collection items (check all that apply):	ession, and other reco	ords, check any of th	ne following that	are a significant use	of its
a Public exhibition		Loan or exchange p			
b Scholarly research	e	Other	****		
c Preservation for future generations					
Provide a description of the organization XIII.	s collections and exp	lain how they furthe	r the organizatio	n's exempt purpose	in Part
5 During the year, did the organization soli assets to be sold to raise funds rather that	an to be maintained a				Yes No
Part IV Escrow and Custodial A Complete if the organizat 990, Part X, line 21.		es" to Form 990	, Part IV, line	9, or reported a	n amount on Form
1a Is the organization an agent, trustee, cus					
included on Form 990, Part X?				101001010101007	Yes No
b If "Yes," explain the arrangement in Part	XIII and complete the	following table:			
the second s					Amount
c Beginning balance					
d Additions during the year	$(\mathbf{x}, \mathbf{x}, \mathbf{x}, \mathbf{y}, \mathbf{y}) = (\mathbf{x}, \mathbf{x}, \mathbf{y}, \mathbf{y}, \mathbf{x}, \mathbf{x}, \mathbf{y}, $		*****	1d	
e Distributions during the year	• • • • • • • • • • • • • • • • • • •		$\mathbf{x} \neq \mathbf{x} \neq \mathbf{x} \neq \mathbf{x} \neq \mathbf{x} \neq \mathbf{x} \neq \mathbf{x} \neq \mathbf{x}$	<u>1e</u>	
f Ending balance2a Did the organization include an amount of			**************	1f	
b If "Yes," explain the arrangement in Part.					Yes No
Part V Endowment Funds.	Alli. Check here if the	explanation has be	en provided in P	an Alli	
Complete if the organizat	ion answered "Ye	es" to Form 990	Part IV line	10	
oomplete in the organizat	(a) Current year	(b) Prior year	(c) Two years I		s back (e) Four years back
1a Beginning of year balance	(u) content your	(b) this year	(of the years i	un (u) mee year	souch (e) our years such
b Contributions		12.22	1		
c Net investment earnings, gains, and		11000	1		
losses					
d Grants or scholarships				-	
e Other expenditures for facilities and					
programs			1		
f Administrative expenses					
2 Provide the estimated percentage of the	ursent year and hele		(a)) hold on:	1	1
 a Board designated or quasi-endowment 		nce (inte 19, column	(a)) field as.		
b Permanent endowment > %					
c Temporarily restricted endowment	9/0				
The percentages in lines 2a, 2b, and 2c s					
3a Are there endowment funds not in the pos	the state of the second second second second	ization that are held	and administered	ed for the	
organization by:	in the engen		ente secondostere		Yes No
(i) unrelated organizations					the second se
(ii) related organizations					(3a(ii)
b If "Yes" to 3a(ii), are the related organizat	ions listed as required	d on Schedule R?			3b
4 Describe in Part XIII the intended uses of	the organization's en	dowment funds.	COLUMN STREET	111111111111111111111111111111111111111	
Part VI Land, Buildings, and Eq	uipment.		1000	1.000	
Complete if the organizat	ion answered "Ye	es" to Form 990,	Part IV, line	11a. See Form 9	990, Part X, line 10.
Description of property	(a) Cost or other b	asis (b) Cost or	other basis	(c) Accumulated	(d) Book value
	(investment)	(ot)	ner)	depreciation	
1a Land			1		
b Buildings			39,542	155,070	
c Leasehold improvements			12,850	2,22	7 10,623
d Equipment					
e Other	_		40,317	122,550	
otal. Add lines 1a through 1e. (Column (d) mu	st equal Form 990, P	art X, column (B), li	ne 10c.)		812,862

Schedule D (Form 990) 2014

The second	Form 990) 2014 YBOR CITY MUSEUM SOC	IETY INC	59-2274494	Page 3
Part VII	Investments—Other Securities. Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11b. See Form 99	0, Part X, line 12.
	 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of Cost or end-of-yea	
1) Financial	derivatives	1	1	
	eld equity interests			
(D) Other				
101				
(B)				
(C)				
(D)				
(E)				
(F)	******			
(G) (H)	*****			
	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶		10.	
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" t	o Form 990 Part IV	line 11c See Form 99	0 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of	
		1. A	Cost or end-of-yea	r market value
(1)				
(2)				
(3)				
(4)				
(5)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
(6)				
(7)				
(8)				
(9) Tatal (Calum	n (h) must equal Form 000, Dart V and (R) line 12.)			
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.		10 1 2 2 4 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
a arcina	Complete if the organization answered "Yes" t	o Form 990 Part IV	line 11d See Form 99	0 Part X line 15
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	- (h) much annual France 2020, Rent V, and (R) line 45.)			
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	********		
TallA	Complete if the organization answered "Yes" to line 25.	o Form 990, Part IV,	line 11e or 11f. See Fo	orm 990, Part X,
Ι.	(a) Description of liability	(b) Book value	*********	
Carlos and the second	income taxes			00000000
- And the second second second	NDABLE DEPOSITS	41,425	A 100 100 100 100	0000000
	OLL LIABILITIES	18,850	2	153, A. A. A. A. A.
(4) SALES	3 TAX PAYABLE	191		
alore alor	JED EXPENSES			
(5) ACCRU			NO. MILLING, MILLING, MILLING, MILLING, MIL	
(5) ACCRU (6) ACCRU	JED PAYROLL			
 (5) ACCRU (6) ACCRU (7) 	JED PAYROLL			
 (5) ACCRU (6) ACCRU (7) (8) 	JED PAYROLL			111117
(5) ACCRU (6) ACCRU (7) (8) (9)	n (b) must equal Form 990, Part X, col. (B) line 25.) ►	60,466		

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

Sch	edule D (Form 990) 2014 YBOR CITY MUSEUM SOCIETY INC	59-227449	4	Page 4
P	art XI Reconciliation of Revenue per Audited Financial Statements V		Retu	ırn.
1	Complete if the organization answered "Yes" to Form 990, Part IV. Total revenue, gains, and other support per audited financial statements	, line 12a.	1	400,297
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	*****************	100	100,251
a				
b		23,733		
C	Recoveries of prior year grants 2c		1	
d	Other (Describe in Part XIII.) 2d			
e	Add lines 2a through 2d		2e	23,733
3	Subtract line 2e from line 1		3	376,564
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
ab				
	Contraction of the second s		4c	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	••••••	5	376,564
	art XII Reconciliation of Expenses per Audited Financial Statements		er Re	
	Complete if the organization answered "Yes" to Form 990, Part IV,			
1	Total expenses and losses per audited financial statements		1	345,036
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		-	
a	· · · · · · · · · · · · · · · · · · ·	23,733		
b			71	
c	Other losses 2c			
d	A state strate state s		24	22 722
е 3	Add lines 2a through 2d Subtract line 2e from line 1		2e 3	23,733 321,303
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	****************	-	541,505
	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
c	Add lines de and de		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	****************	5	321,303
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		4; Pari	t X, line
3.574				

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Schedule D	(Form 990) 2014	YBOR CIT	Y MUSEUM	SOCIETY	INC	59-2274494	Page 5
Fall A	ii_ Supplemen		(continueu)				
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SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	organ	inization answered "Y ization entered more to Attach to Fo	es" to Fo han \$15, orm 990 c	orm 990 000 on or Form	, Part IV, lines 17, 18, or 1 Form 990-EZ, line 6a.	9, or if the	OMB No. 1545-0047 2014 Open to Public- Inspection
Name of the organization						Employer identific	
	R CITY MUSEUM			1		59-22744	
	g Activities. Complete Z filers are not require				vered "Yes" to F	orm 990, Part IV,	line 17.
1 Indicate whether the org	anization raised funds throu	igh any of the follo	owing a	ctivitie	es. Check all that app	ply.	
a Mail solicitations		e Solicitatio	on of no	on-gov	ernment grants		
b 🗌 Internet and email s	olicitations	f Solicitatio	on of go	vernn	nent grants		
c Phone solicitations		g 🗌 Special fu	undrais	ing ev	ents		
d 🗌 In-person solicitation	IS						
b If "Yes," list the ten high	e a written or oral agreemer in Form 990, Part VII) or en est paid individuals or entitie 5,000 by the organization.	tity in connection	with pro	ofessio	onal fundraising serv	ices?	Yes No be
			(iii) Die raiser			(v) Amount paid to	(vi) Amount paid to
(i) Name and add or entity (f		(ii) Activity	custo contri contribu	dy or ol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization
			Yes				
1				1.1			
2		1					h
3						1	
4				1			
5							
				-			1
6					VD		
7							
8							
9							
0							-
otal				*			
	e organization is registered	or licensed to soli	cit contr	ributio	ns or has been notifi	ied it is exempt from	
section the construction of the last parts			******				****
Production and the second second	• • • • • • • • • • • • • • • • • • •		-	-			
(*)	****	******	A Constanting	al energy a	an a tanàna tanàna kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia kaominina dia kaominin	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
	- N - O						

Schedule G	(Form 990 or 990-EZ) 2014	YBOR CIT	MUSEUM	SOCIETY	INC	59-227449	4 Page 2
Part II	Fundraising Events more than \$15,000 of events with gross rec	fundraising eve	nt contributio				
		(a) Event #1	(1	b) Event #2	(c) Other	revents	

ø		(a) Event #1 TBM CAPITAL CAM (event type)	(b) Event #2 (event lype)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	65,215			65,215
R					
_	2 Less: Contributions 3 Gross income (line 1 minus line 2)	65,215			65,215
	4 Cash prizes				
	5 Noncash prizes				
sasu	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
Direct	8 Entertainment				
	9 Other direct expenses	30,101			30,101
		y. Add lines 4 through 9 in column			30,101 35,114
P		ubtract line 10 from line 3, column aplete if the organization and	swered "Yes" to Form 99	0, Part IV, line 19, or re	eported more
an	than \$15,000	on Form 990-EZ, line 6a.	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue	1 Gross revenue		bingo/progressive bingo		col. (a) through col. (c))
ses	2 Cash prizes			1	
Direct Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
_	5 Other direct expenses				
	6 Volunteer labor	Yes%	Yes% No	Yes % No	
		y, Add lines 2 through 5 in column mary. Subtract line 7 from line 1, c			-
	Enter the state(s) in which th Is the organization licensed i If "No," explain:	ne organization conducts gaming a to conduct gaming activities in eac	nctivities: th of these states?		Yes 🗌 No
	Were any of the organization If "Yes," explain:	's gaming licenses revoked, susp	ended or terminated during the	tax year?	

11		(Form 990 or 990-l he organization col	the second s			Contraction of the local division of the	-	_	-	-	-														94	V	es	age
12	Is the o	organization a gran	ntor, be	eneficiary or	r trustee	e of a	tru	Ist	or	am	nem	be	r of	a pa	artne	ersh	ip o	r oth	er en								es [
12		to administer char e the percentage o		the second s				×× 6		****		$\xi(x) = 0$		0000	() + +)			1111	0000	****) X	X + 2 X = 1	2.8.4.4.9) =)		1	1 11	es	10
13																								13a	Ē.			%
a b	An out	ganization's facility	+1+533	*******	• • • • • • • • • •	*****	1.1.1		***	2.4.4.2	* X * P			u o		****		6.4.4.3		*****	*****	****	199	13b	-	-	-	%
14	Enter t	side facility he name and addro s:	ess of I	the person	who pre	epare	es ti	the	or	rgan	niza	tior	n's g	ami	ing/s	spec	cial e	even	ts boo	oks ar	nd		***	130	-			70
	Name	• 				• = • = • •	****				5 1 5 7				x • • •	x + + +				*****	e + c> 1-		****			18.81		
	Addres	s 🕨		*********		• • • • • •	(3.14	•••	***	* * * *				,							• • 2 • 1			i e co e				
15a		ne organization have?																-							-	Ye	es	N
b	If "Yes,	e? " enter the amount	t of gar	ning reven	ue recei	ived t	by t	the	e or	rgar	niza	ation	n 🎮	5			****		*****	ar	id the			121021	-		and L	
c	amoun If "Yes,	t of gaming revenu " enter name and a	addres	ned by the s of the thi	third party:	arty 🕨	\$	- 1						1.1 m	2.2 m	0												
	Name						-			+00		-				* + + + s							101.6	12.8-0	1992			
	Addres	s 🕨				0069		Filt				(11)	÷()	0.0	1.44											÷		
16	Gamin	g manager informa	ition:																									
	Name					on a	1414	ive.	t till	61173				000	(194)	1021	(115)	(i.ci)		() # (72	0.4211	+) x + x		x(1 = 1				
	Gaming) manager comper	nsation	▶\$				÷	111																			
	Descrip	tion of services pro	ovided		÷ 0		19.500		••••			(11)	(11)		100	ave.	riis/			0000	arro	00115	0.5	11				
	Dir	ector/officer		Employee	9			In	dep	pend	den	nt co	ontra	acto	r													
17	Mandat	ory distributions:																										
a		rganization require	ed unde	er state law	to mak	e cha	arita	ab	le c	distr	ribu	tion	ns fr	om	the	gam	nina	proc	eeds	to								
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and the second se	OR CITY MUSEUM SOCI	ETY INC		59-227449	
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Depa	rtment of the Treasury	No. of the second s	Attach to yo	our tax return.				20	14
nten	al Revenue Service (99)	Information about I	Form 4562 and its separ	ate instruction	ns is at www.irs	s.gov/forr	n4562.	Attachment Sequence No	. 179
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	ess or activity to which this form r								
-	NDIRECT DEPR art I Election T		Property Under Se	ction 179	_				-
1193			operty, complete Par		ou complete	Part I			
1	Maximum amount (see	to at the second					1	500	0,000
2			ice (see instructions)	***********			2		
3	Threshold cost of section	on 179 property before re	duction in limitation (see	instructions)			3	2,000	0,000
4	Reduction in limitation.	Subtract line 3 from line	2. If zero or less, enter -0-				4		
5			f zero or less, enter -0 If mai				5	5	
6	(a) Description of property	(b) Cost (business use	e only) (c)	Elected cost			1.2.3
								1,2,2,2,2	
_	71				-	_	_		
7	Listed property. Enter th	ne amount from line 29			7	_		2 -	10.00
8	Total elected cost of se	ction 179 property. Add a	amounts in column (c), line	es 6 and 7		mania,	8	-	_
9	Carponer of disclosured	deduction from line 12	or line 8		1010000000	$(i) \in (i,j) \in (i,j)$	9		_
1			f your 2013 Form 4562 business income (not less				10	-	
2			10, but do not enter mor			icuons)	12	1000	-
3			lines 9 and 10, less line 1		13	4. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	IA		
-			perty. Instead, use Part V		1 101	-			
P	art II Special De	preciation Allowar	nce and Other Depr	eciation (De	not include	listed p	roper	ty.) (See inst	truction
	Property subject to sect	ion 168(f)(1) election				eres en en en en	14 15 16	21	.84
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Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other	Depreciation:							
1	Cabinets	9/20/92	560		560	5 MO S/L	560	
2	Equipment	10/16/95	250		250	5 MO S/L	250	
3	Akia Copier	1/01/96	1,100		1,100	5 MO200DB	1,100	
4	Computer Assembly	1/20/96	830		830	5 MO200DB	830	
5	Cash Register	3/16/98	499		499	5 MO S/L	499	
6	Telephones	1/20/99	463		463	7 MO S/L	463	
7	VCR	1/23/99	106		106	5 MO S/L	106	
8	Equipment - Sears	3/08/99	181		181	5 MO S/L	181	
9	Fax Machine	6/28/99	160		160	5 MO S/L	160	
10	Copier Disited Common	3/15/99	2,204 420		2,204 420	5 MO S/L 5 MO S/L	2,204 420	
11 12	Digital Camera	4/13/01 10/01/00	3,361		3,361	5 MO S/L 5 MO S/L	3,361	
13	copier Equipment - Puip	1/16/03	5,501		5,501	3 MO S/L	5,301	
14	Bunker Building	10/01/00	37.001		37,001	25 MO S/L	11,840	1,48
15	Survey	1/11/02	440		440	25 MO S/L	224	1,40
16	Bunker Building Improvements	9/30/06	175,078		175.078	25 MO S/L	56,025	7,00
17	Computers	10/29/02	1,450		1,450	5 MO S/L	1,450	7.00
18	Surge Protector	10/29/02	29		29	3 MO S/L	29	
19	Computer Systems Improvement	11/12/02	1,735		1,735	5 MO S/L	1,735	
20	Computer Equipment - Alicia	11/25/02	100		100	5 MO S/L	100	
21	Computer Equipment	12/10/02	360		360	5 MO S/L	360	
22	Computer Improvement	12/16/02	305		305	5 MO S/L	305	
23	Peachtree Upgrade	1/16/03	400		400	5 MO S/L	400	
24	Computer Equipment - Alicia	1/16/03	53		53	5 MO S/L	53	
25	Computer Equipment	1/31/03	60		60	5 MO S/L	60	
26	Software upgrade	2/03/03	110		110	5 MO S/L	110	
27	Computer Equipment - Alicia	8/13/03	177		177	5 MO S/L	177	
28	Software Upgrades	10/15/03	900		900	3 MO S/L	900	1.1.1
29	Computer Monitor	1/24/05	827		827	5 MO S/L	827	
30	Computer	3/08/05	1,308		1,308	5 MO S/L	1,308	
31	dell Computers	3/16/05	2,478		2,478	5 MO S/L	2,478	
32	Computer Equipment	1/23/07	204		204	5 MO S/L	204	
33	Musueum Improvements	4/09/99	4,750		4,750	20 MO S/L	3,683	23
34	Carpet	6/05/96	1,145		1,145	10 MO S/L	1,145	
35	Arnold's Custom design	7/30/02	1,350		1,350	25 MO S/L	657	5
36	Improvements	8/31/02	403 29		403 29	25 MO S/L 3 MO S/L	195 29	10
37 38	Blueprints Museum Improvements	11/12/02 4/01/06	1,612		1,612	25 MO S/L	547	6
39	Electrical Improvements	1/11/07	135		135	5 MO S/L	135	
40	Computer Equip. & Software	8/01/08	2,394		2,394	5 MO S/L	2,394	100.03
41	Centro Ybor Museum	9/30/01	437.648		437,648	40 MO S/L	142,235	10,94
42	Projector	10/21/03	1,894		1.894	7 MO S/L	1.894	10121
43	Furniture & Fixtures	1/01/95	787		787	10 MO S/L	787	
44	Furniture - Nerrero	3/03/99	150		150	10 MO S/L	150	
45	Store Shelves	9/30/03	83		83	5 MO S/L	83	
46	Concrete Specialties	9/30/03	344		344	5 MO S/L	344	
47	Store Shelves	6/30/03	70		70	5 MO S/L	70	
48	Cabinets	1/09/04	1,500		1,500	10 MO S/L	1,500	- 92
49	Outdoor Table & Chairs	12/27/05	5,842			10 MO S/L	4,965	58-
50	Furn & Fixtures	3/14/07	5,027		5,027	10 MO S/L	3,791	50
51	Furniture & Fixtures	5/24/07	132		132	7 MO S/L	132	1
52	Dell Vostro Mini-Tower	3/31/09	578		578	5 MO S/L	578	19
	Dell Vostro 410	12/24/08	657		657	5 MO S/L	657	
	Dell Vostro Tower #2	12/24/08	657		12 850	5 MO S/L	657	e1
	Museum Improvements	6/01/11	12,850		12,850	25 MO S/L	1.713	51
56	Dell Latitude	4/06/12	900		900	5 MO S/L	450	18
57	Permits & Architects	7/25/13	25,000		25,000 17,500	40 MO S/L 10 MO S/L	0	
58	Baseball exhibit	6/11/13 2/06/13	17,500 529		529	5 MO S/L	176	10
	Apple iPad ApplemKiost	2/06/13	734		734	5 MO S/L 5 MO S/L	245	10
61	Permits & Architects	12/31/13	23,576			40 MO S/L	245	14
	Architects & Contractors	12/22/13	12,223		12,223	40 MO S/L	0	
63	Museum Construction	9/30/14	185,974			40 MO S/L 40 MO S/L	0	i
64	Museum Construction FY2015	9/30/15	93,018		93,018	40 MO S/L	0	i
1 miles 1 miles	Creative Arts Exhibits FY2015	9/30/15	20,000			10 MO S/L	õ	ì

100965 YBOR CITY MUSEUM SOCIETY INC59-2274494Federal Asset ReportFYE: 9/30/2015Form 990, Page 1

07/15/2016 2:21 PM

Asset	Description	Date In Service	Cost	Bus Se % 17	ec 9Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation		1,092,709			1,092,709		258,000	21,847
	Total ACRS and Other Depre	ciation =	1,092,709			1,092,709	(258,000	21,847
	Grand Totals Less: Dispositions and Transf Less: Start-up/Org Expense	ers	1,092,709 0 0			1,092,709 0 0	3	258,000 0 0	21,847 0 0
	Net Grand Totals		1,092,709			1,092,709		258,000	21,847

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

07/15/2016 2:21 PM

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other	Depreciation:							
1	Cabinets	9/20/92	0		0		0	0
2	Equipment	10/16/95	0		0		0	0
3	Akia Copier	1/01/96	0		0		0	0
4	Computer Assembly	1/20/96	0		0	2 (20) SEE 50	0	0
5	Cash Register	3/16/98 1/20/99	0		0		ő	0
6	Telephones	1/23/99	0		0	C R.S. LAUPO INT	ŏ	0
7	VCR Equipment - Sears	3/08/99	ő		0		ŏ	ŏ
9	Fax Machine	6/28/99	0		0		ŏ	Ő
10	Copier	3/15/99	0		ŏ		ŏ	Õ
11	Digital Camera	4/13/01	Ő		Ő		0	0
12	copier	10/01/00	Ő		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	0
16	Bunker Building Improvements	9/30/06	0		0	and the second sec	0	0
17	Computers	10/29/02	0		0		0	0
18	Surge Protector	10/29/02	0		0		0	0
19	Computer Systems Improvement	11/12/02	0		0		0	0
20	Computer Equipment - Alicia	11/25/02	0		0		0	0
21	Computer Equipment	12/10/02	0		0		0	0
22	Computer Improvement	12/16/02	0		0		0	0
23	Peachtree Upgrade	1/16/03	0		0		ŏ	0 0
	Computer Equipment – Alicia	1/16/03 1/31/03	0		0		Ő	ő
25	Computer Equipment Software upgrade	2/03/03	0		0		0	ŏ
26 27	Computer Equipment - Alicia	8/13/03	ő		0		Ő	Ő
28	Software Upgrades	10/15/03	ŏ		Ő	12 2 2 2 4 F	ŏ	0
	Computer Monitor	1/24/05	ŏ		Ő		Õ	0
30	Computer	3/08/05	Ő		0		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	0
34	Carpet	6/05/96	0		0		0	0
35	Arnold's Custom design	7/30/02	0		0		0	0
36	Improvements	8/31/02	0		0		0	0
37	Blueprints	11/12/02	0		0		0	0
38	Museum Improvements	4/01/06	0		0		0	0
39	Electrical Improvements	1/11/07	0		0	A REAL REPORT OF A	0	Ő
40	Computer Equip. & Software Centro Ybor Museum	8/01/08 9/30/01	0		0	and the first set "	Ő	0
41		10/21/03	X		ő	The Contraction of the Contracti	Ő	ő
42 43	Projector Furniture & Fixtures	1/01/95	0		Ő	the second se	ŏ	Ő
45	Furniture - Nerrero	3/03/99	ŏ		Ő	and the second second	ŏ	Ő
45	Store Shelves	9/30/03	0		0		0	0
	Concrete Specialties	9/30/03	0		0		0	0
47	Store Shelves	6/30/03	0		0		0	0
48	Cabinets	1/09/04	0		0	0 HY	0	0
	Outdoor Table & Chairs	12/27/05	0		0	0 HY	0	0
	Furn & Fixtures	3/14/07	0		0		0	0
51	Furniture & Fixtures	5/24/07	0		0		0	0
52	Dell Vostro Mini-Tower	3/31/09	0		0		0	0
	Dell Vostro 410	12/24/08	0		0	1	0	0
	Dell Vostro Tower #2	12/24/08	0		0		0	0
	Museum Improvements	6/01/11	0		0	0 HY	0	0
	Dell Latitude	4/06/12	0		0		0	0
57	Permits & Architects	7/25/13	17 500		0 17,500		0	0
	Baseball exhibit	6/11/13	17,500				0	0
	Apple iPad	2/06/13 2/07/13	0		0		0	0
	ApplemKiost	12/31/13	0		0		0	0
61	Permits & Architects	12/22/13	ő		0		0	ŏ
	Architects & Contractors	9/30/14	0		0		ö	0
63 64	Museum Construction Museum Construction FY2015	9/30/15	0		ő		Ő	ő
	Creative Arts Exhibits FY2015	9/30/15	ő		Ő		Ő	ő

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

07/15/2016 2:21 PM

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation	-	17,500		17,500		0	0
	Total ACRS and Other Depr	reciation =	17,500		17,500	tet de	0	0
	Grand Totals Less: Dispositions and Trans	sfers	17,500 0		17,500 0		0 0	0
	Net Grand Totals		17,500		17,500		0	0

100965 YBOR CITY MUSEUM SOCIETY INC07/15/2016 2:21 PM59-2274494Depreciation Adjustment ReportFYE: 9/30/2015All Business Activities					
FYE: 9/30/2015	Description Tax There are no assets that meet the criteria of this report	<u>AMT</u>	AMT Adjustments/ Preferences		

100965 YBOR CITY MUSEUM SOCIETY INC 0 59-2274494 Future Depreciation Report FYE: 9/30/16 FYE: 9/30/2015 Form 990, Page 1

Date In Description AMT Asset Service Cost Tax Other Depreciation: 9/20/92 560 0 0 Cabinets 1 250 10/16/95 2 Equipment 0 0 3 Akia Copier 1/01/96 1,100 0 0 Computer Assembly 4 1/20/96 830 0 0 5 Cash Register 3/16/98 499 0 0 1/20/99 6 Telephones 463 0 0 7 VCR 1/23/99 106 0 0 8 3/08/99 Equipment - Sears 181 0 0 6/28/99 9 0 Fax Machine 160 0 10 3/15/99 Copier 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 0 0 69 37,001 14 Bunker Building 10/01/00 1,480 0 1/11/02 440 0 15 Survey 18 9/30/06 175.078 16 Bunker Building Improvements 7,003 0 10/29/02 0 17 Computers 1,450 0 18 Surge Protector 10/29/02 29 0 0 1,735 19 11/12/02 Computer Systems Improvement 0 0 20 21 22 Computer Equipment - Alicia 11/25/02 100 0 õ 12/10/02 0 Computer Equipment 360 0 Computer Improvement 12/16/02 305 0 0 23 24 25 Peachtree Upgrade Computer Equipment - Alicia 1/16/03 400 0 0 1/16/03 0 0 53 Computer Equipment 1/31/03 60 0 0 Software upgrade 26 2/03/03 110 0 0 27 28 29 Computer Equipment - Alicia 8/13/03 177 0 0 0 900 0 Software Upgrades 10/15/03 Computer Monitor 1/24/05 827 0 0 30 3/08/05 1.308 0 Computer 0 31 2,478 õ dell Computers 3/16/05 0 32 1/23/07 0 Computer Equipment 0 33 Musueum Improvements 4/09/99 4,750 237 0 34 6/05/96 0 Carpet 1.145 0 35 7/30/02 1,350 Arnold's Custom design 0 54 36 Improvements 8/31/02 403 16 0 37 Blueprints 11/12/02 29 0 0 38 4/01/06 0 Museum Improvements 1,612 65 1/11/07 39 0 Electrical Improvements 135 0 2,394 40 Computer Equip. & Software 8/01/08 0 0 41 Centro Ybor Museum 9/30/01 437,648 10,942 0 1,894 42 0 Projector 10/21/03 0 43 1/01/95 Furniture & Fixtures 787 0 0 3/03/99 44 Furniture - Nerrero 150 0 0 45 Store Shelves 9/30/03 83 0 0 9/30/03 344 0 46 **Concrete Specialties** 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 5,842 293 0 50 Furn & Fixtures 3/14/07 5,027 503 0 51 Furniture & Fixtures 5/24/07 0 0 132 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 4/06/12 900 180 0 57 Permits & Architects 7/25/13 25,000 625 0 58 17,500 1,750 1,750 Baseball exhibit 6/11/13 59 106 Apple iPad 2/06/13 529 0 60 ApplemKiost 2/07/13 734 147 0 61 Permits & Architects 12/31/13 23,576 589 0 62 Architects & Contractors 12/22/13 12.223 306 0 185,974 63 Museum Construction 9/30/14 4,649 0 64 Museum Construction FY2015 9/30/15 93,018 2,325 0

9/30/15

20,000

2,000

0

65 Creative Arts Exhibits FY2015

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100965 59-227		TY MUSEUM SOCIE Future Depre		Report	FYE:	07/15/2016 2:21 PM 9/30/16
FYE: 9	/30/2015	12121	Form 9	90, Page 1		
Asset _		Description	Date In Service	Cost	Tax	AMT
	Total Ot	her Depreciation		1,092,709	33,802	1,750
	Total AC	RS and Other Depreciation		1,092,709	33,802	1,750

1,092,709 33,802 1,750

Grand Totals

FYE: 9/30/2015					_
		x-Exempt Interest	on Investments		
Descript	tion		Evolution Destal	Approximate - Ac-	In Otata
INTEREST INCOME	Amount		e <u>Code</u> <u>Code</u>	6/30/75	InState Muni (\$ or %)
TOTAL	\$\$	4	14		

100965 YBOR CITY MUSEUM SOCIET 59-2274494 FYE: 9/30/2015	Federal Sta	atements		7/15/2016 2:21 PM
Form 99	0, Part IX, Line 11g - Other I	Fees for Service (Non	-employee)	
Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER PROGRAM EXPENSES TOTAL	\$ <u>38,351</u> \$ <u>38,351</u>	\$ <u>38,351</u> \$ <u>38,351</u>	\$0	\$\$
	Form 990, Part IX, Line 24	e - All Other Expense	<u>s</u>	150
Description	Total Expenses	Program Service	Management & General	Fund Raising
TAXES & LICENSES TOTAL	\$ <u>409</u> \$409	\$ \$0	\$ <u>409</u> \$409	\$\$

100965 YBOR CITY MUSEUM SOCIETY INC 59-2274494

Federal Statements

FYE: 9/30/2015

	Sec. Sec.
Description	Amount
MEMBERSHIP DUES AND ASSESSMENTS OTHER	\$ 13,335 49,779
ESTATE OF FERNANDO MESA CASH CONTRIBUTION HILLSBOROUGH COUNTY	8,949
CASH CONTRIBUTION CITY OF TAMPA	9,600
CASH CONTRIBUTION FLORIDA DIVISION OF CULTURAL AFFAIRS	98,200
CASH CONTRIBUTION ARTS COUNCIL OF HILLSBOROUGH COUNTY CASH CONTRIBUTION	14,541 13,966
TOTAL	\$ 208,370
Schedule A, Part III, Line 2(e)	
Description	Amount
LEGACY BUILDINGS ALIVE	\$
TOTAL	\$ 16,375
Schedule A, Part III, Line 3(e)	
Description	Amount
GIFT SHOP SALES TBM CAPITAL CAMPAIGN CIGAR HERITAGE PARTY SILENT AUCTION	\$ 9,834 65,215 4,514 4,440
TOTAL	\$ 84,003

100965 YBOR CITY MUSEUM SOCIETY IN 59-2274494 FYE: 9/30/2015	Federal Statements	7/15/2016 2:21 PM
	Schedule A, Part III, Line 10a(e)	
Des	scription	Amount
INTEREST INCOME CASITAS/BUNKER/GARDEN TOTAL		\$ 4 97,913 \$ 97,917

7/15/2016 2:21 PM

TBM CAPITAL CAMPAIGN

Other Direct Fundraising or Gaming Expenses

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

Interna	ment of the Treasur	Information about Form 990 and its instructions is at www.irs.gov/formation	ite foundatio public.	ons)	OMB No. 1545-0047 2015 Open to Public Inspection
A F	or the 2015 ca	lendar year, or tax year beginning $10/01/15$, and ending $12/31/15$			
B Ch	neck if applicable:	C Name of organization	D	Employe	er identification number
Ac	ddress change	YBOR CITY MUSEUM SOCIETY INC	-		
Na	ame change	Doing business as			274494
Ini	itial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su 2009 N ANGEL OLIVA SR STREET			247-1434
Fi	nai return/	Cily or lown, state or province, country, and ZIP or foreign postal code			
ter	rminated	TAMPA FL 33605	G	Gross rec	ceipts\$ 115,473
Ar	mended return	Name and address of principal officer.			
Ap	oplication pending	CHANTAL HEVIA	Is this a group re	eturn for s	ubordinates? Yes X No
		2009 N ANGEL OLIVA SR STREET	Are all subordir	ales incl	luded? Yes No
		TAMPA FL 33605	If "No." atta	ch a list.	(see instructions)
I Ta	ax-exempt status:	X 501(c)(3) 501(c) () 4(insert no.) 4947(a)(1) or 527			
JW	/ebsite: 🕨 ₩	TT INCOMPTOTION OD O	Group exemptio	on numbe	er 🕨
K Fo	orm of organization	X Corporation Trust Association Other > L Year of form	nation: 198	2	M State of legal domicile: FL
Pa	rtl Sur	nmary			
Activities & Governance	11-012-04	RVING, PROMOTING AND CELEBRATING THE UNIQUE CULTURAL HE AND SUPPORTING THE YBOR CITY MUSEUM STATE PARK.		18 (6.978 1990 - 1997 1990 - 1997	12 - 10 - 011 - 04 - 0 4 14 - 4 - 1
8	3 Number of	voting members of the governing body (Part VI, line 1a)		3	15
G	4 Number of	independent voting members of the governing body (Part VI, line 1b)		4	15
viti	5 Total numb	per of individuals employed in calendar year 2015 (Part V, line 2a)		5	7
Acti	6 Total numb	per of volunteers (estimate if necessary)		6	1
-	7a Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrelat	ed business taxable income from Form 990-T, line 34	and the second second	7b	0
			Prior Year	0.0.4	Current Year
e		ns and grants (Part VIII, line 1h)	202,		31,919
ent	and the second second second	ervice revenue (Part VIII, line 2g)	124,		42,651
20		income (Part VIII, column (A), lines 3, 4, and 7d)	4.4	4	25,774
		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,	in the second	100,344
		ue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	511,	090	100,544
		similar amounts paid (Part IX, column (A), lines 1–3)		-	0
		ther compensation, employee benefits (Part IX, column (A), lines 5–10)	159,	361	47,742
ses		al fundraising fees (Part IX, column (A), line 11e)	2001	001	0
Expenses		aising expenses (Part IX, column (D), line 25) ► 8,888			
EX		nses (Part IX, column (A), lines 11a–11d, 11f–24e)	156,	476	48,167
	ALL AND A	nses Add lines 13–17 (must equal Part IX, column (A), line 25)	315,		95,909
110	and the second second second	ess expenses. Subtract line 18 from line 12	55,3		4,435
Net Assets or Fund Balances			ng of Current	Year	End of Year
alan		s (Part X, line 16)	984,		1,006,974
at As	21 Total liabilit	ies (Part X, line 26)	300,		318,772
	and the second se	or fund balances. Subtract line 21 from line 20	683,	767	688,202
	er penalties of per	nature Block rjury, I declare that I have examined this return, including accompanying schedules and statements, and to plete. Declaration of preparer (other than officer) is based on all information of which preparer has any known		ny knov	wledge and belief, it is
		in anon open		7/	18/16
Sign				Date	
Here	100	CHANTAL HEVIA PRESIDENT	& CEO		
_	· · · · · · · · · · · · · · · · · · ·	e or print name and little	Data		DTA
aid	10000000000000000000000000000000000000		Date	Check	J PTIN
Paid	ror	MADGOGGT ADDITION AND COMPANY DA	06/28/16		
repa	Film's name		Firm's	EIN 🕨	46-3981960
Jse O	Firm's addre		Phone	no.	813-932-2116 Yes X No
Any th	IPS diament	his return with the preparer shown above? (see instructions)			Vac VIN-

100965	06/28/2016	11:53 AM

) YBOR CITY MUSEUM Statement of Program Servi		59-2274494		Page
	Check if Schedule O contains		e in this Part III		F
VIN STREET, ST	scribe the organization's mission:	a respense of note to any inte			
PRESER	VING, PROMOTING ANI ND SUPPORTING THE Y			HERITAGE OF YI	BOR
2 Did the or	ganization undertake any significant p	rogram services during the year which	h were not listed on the		
	990 or 990-EZ? escribe these new services on Schedu	ule O.		Yes	X No
services?		and the second	s, any program	Yes	X No
4 Describe t expenses.	escribe these changes on Schedule O he organization's program service acc Section 501(c)(3) and 501(c)(4) orga xpenses, and revenue, if any, for each	complishments for each of its three lar nizations are required to report the an			
MARKETI PROGRAM HISTORI)(Expenses \$ ELOP EXHIBITS AND E ING AND COMMUNICATI MMING, PROVIDE COMM ICAL PROPERTIES, AN CTLY BENEFIT THE YE	ONS, DEVELOP CULTU IUNITY OUTREACH, RE ID RUNNING THE MUSE	MING, RAISE FUN RAL AND EDUCATI HABILITATE AND UM STORE TO DIE	ONAL EXHIBITS MAINTAIN	AND
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4b (Code:) (Expenses \$	including grants of \$) (R	evenue \$	-
		a 10 million a constant a seconda a constant			
I man British	en en antra antra a	DECOMPANYAL DECOMPANY	41414 914494 9144 9144 914	nalio in 1914 and an anna an Ionair.	-1
	and the product of the second s				14.000
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	(1) From (1, 1) + (1, 2) + (1, 2) + (2, 3) + (3, 3) + (3, 4) + (3, 5) +	$(1+1)^2+(1+1$	1	(+ + ((+ + + ((+ + + ()) + ((+ +) + (+ + + (+ + +) + (+ + + +	0.1011320
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c (Code:) (Expenses \$	including grants of \$) (Re	evenue \$	aisaada (
					5. 199 - 19
	(1+s+1)(s+1+s+1)(s+1+s+1)(s+1)(s+1)(s+1)	$\lambda = x_{1} + x_{2} + x_{3} + x_{4} + x_{5} + x_{4} + x_{5} + $			****
				$(2, 3, 4)^{2} = (1, 2, 3)^{2} = (2, 2)^{2} + (2, 3)^{2}$	1 1 - 5 2
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11110496244	and a statement of the state	The second decision of the second		(1,1) = (1,1) + (1,1) + (1,2) + (1,2) + (1,2) + (1,2) + (1,1) + (1,2) + (1,1	000000000000000000000000000000000000000
d Other area	rom populator (Describe in Cabadula O	X			
d Other progr (Expenses	ram services (Describe in Schedule O	.) ling grants of \$) (Revenue \$	X	
	am service expenses >	74,777	/ Interende w	1	
A Total progra				Form 9	90 (2015

P	art IV Checklist of Required Schedules			Page
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1
	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,		1	1
	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,	- V	1	
1	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	L	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	1.22	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	1	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,		100	
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		1.	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investmentsother 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	115		x
¢	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			12.7
	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	1.1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
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	1		
	"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	140	-	
1.5	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	15		
	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	10		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
8	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	
9	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	1.20	X

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		600	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		-
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		-	1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
22	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			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a lax-exempt bond issue with an outstanding principal amount of more than			1.7
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24		v
	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?	1.1		
	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	1.1	10.	
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1		
	Schedule L, Part IV	28b		X
ç	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1		
	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	-	х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		-	
	Part I	31		Х
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		Х
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, Parts II, III,			
	or IV, and Part V, line 1	34		X
15a	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		-
6	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	-	Х
7	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		х
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2015)

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_	n 990 (2015) YBOR CITY MUSEUM SOCIETY INC 59-2 art V Statements Regarding Other IRS Filings and Tax Compliance	274494				Page
	Check if Schedule O contains a response or note to any line in this F	Part V			Carrier.	E
					Yes	N
a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4			
2	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors a	nd				
	reportable garning (gambling) winnings to prize winners?	0.00.241.4	and an end of a second	10	-	
3	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					P
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	7	_		
2	If at least one is reported on line 2a, did the organization file all required federal employment tax	returns?	come de la come a come de la come	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct	tions)		1.110	100	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		1
0	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Scher	tule O		3b	1	
a	At any time during the calendar year, did the organization have an interest in, or a signature or o	ther authority				
	over, a financial account in a foreign country (such as a bank account, securities account, or othe	er financial		14.53		
	account)?			4a		1
0	If "Yes," enter the name of the foreign country:			10-1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finan	cial Accounts	P.			
	(FBAR).			diam'r		
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	the state of the state of the		5a		1
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	nsaction?	44. 4	5b	_	1
2	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		-0	5c	-	
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and o	lid the		1.5		
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		
1	If "Yes," did the organization include with every solicitation an express statement that such contri	outions or				
	gifts were not tax deductible?	-100-0100000		6b	-	
	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for goods		100		
	and services provided to the payor?			7a	_	-
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			75		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was				
	required to file Form 8282?	1 - 1	- <i>k</i> + + + + +	7c	-	-
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene		A STATE OF A DESCRIPTION OF A DESCRIPTIO	7e	-	-
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit c			7f		-
	If the organization received a contribution of qualified intellectual property, did the organization fil			7g		-
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the orga Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mair			7h	-	-
		tained by the				
	sponsoring organization have excess business holdings at any time during the year?	(S.)		8		-
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a		1
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	para e societo -	53 - O	9b	-	-
•	Section 501(c)(7) organizations. Enter:	30 U -	10 X 20 C 20 X	50		-
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	106				
	Section 501(c)(12) organizations. Enter:	[100]				
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources	Tid			0.1	
	against amounts due or received from them.)	116				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			- 1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	Land-				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche	110		14b		

Form 9	90	(20)	5)	
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-	m 990 (2015) YBOR CITY MUSEUM SOCIETY INC 59-2274494 art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below		"No"	Page
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (See inst 	ructio	
50	Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management	1 601 3051	R. J.L.	X
Se	stion 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 ta 15		163	1100
	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	1	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	11.27		
	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,	71		x
	stockholders, or persons other than the governing body?	76		-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the followin The governing body?	1g. 8a	x	1
a 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	00		
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	the second second		
			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,		1	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	101	=
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	1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		E ei	
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	1
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		
13	Did the organization have a written whistleblower policy?	13	X	17
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?		1.5	
a	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15a		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	(JU)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable enlity 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	11 21		
	organization's exempt status with respect to such arrangements?	16b	11.13	2
Sec	tion C. Disclosure		_	
7	List the states with which a copy of this Form 990 is required to be filed NONE			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
0	financial statements available to the public during the tax year.			
CF	State the name, address, and telephone number of the person who possesses the organization's books and records: LANTAL HEVIA 2009 N ANGEL OLIVA SR STREET			
		813-24	7-1	434
AA			n 990	_
				1

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Independe	ent Contractors								ghest Compensated E	Employees, and
			_		_			any line in this Part		<u> </u>
								Compensated Employe		
1a Complete this table for all p organization's tax year.										
 List all of the organizatio compensation. Enter -0- in col List all of the organizatio 	umns (D), (E), and (F) if no	cor	npen	satio	on was	s paid	i.		
 List the organization's fiv who received reportable comp organization and any related o 	ve current highest co bensation (Box 5 of Fo	mper	sate	ed en	nplo	vees (other	than an officer, director,	trustee, or key employee)	
 List all of the organizatio \$100,000 of reportable competition 									ho received more than	
 List all of the organizatio organization, more than \$10,00 List persons in the following or compensated employees; and 	00 of reportable comp der: individual trustee	ensa	tion	from	the	organ	izatio	on and any related organi:	zations.	
Check this box if neither th	the second se	v rela	ated	oroa	niza	tion co	mpe	nsated any current officer	director, or trustee	
(A) Name and Title	(8) Average hours per week	(d bd	la not ix, un	Po: check less pi	C) sition more	than or is both to or/truste	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	(list any hours for		-		1		1.1	organization	(W-2/1099-MISC)	compensation from the
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
A DAMDTON UENAD	TE	-	-		-	ä	-			
(1) PATRICK VENAB	0.00									
CHAIR	0.00	X		x				0	0	0
(2) SHAWN HAGGERT									·	
SECRETARY	0.00	x		x			- 1	0	0	0
(3) JASON DICKENS			-	1	-		1			
and the state of the state	0.00									
TREASURER	0.00	X		X	-		-	0	0	0
(4) LEO ALVAREZ	0.00									
DIRECTOR	0.00	x						0	0	0
(5) HERMAN LAZZAR		A	-	-	-			0	0	0
(a) summer and the state	0.00									
DIRECTOR	0.00	x						0	0	0
(6) STEPHANIE AGL	the second se						1			
	0.00								Sec. 1997.	
VICE CHAIR	0.00	X	-	X				0	0	0
(7) STEPHEN M BAR	Seat Seat and an end of the second seco									
TRECTOR	0.00	v						0		0
(8) BOB CALAFELL	0.00	X	-	-	-		-	0	0	0
O LOU CRUCE CULL		1								

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DIRECTOR DAA

DIRECTOR

DIRECTOR

DIRECTOR

(9) JAMES HOWARD

(10) JAMES JIMENEZ

(11) SHARI MIDDLETON

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Form 990 (2015)

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59-2274494

(A) Name and title	(B) Average hours per week (list any hours for	bo	ix, unli	Pos check ess pe nd a d	rson i	than o s both r/truste	an ie)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estin amo ot compe	F) mated unt of her ensation n the	
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(112)(050(1100))	organ and r	ization related izations	
(12) SCOTT L PEELE DIRECTOR	0.00	x	1					o	0			C
(13) COOKIE RODANT DIRECTOR	E SPOTO 0.00 0.00	x						0	0			C
(14) RAFAEL MARTIN	EZ-YBOR 0.00				Ĩ							
DIRECTOR EMERITUS (15) GILDA BANKS	0.00	x						0	0			0
DIRECTOR (16) CHANTAL HEVIA	40.00	x		-	-		-	0	0			0
PRESIDENT & CEO	0.00			x	-	-	+	14,438	0			0
	(fra											
n ar ar an ar - reason an	/											
1b Sub-total c Total from continuation shee	ts to Part VII, S	Sectio	on A		0- 0)	-	14,438				
d Total (add lines 1b and 1c) 2 Total number of individuals (inc reportable compensation from t	luding but not li	mited	to th		liste	d abo	ve) w	14,438 ho received more than \$10	00,000 of			
 3 Did the organization list any for employee on line 1a? If "Yes," of 4 For any individual listed on line organization and related organiz 	complete Sched 1a, is the sum o	ule J of rep	for s ortat	uch i ble co	ndiv	idual ensat	ion ar	d other compensation from	n the	3	Yes	x
individual 5 Did any person listed on line 1a for services rendered to the org									ividual	4	-	x
Section B. Independent Contractor Complete this table for your five compensation from the organiza	s highest compe	nsate	ed ind	depe	nder	nt cor	tracto	ors that received more than				
	(A) Usiness address	inper	Journ					(B Description		C	(C) ompensa	ation
			-				-				_	
2 Total number of independent co received more than \$100,000 of							ose lis	sted above) who	0			-

DAA

Part VIII

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

59-2274494

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a					
Sra	b	Membership dues	1b	3,530				
S, G	C	Fundraising events	1c					
Gift	d	Related organizations	1d					
sil	e	Government grants (contributions)	1e	16,147				
tion S	f	All other contributions, gifts, grants,						
ibu		and similar amounts not included above	1f	12,242				
do	g	Noncash contributions included in lines 1	a-1 <i>f</i> : \$					
35	h	Total. Add lines 1a-1f			31,919			
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts				Busn. Code				
ever	2a	CASITAS/BUNKER/GAR	DEN	1.1614	40,548			40,548
e Re	b	GIFT SHOP SALES			2,103			2,103
vic	C							
Sel	d							
ram	е			() () ()				
rogi	f	All other program service reve	enue	4.9.7 L				
a.	<u>y</u>				42,651			
	3	Investment income (including	dividends, i	nterest,				
1		and other similar amounts)						
	4	Income from investment of tax	-exempt bo	nd proceeds 🕨				
	5	Royalties	and the second	.				
. 1		(i) Real		(ii) Personal				
		Gross rents						
		Less: rental exps.						
	1.1	Rental inc. or (loss)						
	d 7a	Gross amount from		►				
	0.2	sales of assets	5	(ii) Other				
	1	other than inventory						
	b							
		basis & sales exps.						
		Gain or (loss)						
		Net gain or (loss)		···· ►				
anu	89	Gross income from fundraising even (not including \$	nts					
ven		of contributions reported on line 1c)	4.4/5.1.4					
Re		See Part IV, line 18	a	40,903				
Other Reve	h	Less: direct expenses	b	15,129				
ŏ		Net income or (loss) from fund	HALL		25,774			25,774
		Gross income from gaming activitie		113				20///1
		See Part IV, line 19	a					
	b	Less: direct expenses	b					
		Net income or (loss) from gam	ing activities	s 🕨				
1		Gross sales of inventory, less						
		returns and allowances	а			1.4 °.		
		Less: cost of goods sold	b	-				
		Net income or (loss) from sales	s of inventor	ry ►				
		Miscellaneous Revenue		Busn. Code				
	11a	with the second s	en press					
	b	1. da. 1. d. F. S. J. S. J. S. J. S. J. S.						
	с	······································						
	d	All other revenue	and the second of					
		Total. Add lines 11a-11d		•				
	12	Total revenue. See instruction	IS.	•	100,344	0	0	68,425



DAA

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	14,438	10,108	2,166	2,164
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	33,304	23,312	4,995	4,997
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
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	1	10 m m		
(A) amount, list line 11g expenses on Schedule O.)	7,300	5,110	2,190	
12 Advertising and promotion				
13 Office expenses	3,359	2,687	403	269
14 Information technology				
15 Royalties				
16 Occupancy	6,312	5,050	631	631
17 Travel				
18 Payments of travel or entertainment expenses			and the second se	
for any federal, state, or local public officials		and the second sec		
19 Conferences, conventions, and meetings	196	156	20	20
20 Interest	876		876	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,463	4,371	546	546
23 Insurance	2,611	2,089	261	261
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)		+		
a GARDEN RENTAL & EVENT MAN	7,253	7,253		
b STATE PARK FEES	5,250	5,250		
c PARK RANGERS	4,066	4,066		
d COGS	2,883	2,883		
e All other expenses	2,598	2,442	156	
25 Total functional expenses. Add lines 1 through 24e	95,909	74,777	12,244	8,888
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)				Form 990 (2016)

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	art X Balance Sheet				
	Check if Schedule O contains a response or note to any lin	e in this Parl X			
			(A) Beginning of year		(B) End of year
	1 Cash—non-interest bearing		11,765	1	51,49
	2 Savings and temporary cash investments		11	2	51
	3 Pledges and grants receivable, net		12,500	3	12,50
	4 Accounts receivable, net		12,387	4	2,14
	5 Loans and other receivables from current and former officers, dire	ectors,			
	trustees, key employees, and highest compensated employees,				
	Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as o	lefined under section			
1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contr	ibuting employers and			127,3 807,3 1,006,9
	sponsoring organizations of section 501(c)(9) voluntary employee				
	organizations (see instructions). Complete Part II of Schedule L			6	
	7 Notes and loans receivable, net			7	
0	8 Inventories for sale or use		7,151	8	5,31
	9 Prepaid expenses and deferred charges		127,599	9	127,36
1	10a Land, buildings, and equipment: cost or			TE IN	
	other basis. Complete Part VI of Schedule D 10a	1,092,708			
Ŀ.	b Less: accumulated depreciation 10b	285,310	812,862	10c	807,35
1	11 Investments—publicly traded securities			11	
1	12 Investments-other securities. See Part IV, line 11			12	
1	13 Investments-program-related. See Part IV, line 11			13	
1.	14 Intangible assets			14	
1	15 Other assets. See Part IV, line 11		191	15	19
1	16 Total assets. Add lines 1 through 15 (must equal line 34)		984,466	16	1,006,97
1	17 Accounts payable and accrued expenses	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	62,393	17	73,56
1	18 Grants payable			18	
1	19 Deferred revenue		88,340	19	85,99
2	20 Tax-exempt bond liabilities			20	
2	21 Escrow or custodial account liability. Complete Part IV of Schedule	e D		21	
2	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	23 Secured mortgages and notes payable to unrelated third parties		49,500	23	49,50
24	24 Unsecured notes and loans payable to unrelated third parties	annonennennen -	40,000	24	40,00
25	25 Other liabilities (including federal income tax, payables to related t				
	parties, and other liabilities not included on lines 17-24). Complete	Part X		1.1	
	of Schedule D		60,466	25	69,70
26	26 Total liabilities. Add lines 17 through 25		300,699	26	318,77
	Organizations that follow SFAS 117 (ASC 958), check here	X and		1.11	
	complete lines 27 through 29, and lines 33 and 34.		EEC 107		EC0 03
1.000	27 Unrestricted net assets	10000	556,167	27	560,83
1.5	28 Temporarily restricted net assets	-	127,600	28	127,36
29	29 Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check	here and			
20	complete lines 30 through 34.			20	e
1000	30 Capital stock or trust principal, or current funds	8-158		30	
1 2 4		201 mar 201 mar		31 32	
31	22 Detained corpings and summer countrilated and the			37 1	
32	 Retained earnings, endowment, accumulated income, or other fun Total net assets or fund balances 	A DISTRICT OF THE OWNER OWNE	683,767	33	688,20

Form 990 (2015)

Part	0 (2015) YBOR CITY MUSEUM SOCIETY INC 59-2274494 XI Reconciliation of Net Assets			-	age 12
T ult	Check if Schedule O contains a response or note to any line in this Part XI				T
1 To	tal revenue (must equal Part VIII, column (A), line 12)	1	1	.00,	344
	tal expenses (must equal Part IX, column (A), line 25)	2			909
	evenue less expenses. Subtract line 2 from line 1	3		4,	435
4 Ne	assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	83,	767
	t unrealized gains (losses) on investments	5			
6 Do	nated services and use of facilities	6			
7 1m	restment expenses	7			
8 Pr	or period adjustments	8			
9 Ot	her changes in net assets or fund balances (explain in Schedule O)	9			_
10 Ne	t assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
33	column (B))	10	6	88,	202
Part)	II Financial Statements and Reporting				
-	Check if Schedule O contains a response or note to any line in this Part XII	and the second s	115-14-14-2	Suseen 14	
				Yes	No
1 Ac	counting method used to prepare the Form 990; Cash X Accrual Other				
lf t	he organization changed its method of accounting from a prior year or checked "Other," explain in				
Sc	hedule O.				1.5
2a We	ere the organization's financial statements compiled or reviewed by an independent accountant?		2a	-	X
lf "	Yes," check a box below to indicate whether the financial statements for the year were compiled or				
rev	iewed on a separate basis, consolidated basis, or both:		1.1		
	Separate basis Consolidated basis Both consolidated and separate basis		1.0		
b We	ere the organization's financial statements audited by an independent accountant?		2b	X	-
If "	Yes," check a box below to indicate whether the financial statements for the year were audited on a				
sep	parate basis, consolidated basis, or both:				
X	Separate basis Consolidated basis Both consolidated and separate basis				
c If "	Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
of	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
lf th	ne organization changed either its oversight process or selection process during the tax year, explain in				
Sch	nedule O.				
3a As	a result of a federal award, was the organization required to undergo an audit or audits as set forth in			-	-
the	Single Audit Act and OMB Circular A-133?		За		X
b If "	res," did the organization undergo the required audit or audits? If the organization did not undergo the				1
rea	uired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		35	6 L 1	

CHEDULE A orm 990 or 990-EZ) partment of the Treasury email Revenue Service	Compl	blic Charity State 4947(a)(1) nonex ► Attach to Form bout Schedule A (Form 990 or 9	ection 501(empt char 1 990 or Fo	c)(3) organ itable trust. orm 990-EZ	ization or a section	OMB No. 1545-0047 2015 Open to Public Inspection
me of the organization		and Statistics				tification number
		USEUM SOCIETY I			59-22	and the second sec
	and the second se	y Status (All organization		country and a strain of the second	this part.) See instruction	ons.
 A church, convert A school describ A hospital or a c A medical reseative, and state: An organization section 170(b)(16 A federal, state, An organization described in section 170(b)(16 A federal, state, An organization described in section 170(b)(16 A federal, state, An organization described in section 170(b)(16 A federal, state, An organization described in section 170(b)(16 A federal, state, An organization described in section 170(b)(16 A federal, state, An organization described in section 170(b)(16 A federal, state, An organization described in section 170(b)(16 An organization described in section 18 An organization 18 An o	ntion of churches, or as bed in section 170(b)(1 ooperative hospital ser rch organization operat operated for the benefi 1)(A)(iv). (Complete Pa or local government or that normally receives a tion 170(b)(1)(A)(vi). (st described in section that normally receives: ivities related to its exe sorganization after June organized and operated organized and operated organized and operated proganized and operated proganized and operated proganized and operated proganized organization that through 11d that de ting organization operated proganization(s) the power of must complete Part rting organization supe ement of the supporting four must complete Part anally integrated. A sup	governmental unit described in a substantial part of its support	d in section imm 990 or 1 section 170 Il described d or operat section 17 from a gove art II.) oport from a gove from a gove in exception in exception income (les 2). (Comple fety. See s to perform th (a)(1) or se rganization y its suppor najority of t on with its s ne persons a connectio	n 170(b)(1)(990-EZ).) 0(b)(1)(A)(iii I in section Red by a gove 70(b)(1)(A)(N ernmental ur contributions ns, and (2) n ss section 50 the Part III.) section 509(a r and complet red organize he directors upported org that control n with, and f). 170(b)(1)(A)(iii). Enter the hild ernmental unit described in /). nit or from the general public s, membership fees, and grost to more than 33 1/3% of its 11 tax) from businesses (a)(4). of, or to carry out the purpos (a)(2). See section 509(a)(3). ete lines 11e, 11f, and 11g. ation(s), typically by giving or trustees of the supporting ganization(s), by having or manage the supported functionally integrated with,	ss es of
		A supporting organization opera				
		ganization generally must satis				
Check this box if functionally integr Enter the number of s	the organization receiv rated, or Type III non-fu supported organizations	st complete Part IV, Sections ed a written determination from nctionally integrated supporting supported organization(s).	the IRS that	at it is a Type	e I, Type II, Type III	
I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in yo	organization our governing oment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
			1			

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

Total

100965 06/28/2016 11:53 AM Schedule A (Form 990 or 990-EZ) 2015 YBOR CITY MUSEUM SOCIETY INC 59-2274494 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by 5 each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 6 Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans,

13	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		•
Sec	tion C. Computation of Public Support Percentage		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15	Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a	33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		• []
b	33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		•
17a	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		Þ
b	10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		•
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		•

Schedule A (Form 990 or 990-EZ) 2015

12

rents, royalties and income from similar

Net income from unrelated business

is regularly carried on

(Explain in Part VI.)

activities, whether or not the business

Other income. Do not include gain or

Total support. Add lines 7 through 10

Gross receipts from related activities, etc. (see instructions)

loss from the sale of capital assets

sources

9

10

11

Part III

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

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Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual control of the second sec	114,476	175,255	439,276	202,904	31,919	963,830
2	grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	53,702	119,653	46,198	16,375	52/525	235,928
3	Gross receipts from activities that are not an unrelated trade or business under section 513				84,003	43,006	127,009
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				-		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	168,178	294,908	485,474	303,282	74,925	1,326,767
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						1,326,767
Sec	tion B. Total Support						_
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	168,178	294,908	485,474	303,282	74,925	1,326,767
10a	Gross income from interest, dividends, payments received on securities loans, rents, royallies and income from similar sources	110,518	111,558	99,452	97,917	40,548	459,993
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	1107510	111,555	33,832	51,511	407,540	337,375
c	Add lines 10a and 10b	110,518	111,558	99,452	97,917	40,548	459,993
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	278,696	406,466	584,926	401,199	115,473	1,786,760
14	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first, se	econd, third, fourth	, or fifth tax year as	s a section 501(c)(3)	•
Sec	tion C. Computation of Public Su	pport Percenta	ge				
15	Public support percentage for 2015 (line 8,	column (f) divided by	/ line 13, column (f))		15	74.26%
16	Public support percentage from 2014 Sched					16	73.56%
Sec	tion D. Computation of Investmer	nt Income Perce	entage				
17	Investment income percentage for 2015 (lin	e 10c, column (f) div	vided by line 13, co	lumn (f))		17	26%
8	Investment income percentage from 2014 S	chedule A, Part III, I	ine 17	-		18	26 %
19a	33 1/3% support tests—2015. If the organ 17 is not more than 33 1/3%, check this box	and stop here. The	e organization qual	lifies as a publicly s	supported organiza	ition	► X
b	33 1/3% support tests—2014. If the organ						6.6.
20	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did						

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

Page 4

Part IV Supporting Organizations

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

		_	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	1.1	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a	_	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		-
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination	1.2.6		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
210	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action		-	
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
3	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
7	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7?		-	
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	-	-	
J.	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	-	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			9
~	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

FO	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1000	1
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	1.1	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		1.1
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1000	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	100		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1.1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			-
Ĩ.,	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	the second se	1.1	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		1
Sect	ion C. Type II Supporting Organizations	14		
	ion of type it opporting organizations	-	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	NO.
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
loct	the supported organization(s). ion D. All Type III Supporting Organizations	11		
Jeci	ion D. An Type in Supporting Organizations		Vac	No
4	Did the executive territide to each of its supported executiveties, but the test day of the GRb month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's lax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			-
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		61.55	-
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard	3	-	
ect	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
Ċ	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions).		
		r		_
2 /	Activities Test. Answer (a) and (b) below.	-	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
100	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	a harden en e			
а	trustees of each of the supported organizations? Provide details in Part VI.	3a		
a b	trustees of each of the supported organizations? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		

Part V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organizati	ons	
Check here if the organization satisfied the Integral Part Test as a qualifying trust other Type III non-functionally integrated supporting organizations must complete	on Nov. 20, 1970). See instructions. All	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	12.1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		10
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

1

	t V Type III Non-Functionally Integrated 509(a)(s) supporting Organiza	uons (continued)	The second second				
	ion D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exempt pu							
2	Amounts paid to perform activity that directly furthers exempt purpo	oses of supported						
2	organizations, in excess of income from activity	unanted execution tions						
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.	atestice is secondary						
8		Distributions to attentive supported organizations to which the organization is responsive						
0	(provide details in Part VI). See instructions.							
9	Distributable amount for 2015 from Section C, line 6							
0	Line 8 amount divided by Line 9 amount		(14)	(111)				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
1	Distributable amount for 2015 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2015							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2015:							
а								
b								
С								
d	From 2013							
e	From 2014							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2015 distributable amount							
i	Carryover from 2010 not applied (see instructions)							
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2015 from Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2015 distributable amount							
c	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2015, if							
	any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).							
5	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see							
	instructions). Excess distributions carryover to 2016. Add lines 3j							
1	and 4c. Breakdown of line 7:							
3	Dreakuown of line /.							
a								
b	Excess from 2013							
-	Excess from 2013							
	Excess from 2014							
0	Evenes from 2015							

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (F	Form 990 or 990-EZ) 2015 YBOR Supplemental Information. III, line 12; Part IV, Section A, B, lines 1 and 2; Part IV, Sect 3a and 3b; Part V, line 1; Part lines 2, 5, and 6. Also comple	Provide the explana lines 1, 2, 3b, 3c, 4 ion C, line 1; Part IV V, Section B, line 1	tions required by Pa b, 4c, 5a, 6, 9a, 9b, 9 /, Section D, lines 2 a e; Part V, Section D,	ec, 11a, 11b, and 11c; Part IV and 3; Part IV, Section E, line lines 5, 6, and 8; and Part V	or 17b; Part /, Section es 1c, 2a, 2b,
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		and the second second	TRATING - THEFT		

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

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

DAD ATAU MARTIN COATENU THA	50 0054404
BOR CITY MUSEUM SOCIETY INC	59-2274494

and the second second second		and a second second second second	
Organization	type	(check one):	

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

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

General Rule

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

Special Rules

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

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

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

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

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

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

\$

lame of c	(Form 990, 990-EZ, or 990-PF) (2015) organization CITY MUSEUM SOCIETY INC		PAGE 1 OF 1 Page Employer identification number 59-2274494
Part I	Contributors (see instructions). Use duplicate copies of Pa	art 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	\$ 12,8	00 Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		S	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		S	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	$-\frac{1}{1-1} = \frac{1}{1-1} = 1$	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ana da	\$	Person Payroll Noncash

(Complete Part II for noncash contributions.)

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2015 Open to Public Inspection

OMB No. 1545-0047

Name	e of the organ	lization	E	mploye	r identification number
		ITY MUSEUM SOCIETY INC			2274494
P	art I	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on	nds or Other Similar Funds or Acc Form 990, Part IV, line 6.	coun	its.
1			(a) Donor advised funds		(b) Funds and other accounts
1	Total nu	mber at end of year			
2	Aggrega	te value of contributions to (during year)			
3	Aggrega	te value of grants from (during year)			
4	Aggrega	te 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 ar	e the organization's property, subject to the organization's exclu	sive legal control?		Yes No
6	Did the	organization inform all grantees, donors, and donor advisors in v	writing that grant funds can be used		
	only for	charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose		-
		ig impermissible private benefit?			Yes No
Pa	art II	Conservation Easements.	Form 000 Red IV line 7		
-	-	Complete if the organization answered "Yes" on I			
1	Concession of the local division of the loca	(s) of conservation easements held by the organization (check a	the second s		100
	(comment)	ervation of land for public use (e.g., recreation or education)	Preservation of a historically important		
	(and)	ection of natural habitat	Preservation of a certified historic str	ucture	1.2
	Annual contractor	ervation of open space			
2		e lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conservation	on	La se de la companya de la
		nt on the last day of the tax year.		-	Held at the End of the Tax Year
а		mber of conservation easements	nationentetic: D 5 3	2a	
b		eage restricted by conservation easements	A Development France Fran	2b	
C		of conservation easements on a certified historic structure inclu	State of the second secon	2c	
d		of conservation easements included in (c) acquired after 8/17/0	6, and not on a		
		tructure listed in the National Register	manifestation and second second second	2d	
3		of conservation easements modified, transferred, released, exti	nguished, or terminated by the organization d	uring	the
	tax year				
4		of states where property subject to conservation easement is lo			
5		organization have a written policy regarding the periodic monit	oring, inspection, handling of		(the second second
		s, and enforcement of the conservation easements it holds?	terreter (Lorenter (Lorenter))		Yes No
6	Staff and	volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation easem	ients (during the year
				10. 2	- 4
7		of expenses incurred in monitoring, inspecting, handling of viola	tions, and enforcing conservation easements	durin	g the year
	▶\$	international and a second second second	1		
8		ch conservation easement reported on line 2(d) above satisfy th			E was I have
5	and section	on 170(h)(4)(B)(ii)?	and the state of the state of the state of the	(102)	Yes No
9		III, describe how the organization reports conservation easement			
		sheet, and include, if applicable, the text of the footnole to the o tion's accounting for conservation easements.	rganization's financial statements that describ	es m	Ŕ.
Pa	rt III	Organizations Maintaining Collections of Art,	Historical Treasures, or Other Sim	ilar	Assets.
		Complete if the organization answered "Yes" on F			2.29.11
1a	If the org	anization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and balance	e she	et
	works of	art, historical treasures, or other similar assets held for public ex	whibition, education, or research in furtherance	e of	
	public se	rvice, provide, in Part XIII, the text of the footnote to its financial	statements that describes these items.		
b	If the org	anization elected, as permitted under SFAS 116 (ASC 958), to r	eport in its revenue statement and balance sl	neet	
	works of	art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherance	e of	
	public se	rvice, provide the following amounts relating to these items:			
	(i) Reve	nue included on Form 990, Part VIII, line 1		•	\$
		ts included in Form 990, Part X			\$
2	If the org	anization received or held works of art, historical treasures, or o	ther similar assets for financial gain, provide t	he	
	following	amounts required to be reported under SFAS 116 (ASC 958) re	elating to these items:		
a	Revenue	included on Form 990, Part VIII, line 1		•	\$
b	Assets in	cluded in Form 990, Part X			\$

Schedule D (Form 990) 2015 YBOR	CITY MUSEUM SC	DCIETY INC		59-227449	94	Page 2
Part III Organizations Mainta						(continued)
3 Using the organization's acquisition, a collection items (check all that apply):	ccession, and other record	s, check any of the fo	llowing that are	a significant use o	fits	
a Public exhibition	d	Loan or exchange pr	ograms			
b Scholarly research	e	Other		10.3		
c Preservation for future generations						
4 Provide a description of the organization	on's collections and explain	how they further the	organization's	exempt purpose in	Part	
XIII.						
5 During the year, did the organization si				nilar		Dv: Dw
Part IV Escrow and Custodia		art of the organization	s collection?	Contrating Contraction		Yes No
Complete if the organiz 990, Part X, line 21.		" on Form 990, P	art IV, line 9	, or reported ar	amount	on Form
1a Is the organization an agent, trustee, c	ustodian or other intermedi	ary for contributions of	or other assets	not		
included on Form 990, Part X?	and the second second second					Yes No
b If "Yes," explain the arrangement in Pa	rt XIII and complete the foll	lowing table:				
				-		Amount
c Beginning balance					10	
d Additions during the year				-	1d	
e Distributions during the year					1e 1f	
f Ending balance2a Did the organization include an amount	ton Form 000 Part V line	21 for operation of curd	lodial account l	A REAL PROPERTY OF A REAL PROPER	11	Yes No
 b If "Yes," explain the arrangement in Participation 					star bly -	
Part V Endowment Funds.	TEAM. ON ON HOLE A LINE ON	picilitation ned been pi	orace on r an			
Complete if the organiz	ation answered "Yes'	' on Form 990, Pa	art IV, line 1	D.		
X	(a) Current year	(b) Prior year	(c) Two year		e years back	(e) Four years back
1a Beginning of year balance			1			
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 balance2 Provide the estimated percentage of the		(line to column (a))	hold on			
a Board designated or quasi-endowment		(inte 19, column (a))	field as_			
b Permanent endowment >	%					
c Temporarily restricted endowment	%					
The percentages on lines 2a, 2b, and 2	c should equal 100%.					
3a Are there endowment funds not in the p		ion that are held and	administered fo	ir 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 org	ganizations listed as require	ed on Schedule R?				3b
4 Describe in Part XIII the intended uses		vment funds.				
Part VI Land, Buildings, and		-				
Complete if the organiz					90, Part)	
Description of property	(a) Cost or other ba (investment)	asis (b) Cost or (oth	State - Contraction	(c) Accumulated depreciation		(d) Book value
1a Land	and the second states			and the second second		
b Buildings		8	16,832	157,8	306	659,026
c Leasehold improvements			12,850		356	10,494
d Equipment						
e Other	Course -	2	63,026	125,3	148	137,878
otal. Add lines 1a through 1e. (Column (d) m	nust equal Form 990, Part)	K. column (B), line 100	c.)		•	807,398

Schedule D (Form 990) 2015

	Form 990) 2015 YBOR CITY MUSEUM SOC	TETI THC	59-2274494	Page
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" or	n Form 000 Part IV line	11h See Form 000 Pa	rt X line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)	1-7-2-10, 5-10	Cost or end-of-year m	
(1) Financial	derivatives			
	eld equity interests			
(3) Other	Contraction and the second			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
the second se	n (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line '	11c. See Form 990, Par	t X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of value Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (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 1	1d. See Form 990, Par	The second second second second second
	(a) Description			(b) Book value
(1)				
(2)		and the second s		
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X	Other Liabilities.		r	
Tarra	Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line 1	1e or 11f. See Form 99	0, Part X,
	(a) Description of liability	(b) Book value		
	income taxes	Tel caso come		
	DABLE DEPOSITS	44,730		
	LL LIABILITIES	24,782		

195

69,707

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.

DAA

(4) (5) (6) (7) (8) (9) SALES TAX PAYABLE

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

Schedule D (Form 990) 2015 YBOR CITY MUSEUM SOCII Part XI Reconciliation of Revenue per Audited Finan		-2274494	Page 4
Complete if the organization answered "Yes" on		ue per Return.	
1 Total revenue, gains, and other support per audited financial statement		11	100,344
 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 			100,044
a Net unrealized gains (losses) on investments	2a		
	I share a second a share and a second a second seco		
 b Donated services and use of facilities c Recoveries of prior year grants 			
	A start of start of the start o		
d Other (Describe in Part XIII.) e Add lines 2a through 2d		20	
e Add lines 2a through 2d 3 Subtract line 2e from line 1	1.1.2) \$4.4.5.5 (1.1.2) \$4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	2e	100,344
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	·····	3	100,044
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	4a		
The second s	4b		
 c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1 and 1		4c	100,344
		111111-111-111-11-11-11-11-11-11-11-11-	100,544
Part XII Reconciliation of Expenses per Audited Finar Complete if the organization answered "Yes" on I		ises per keturn.	
	Form 990, Part IV, line 12a.	1.1	95,909
1 Total expenses and losses per audited financial statements		1	35,909
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	La 1		
a Donated services and use of facilities			
b Prior year adjustments			
c Other losses	20		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	05 000
3 Subtract line 2e from line 1		3	95,909
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		City	
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	ومتحديد ومحمد والمراجع والمراجع والمحمور ومحاطره	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18.)	5	95,909
Part XIII Supplemental Information.			
ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa			1 000000000000000000000000000000000000
where it	$(1, \dots, 1, \dots, 1, \dots, 1) = (-1, 1, \dots, 1)$		
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Schedule	D (Form 990) 2015	YBOR CIT:	Y MUSEUM	SOCIETY	INC	59-2274	1494 Pa	ge 5
Part X	II Suppleme	ental Information	n (continued)					_
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(Form 990 or 990-EZ)	Complete if t	he organization answered "Y organization entered more	than \$15,00	on F	orm 990-EZ, line 6a.	or if the	2015
Department of the Treasury Internal Revenue Service	Information al	Attach to F nout Schedule G (Form 990 or Attach to F				ov/form990.	Open to Public Inspection
Name of the organization						Employer identifica	Alexandre and a second se
	R CITY MUSEU	and the second se				59-22744	the second se
	Activities. Compl Z filers are not requ			wer	ed "Yes" on Form	990, Part IV, line	17.
1 Indicate whether the organ	nization raised funds thro	ough any of the followin	g activitie	s. C	heck all that apply.		
a Mail solicitations		e Solicitatio	n of non-	gove	rnment grants		
b Internet and email sol	icitations	f Solicitatio	n of gove	rnme	ent grants		
c Phone solicitations		g Special fu	Indraising	eve	nts		
d In-person solicitations							
2a Did the organization have or key employees listed in	Form 990, Part VII) or e	ntity in connection with	professio	nal f	undraising services?		Yes No
b If "Yes," list the ten highes compensated at least \$5,0		les (fulloraisers) pursua		-	ents under which the	iunuraiser is to be	
(i) Name and addr or entity (fu		(ii) Activity	(iii) Did fi raiser ha custody control contributio	or of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) Tundraiser listed in col. (I)	(vi) Amount paid to (or retained by) organization
			Yes M				
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

P	than \$15,000 o	vents. Complete if the organ f fundraising event contributio greater than \$5,000.		n Form 990, Part IV, line	
		(a) Event #1 TBM CAPITAL CAM	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
DUDADU	1 Gross receipts	(event type) 35,454	(event type)	(total number)	35,45
	 Less: Contributions Gross income (line 1 minus line 2) 	35,454			35,45
	4 Cash prizes				
	5 Noncash prizes				
 Rec. 1 ALL INVERTIGIC MILLER TRACE 	6 Rent/facility costs				
	7 Food and beverages		· · · · · · · · · · · · · · · · · · ·	11	
	8 Entertainment	6		1	
	9 Other direct expenses	15,129			15,12
-1					
	11 Net income summary. Sul	Add lines 4 through 9 in column (d) btract line 10 from line 3, column (d)		Part IV/ Key 10, as result	20,32
	11 Net income summary. Sul art III Gaming. Com		ered "Yes" on Form 990,	•	20,32
1	11 Net income summary. Sul art III Gaming. Com	otract line 10 from line 3, column (d) plete if the organization answ	ered "Yes" on Form 990, (b) Pull tabs/instant bingo/progressive bingo	•	20,32
1	11 Net income summary. Sul art III Gaming. Com	otract line 10 from line 3, column (d) plete if the organization answ on Form 990-EZ, line 6a.	(b) Pull tabs/instant	Part IV, line 19, or report	20,325 ed more (d) Total gaming (add
	11 Net income summary. Sul Int III Gaming. Com than \$15,000 o	otract line 10 from line 3, column (d) plete if the organization answ on Form 990-EZ, line 6a.	(b) Pull tabs/instant	Part IV, line 19, or report	20,32 ed more (d) Total gaming (add
1	11 Net income summary. Sultring Int III Gaming. Composition than \$15,000 or than \$15,000 or 1 Gross revenue	otract line 10 from line 3, column (d) plete if the organization answ on Form 990-EZ, line 6a.	(b) Pull tabs/instant	Part IV, line 19, or report	20,325 ed more (d) Total gaming (add
1	11 Net income summary. Sultring Int III Gaming. Completion than \$15,000 c 1 Gross revenue 2 Cash prizes	otract line 10 from line 3, column (d) plete if the organization answ on Form 990-EZ, line 6a.	(b) Pull tabs/instant	Part IV, line 19, or report	20,325 ed more (d) Total gaming (add
1	11 Net income summary. Substitution Int III Gaming. Completion than \$15,000 or 1 Gross revenue 2 Cash prizes 3 Noncash prizes	otract line 10 from line 3, column (d) plete if the organization answ on Form 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or report	(d) Total gaming (add
1	11 Net income summary. Sultriant III Gaming. Completion int III Gaming. Completion than \$15,000 or 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	otract line 10 from line 3, column (d) plete if the organization answ on Form 990-EZ, line 6a.	(b) Pull tabs/instant	Part IV, line 19, or report	20,325 ed more (d) Total gaming (add
	11 Net income summary. Substraint III Gaming. Compute Substraint Gaming. Compute Substraint Straint Strainter Straint Straint Straint Straint Straint Straint St	otract line 10 from line 3, column (d) plete if the organization answ on Form 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or report	20,325 ed more (d) Total gaming (add
1	11 Net income summary. Substraint III Gaming. Compute Summary. Substraint Gaming. Compute Summary. Computer Substraint	otract line 10 from line 3, column (d) plete if the organization answ on Form 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or report	20,325 ed more (d) Total gaming (add
	11 Net income summary. Sulter Int III Gaming. Completion of than \$15,000 of th	Add lines 2 through 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or report	20,325 ed more (d) Total gaming (add

Sche	edule G (Form 990 or 990-EZ) 2015 YBOR CITY MUSEUM SOCIETY INC 59-22	7449	4 Page 3
11	Does the organization conduct gaming activities with nonmembers?	consider.	Yes No
12	Is the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		-
	formed to administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity conducted in:	1 1	
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the		
	amount of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part			
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SCHEDULE O		plemental Informa			OMB No: 1545-0047
Form 990 or 990-EZ)		ete to provide information orm 990 or 990-EZ or to p			2015
Department of the Treasury Internal Revenue Service	1 C	Attach to F	Form 990 or 990-EZ.	s is at www.irs.gov/form990.	Open to Public
lame of the organization	P momation about c		50-CZ) and its instruction	Employer identification	
	YBOR CITY MU	SEUM SOCIETY I	NC	59-22744	94
FORM 990, E	PART VI, LINE	11B - ORGANIZ	ATION'S PROCE	SS TO REVIEW FOR	M 990
PRESIDENT &	CEO REVIEWS	WITH SELECT E	OARD MEMBERS.		
FORM 990, P	PART VI, LINE	12C - ENFORCE	MENT OF CONFL	ICTS POLICY	
OFFICERS AN	D DIRECTORS	SIGN A CONFLIC	T OF INTEREST	POLICY AT THE E	EGINNING
OF EACH FIS	CAL YEAR.				1. 1. 1.00000
FORM 990, P	PART VI, LINE	15A - COMPENS	ATION PROCESS	FOR TOP OFFICIA	T
THE PRESIDE	NT'S PERFORM	ANCE AND SALAR	Y ARE REVIEWEI	O ANNUALLY BY A	COMMITTEE
OF BOARD ME	MBERS.	(1) (-) (-) (-) (-) (-) (-) (-) (-) (-) (-			1 4 4 4 5 4 4 5 5 4 4 5 -
FORM 990, P	ART VI, LINE	19 - GOVERNIN	G DOCUMENTS DI	ISCLOSURE EXPLAN	ATION
GOVERNING D	OCUMENTS ARE	AVAILABLE UPO	N REQUEST.		
	10.11 (***) (**) (**) (***) (***)		11, 1991, 1993, 1994, 1994, 1994, 1994, 1994, 1994, 1994		
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Form 4562		Depreciation and Amortization (Including Information on Listed Property) Attach to your tax return.						0MB No. 1545-0172
Internal Revenue Serv		Information about Fo	rm 4562 and its separ	ate instruction	s is at www.irs			Sequence No. 17
						ntifying number 9-2274494		
집에는 것은 것을 것을 때마다. 것이 가지 않는 것이 같아.	which this form relates							
	T DEPRECIA		1.11-1-0-4	470				
		ense Certain Properte any listed propert			omplato Dad			
	amount (see instructi		y, complete Part v	belore you c	Unplete Pari	i dei	1	500,000
		The second secon	e instructions)	n mitom o states o	· · · · · · · · · · · · · · · · · · ·	1.101	2	500,000
	Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (section 179)				0.010-0.100-0.0000		3	2,000,000
	The second se	t line 3 from line 2. If ze					4	
5 Dollar limitati	ion for tax year. Subtract	I line 4 from line 1. If zero of	r less, enter -0 If married f	iling separately, se	e instructions	-	5	
6		ation of property) Cost (business use		Elected cost		
							_	
7 Listed prop	erty. Enter the amount	nt from line 29	and the second second second second		7			
8 Total electe	ed cost of section 179	9 property. Add amount	s in column (c), lines 6	and 7			8	
E. Constant and a	9 Tentative deduction. Enter the smaller of line 5 or line 8						9	
		on from line 13 of your		and the second second	in the second second	a man	10	
		er the smaller of busine			(see instructions	s)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12							12	
and the second se	A REAL PROPERTY OF THE REAL PR	on to 2016. Add lines 9 ow for listed property. In	and the second	F	13			
and the second	the second s	ation Allowance a	the second s	ation (Do no	t include list	ed proper	tv) (5	See instructions)
		for qualified property (o				cu proper	Ly./ (L	bee manuedona.j
		tor domined broberry to	that man nated property	places in our				
during the t	ax year (see instructi	ions)					14	
a second s	ax year (see instructi biect to section 168()	and the state of the state of the	NE 4 M NE 4 M NE 4 M	ne sente a c h	9.914 W	-	14	
15 Property su	bject to section 168(f	f)(1) election	2012 - 2012 - 2012 - 2012 - 2012 2012 - 2012	12. 12. 2511151 4 € 12 2. 2 10 10 10 10 10	- 3 = -/////	1	14 15 16	8,523
15 Property su 16 Other depre	bject to section 168(f	f)(1) election CRS)	ide listed property.) (See instruc	ctions.)	1 (15	8,523
15 Property su 16 Other depre	bject to section 168(f	f)(1) election	ude listed property. Section A		ctions.)	· · · · · · · · · · · · · · · · · · ·	15	8,523
15 Property su 16 Other depre Part III N	bject to section 168(f eciation (including AC IACRS Deprecia	f)(1) election CRS)	Section A	1	ctions.)		15	
Property su Other depre Part III M MACRS dec	bject to section 168(f aciation (including AC MACRS Deprecia ductions for assets plan ing to group any assets plan	f)(1) election CRS) ation (Do not inclu laced in service in tax y ced in service during the tax ye	Section A ears beginning before 2 ear into one or more general as	2015 sset accounts, check	here		15 16 17	
5 Property su 6 Other depre Part III N 7 MACRS dec	bject to section 168(f aciation (including AC MACRS Deprecia ductions for assets plan ing to group any assets plan	f)(1) election CRS) ation (Do not inclu laced in service in tax y ced in service during the tax ye -Assets Placed in Ser	Section A ears beginning before a ear into one or more general as rvice During 2015 Tax	2015 set accounts, check Year Using the	here	► Eciation Sy:	15 16 17	
Property su Other depresent Part III N <	bject to section 168(f aciation (including AC MACRS Deprecia ductions for assets plan ing to group any assets plan	f)(1) election CRS) ation (Do not inclu laced in service in tax y ced in service during the tax ye	Section A ears beginning before 2 ear into one or more general as	2015 set accounts, check Year Using the (d) Recovery	here	eciation Sy:	15 16 17 stem	
5 Property su 6 Other depres Part III N 7 MACRS dec 8 If you are elective (a) Classifi 9a 3-year prop	bject to section 168(f eciation (including AC MACRS Deprecia ductions for assets plan ing to group any assets plan Section B- ication of property perty	f)(1) election CRS) ation (Do not inclu- laced in service in tax y ced in service during the tax ye -Assets Placed in Ser (b) Month and year placed in	Section A ears beginning before a ear into one or more general as vice During 2015 Tax (c) Basis for depreciation (business/investment use	2015 set accounts, check Year Using the (d) Recovery	^{here} General Depre		15 16 17 stem	0
15 Property su 16 Other depres Part III N 17 MACRS dec 18 If you are elective (a) Classific 9a 3-year prop b 5-year prop	bject to section 168(f aciation (including AC MACRS Deprecia ductions for assets plan big to group any assets plan Section B- ication of property. perty perty	f)(1) election CRS) ation (Do not inclu- laced in service in tax y ced in service during the tax ye -Assets Placed in Ser (b) Month and year placed in	Section A ears beginning before a ear into one or more general as vice During 2015 Tax (c) Basis for depreciation (business/investment use	2015 set accounts, check Year Using the (d) Recovery	^{here} General Depre		15 16 17 stem	0
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15 Property su 16 Other depre Part III N 17 MACRS der 18 If you are election (a) Classifiert 19 3-year propondial 5-year propondial 10-year propondial 10-yea	bject to section 168(f eciation (including AC IACRS Deprecia ductions for assets plan section B- ication of property perty perty perty perty perty	f)(1) election CRS) ation (Do not inclu- laced in service in tax y ced in service during the tax ye -Assets Placed in Ser (b) Month and year placed in	Section A ears beginning before a ear into one or more general as vice During 2015 Tax (c) Basis for depreciation (business/investment use	2015 set accounts, check Year Using the (d) Recovery	^{here} General Depre		15 16 17 stem	0
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