



**Florida Department of Environmental Protection
CITIZEN SUPPORT ORGANIZATION
2021 LEGISLATIVE REPORT
(pursuant to Section 20.058 Florida Statutes)**

Citizen Support Organization (CSO) Name: **Ybor City Museum Society**

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

Telephone Number: **813.247.1434**

Website Address (*required if applicable*): **ybormuseum.org**

☒ Check to confirm your Code of Ethics is posted conspicuously on your website.

Statutory Authority:

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

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

YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS:

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

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

Describe Last Calendar Year's Results Obtained: *Brag! List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.*

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

Now in its 39th year of service, the Ybor City Museum Society held its first event for 2020 on March 5 by hosting the 9th annual Buildings Alive! Ybor City Architecture Hop. The event began with a send-off party at the Ybor Park, after which attendees boarded trolleys that took them to six historic buildings throughout the evening. Each host building's owner/occupant provided tours of their building that included its architectural style, history, restoration and preservation efforts, and prior and current uses. Food and beverages were served along the way to enhance the experience. This annual event brings new audiences and marketing opportunities for the park.

Shortly thereafter, the Ybor City Museum State Park closed for nearly a year due to Covid-19. Our CSO began retooling how our programs are offered and developing ways to educate and entertain the Park's audiences during the closure. An historian on our board wrote a work of fiction entitled *Fernando's Footsteps* that follows the path of an 18-year-old man who arrives in Ybor City in 1900. While most of the characters are fictional, the story depicts events and activities that actually happened or were likely to have happened, focusing on themes of immigration, diversity, the history of the cigar industry in Tampa, and the development of a town named Ybor City that is now Tampa's National Historic Landmark District. The characters bring to life the traditions, social practices, and mores of Ybor City's early immigrant groups as the challenges of acculturation and the joys of arriving and living in a land of opportunity and freedom. The story portrays in detail what exhibits in the Ybor Park depict. To keep our audiences engaged, two chapters were posted

weekly, and the author hosted a weekly Facebook Live program with Q&A. *Fernando's Footsteps* is well-suited for use as a teaching or programmatic tool in the future.

Although CSO staff worked remotely for much of the time, the CSO served as a source of information and contact point by:

- Maintaining our website so that it could serve as a source of information about the Park's exhibits and offerings
- Reporting on the status of the Park's closure on the website
- Fielding calls and emails from potential visitors regarding the status of the park
- Maintaining and/or expanding community outreach efforts through social media, zoom meetings, and relationships with community agencies and businesses
- Maintaining contact with those who had rented the garden, working with them to reschedule their event to a later (post-Covid) date, and very often having to take their cancellations

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

The CSO will build on its activities and accomplishments in order to fulfill its mission and the needs of the park. The Buildings Alive! Ybor City Architecture Hop will continue in coming years, and additional events and programs will be developed in collaboration with park management and staff and community partners. Exhibits will either be refreshed or newly created to give the Park's audiences new reasons to visit the museum. Lesson plans, classroom activities, games based on *Fernando's Footsteps* are in development to encourage visits to the museum by school groups, as well as a teaching tool in the classroom. Additional programming could be developed on the story's innumerable themes. In general, the CSO's virtual assets created during Covid-19 could be utilized to promote the park and encourage visits.

Areas of support will include, but are not limited to, on-site exhibits, programming, educational opportunities and materials, community outreach, an online and social media presence, fundraising, marketing, and public relations support. Annual events, garden rental management, and ongoing projects will also continue in the coming years. Funding for projects in the park will be provided as available and needed.

CSO's LAST CALENDAR YEAR STATISTICS:

Total Number of CSO General Membership: 46 Renewals in 2020

Total Number of Board of Directors: 16

Total Volunteer Hours for the Board of Directors (*Hours from VSys. Work with your parks' volunteer manager*): 720

PARK & CSO RELATIONSHIP:

Keep the summary simple. Save time. Don't duplicate by describing accomplishments and contributions in the summary. Brag in the above Results Obtained. Describe the relationship here.

Park Manager's Comments on the CSO & Park Relationship and Support:

Provide your perspective on

- *Changing developments of the park provided by the CSO.*
Park Manager not in position long enough to comment.
- *Effectiveness of the organization in fulfilling their purpose to support the park(s).*
Park Manager not in position long enough to comment.
- *Effectiveness of the Board of Directors in completing their Annual Program Plan.*
Park Manager not in position long enough to comment.
- *The relationship between the park and CSO What went well? Are there areas of improvement?*
Park Manager not in position long enough to comment.

CSO President's Comments on the CSO & Park Relationship and Support:

Provide your perspective on the relationship between the park and CSO. What went well? Are there areas of improvement?

This was a year that challenged every bit of normalcy in the park/CSO relationship. We each had to adapt to new ways of working and addressing priorities as needed. Park and CSO staff worked together to make the best of the most challenging time in our history. With our new manager in place and some sense of normalcy returning, we are looking forward to expanding the collaboration between the CSO and Park staff. Communication and planning have already been robust, and the CSO staff and Board of Trustees are enthusiastically working with our park manager and staff in developing and implementing goals, objectives, priorities, and projects.

SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, SPECIFIC PARK(S) SUPPORT:

Program Service Expenses are costs related to providing your organization's programs or services in accordance with your mission. For CSO's provide expenses that directly support the park(s). For established nonprofit organizations, program service expenses generally represent most of the overall expense of the organization. For the last calendar year provide totals \$ for each that apply.

Building improvement, construction, or renovations	\$0.00
Cultural resources (e.g., historic structure restoration/ renovation)	\$0.00
Natural resources (e.g., native plants, natural lands restoration)	\$0.00
Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws)	\$0.00
Other facilities and landscape maintenance	\$100.85
Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.)	\$0.00
Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.)	\$0.00
Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition)	\$0.00
Big ticket visitor center exhibits or interpretation updates	\$0.00
Park exhibits, displays, signage	\$0.00
Park publications, brochures, maps, etc.	\$0.00
Programing/interpretation support material purchases	\$0.00
Other program services	\$7,621.48
Total Program Service Expenses	\$7,722.33

Total Operating Expenses (Overhead including fees, memberships, postage, rent, utilities, etc.) **\$1261.87**

Visitor Services Revenue

Park gift shops, craft stores and concession sales	\$0.00
Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.)	\$0.00
Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.)	\$6,440.00
Vending (e.g., drink machines, penny press, laundry, Wi-Fi, etc.)	\$0.00
Rentals (e.g., bikes, canoe, kayak, SUPs, etc.)	\$0.00
In-park donation boxes	\$0.00
Other visitor services revenue	\$6,040.00
Total Visitor Services Revenue	\$12,480.00
Net Assets	\$791,612

CSO AUDIT:

Total of Last Calendar Year's Expenses (including grants) \$227,237

Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards ([U.S. GAO Yellow Book](#)) when the CSOs annual expenses are \$300,000 including grants. The audit is **due by September 1** (9 months after the CSO's calendar year ends) to the Florida Auditor General and to the Department.

This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes			
Title	Name	Signature	Date
CSO President	Chantal Hevia	Chantal Hevia Digitally signed by Chantal Hevia Date: 2021.06.01 12:14:35 -04'00'	5/26/21
Park Manager	Kyle Easley, Park Manager	Digitally signed by Kyle Easley, Park Manager Date: 2021.06.01 12:00:00 -04'00'	

- ☒ CSO's Code of Ethics is attached
- ☒ CSO has attached the most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N Receipt. All IRS Form 990's must be *complete* with Part III Program Service and *all* appropriate Schedules (A, O and others as appropriate). If filing an IRS extension, attach the IRS 8868 receipt and the most recent 990 and schedules.

Ybor City Museum Society, Inc.

CODE OF ETHICS

PREAMBLE

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

STANDARDS

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

1. Prohibition of Solicitation or Acceptance of Gifts

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

2. Prohibition of Accepting Compensation Given to Influence a Vote

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

3. Salary and Expenses

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

4. Prohibition of Misuse of Position

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

5. Prohibition of Misuse of Privileged Information

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

6. Post-Office/Employment Restrictions

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

7. Prohibition of Employees Holding Office

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

8. Requirements to Abstain From Voting

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

9. Failure to Observe CSO Code of Ethics

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

Form **8868**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

- **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

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

File by the
due date for
filing your
return. See
instructions.

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

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

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

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

Telephone No. ► **813-247-1434**

Fax No. ►

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

1 I request an automatic 6-month extension of time until **11/15/21**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2020** or

► ☐ tax year beginning, and ending

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

☐ Change in accounting period

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

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

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

Form **8868** (Rev. 1-2020)

Name: YBOR CITY MUSEUM SOCIETY INC

Tax Authority: US EXT

Details: Ack issued by agency:05/15/2021

Postmark 05/15/2021 11:42:18 AM CT

ELF filename=100965.990_EXT.2020_0.US.XEF

Accepted

SubID=50324220211350131992

AltReturn:1

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning

, and ending

****-***4494****YBOR CITY MUSEUM SOCIETY INC****Net Asset / Fund Balance at Beginning of Year****714,801****Revenue**

Contributions	<u>137,987</u>
Program service revenue	<u>34,228</u>
Investment income	<u>65</u>
Capital gain / loss	

Fundraising / Gaming:

Gross revenue	
Direct expenses	
Net income	

Other income	<u>101,313</u>
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Total revenue**273,593****Expenses**

Program services	<u>195,975</u>
Management and general	<u>27,658</u>
Fundraising	<u>19,689</u>

Total expenses**243,322****Excess / (deficit)****30,271****Changes****Net Asset / Fund Balance at End of Year****745,072****Reconciliation of Revenue**Total revenue per financial statements **310,933****Less:**

Unrealized gains	
Donated services	<u>4,890</u>
Recoveries	
Other	<u>32,450</u>

Plus:

Investment expenses	
Other	
Total revenue per return	<u><u>273,593</u></u>

Reconciliation of ExpensesTotal expenses per financial statements **280,662****Less:**

Donated services	<u>4,890</u>
Prior year adjustments	
Losses	
Other	<u>32,450</u>

Plus:

Investment expenses	
Other	
Total expenses per return	<u><u>243,322</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>924,765</u>	<u>913,883</u>	
Liabilities	<u>209,964</u>	<u>168,811</u>	
Net assets	<u><u>714,801</u></u>	<u><u>745,072</u></u>	<u><u>30,271</u></u>

Miscellaneous Information

Amended return

Return / extended due date **11/16/20**

Failure to file penalty

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning , and ending																
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization YBOR CITY MUSEUM SOCIETY INC</td> <td>D Employer identification number **-***4494</td> </tr> <tr> <td colspan="2">Doing business as</td> <td></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) 2009 N ANGEL OLIVA SR STREET</td> <td>Room/suite</td> </tr> <tr> <td colspan="3">City or town, state or province, country, and ZIP or foreign postal code TAMPA FL 33605</td> </tr> <tr> <td colspan="2">F Name and address of principal officer Chantal Hevia 2009 N. Angel Oliva Sr. St, TAMPA FL 33605</td> <td> E Telephone number 813-247-1434 G Gross receipts \$ 306,043 </td> </tr> </table>	C Name of organization YBOR CITY MUSEUM SOCIETY INC		D Employer identification number **-***4494	Doing business as			Number and street (or P.O. box if mail is not delivered to street address) 2009 N ANGEL OLIVA SR STREET		Room/suite	City or town, state or province, country, and ZIP or foreign postal code TAMPA FL 33605			F Name and address of principal officer Chantal Hevia 2009 N. Angel Oliva Sr. St, TAMPA FL 33605		E Telephone number 813-247-1434 G Gross receipts \$ 306,043
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F Name and address of principal officer Chantal Hevia 2009 N. Angel Oliva Sr. St, TAMPA FL 33605		E Telephone number 813-247-1434 G Gross receipts \$ 306,043														
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																
J Website: WWW.YBORMUSEUM.ORG																
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other																
L Year of formation: 1982 M State of legal domicile: FL																

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
 If "No," attach a list (see instructions)

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PRESERVING, PROMOTING AND CELEBRATING THE UNIQUE CULTURAL HERITAGE OF YBOR CITY AND SUPPORTING THE YBOR CITY MUSEUM STATE PARK.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	16	
	4	16	
	5	3	
	6	89	
	7a Total unrelated business revenue from Part VIII, column (C), line 12		
7b Net unrelated business taxable income from Form 990-T, line 39			
Revenue	8	126,019	137,987
	9	35,302	34,228
	10	42	65
	11	89,024	101,313
	12	250,387	273,593
	13	0	0
	14	0	0
Expenses	15	93,661	96,251
	16a	0	0
	17	122,869	147,071
	18	216,530	243,322
	19	33,857	30,271
	20	924,765	913,883
	21	209,964	168,811
Net Assets or Fund Balances	22	714,801	745,072

Part II Signature Block

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

Sign Here		10/22/20	
	Signature of officer	Date	
	CHANTAL HEVIA PRESIDENT & CEO		
	Type or print name and title		
Paid Preparer Use Only	Pnnl/Type preparer's name GERALD L APPLEBY		Preparer's signature
	Firm's name MARSOCCI, APPLEBY AND COMPANY, PA		Date 09/10/20
	Firm's address 3815 WEST HUMPHREY STREET, SUITE 101 TAMPA, FL 33614		Check <input type="checkbox"/> if self-employed PTIN ***** Firm's EIN **--***1960 Phone no. 813-932-2116

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

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate Instructions.

Form **990** (2019)

Part III Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:**PRESERVING, PROMOTING AND CELEBRATING THE UNIQUE CULTURAL HERITAGE OF YBOR CITY AND SUPPORTING THE YBOR CITY MUSEUM STATE PARK.****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ **195,975** including grants of \$) (Revenue \$ **34,228**)**TO DEVELOP EXHIBITS AND EDUCATIONAL PROGRAMMING, RAISE FUNDS, PROVIDE MARKETING AND COMMUNICATIONS, DEVELOP CULTURAL AND EDUCATIONAL EXHIBITS AND PROGRAMMING, PROVIDE COMMUNITY OUTREACH, AND REHABILITATE AND MAINTAIN HISTORICAL PROPERTIES.****4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses **195,975**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

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

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

Section A. Governing Body and Management

	1a	16	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		16		
b Enter the number of voting members included on line 1a, above, who are independent	1b	16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

Section C. Disclosure

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

CHANTAL HEVIA
TAMPA

2009 N ANGEL OLIVA SR STREET

FL 33605

813-247-1434

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHANTAL HEVIA	40.00									
PRESIDENT & CEO	0.00	X		X				60,637	0	0
(2) DR. KEITH BERRY	1.00									
DIRECTOR	0.00	X						0	0	0
(3) BRIAN BRESEMAN	1.00									
DIRECTOR	0.00	X						0	0	0
(4) BOB CALAFELL	1.00									
DIRECTOR	0.00	X						0	0	0
(5) JASON DICKENS	2.00									
TREASURER	0.00	X		X				0	0	0
(6) VINCENT DOLAN	2.00									
SECRETARY	0.00	X		X				0	0	0
(7) STEVE HOVSEPIAN	1.00									
DIRECTOR	0.00	X						0	0	0
(8) KINSEY JANKE	1.00									
DIRECTOR	0.00	X						0	0	0
(9) JAMES JIMENEZ	1.00									
DIRECTOR	0.00	X						0	0	0
(10) LYNN KROESEN	1.00									
DIRECTOR	0.00	X						0	0	0
(11) LARRY MCCABE	1.00									
DIRECTOR	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ROBERT SMEDLEY	1.00									
DIRECTOR	0.00	X						0	0	0
(13) DR. WILLIAM SUTTON	1.00									
DIRECTOR	0.00	X						0	0	0
(14) PATRICK VENABLE	2.00									
CHAIR	0.00	X		X				0	0	0
(15) AMY WAITE	1.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal								60,637		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								60,637		

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

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

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

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	10,295			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	46,080			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	81,612			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f			137,987			
Program Service Revenue	Business Code						
	2a	LEGACY		12,125			12,125
	b	HOMERUNS & HISTORY		9,487			9,487
	c	BUILDINGS ALIVE		8,519			8,519
	d	SILENT AUCTION		2,500			2,500
	e	BRICK PAVER		1,200			1,200
	f	All other program service revenue		397			397
	g Total. Add lines 2a-2f			34,228			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		65			65
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	6a	133,763			
	b	Less: rental expenses	6b	32,450			
	c	Rental inc. or (loss)	6c	101,313			
	d	Net rental income or (loss)		101,313	101,313		
	7a	Gross amount from sales of assets other than inventory	7a				
	b	Less: cost or other basis and sales exps.	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
	11a						
	b						
	c						
	d	All other revenue					
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			273,593	101,313	0	34,293	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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	60,636	42,446	9,095	9,095
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	30,815	21,571	4,622	4,622
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	4,800	3,360	720	720
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	4,676	3,273	1,403	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	18,928	18,928		
12 Advertising and promotion				
13 Office expenses	12,109	10,429	1,008	672
14 Information technology	3,301	3,301		
15 Royalties				
16 Occupancy	23,209	22,479	365	365
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	380	304	38	38
20 Interest	4,739		4,739	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,117	27,293	3,412	3,412
23 Insurance	7,648	6,118	765	765
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	19,422	18,257	1,165	
b SPECIAL EVENTS	13,015	13,015		
c MISCELLANEOUS	5,201	5,201		
d TAXES & LICENSES	326		326	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	243,322	195,975	27,658	19,689
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	34,423	1	37,110
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,000	8	5,000
	9 Prepaid expenses and deferred charges	125,726	9	126,502
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,162,021		
	b Less: accumulated depreciation	10b 416,750	10c	745,271
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	924,765	16	913,883	
Liabilities	17 Accounts payable and accrued expenses	47,992	17	28,212
	18 Grants payable		18	
	19 Deferred revenue	57,094	19	47,459
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	47,500	23	47,500
	24 Unsecured notes and loans payable to unrelated third parties	25,000	24	20,375
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	32,378	25	25,265
	26 Total liabilities. Add lines 17 through 25	209,964	26	168,811
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	590,381	27	621,712
	28 Net assets with donor restrictions	124,420	28	123,360
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	714,801	32	745,072
33 Total liabilities and net assets/fund balances	924,765	33	913,883	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	273,593
2	Total expenses (must equal Part IX, column (A), line 25)	2	243,322
3	Revenue less expenses. Subtract line 2 from line 1	3	30,271
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	714,801
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	745,072

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☒ 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

YBOR CITY MUSEUM SOCIETY INC

Employer identification number

****-***4494****Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

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

12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here****Section C. Computation of Public Support Percentage**

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15	Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31,919	126,845	156,605	126,019	137,987	579,375
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				126,123	133,763	259,886
3 Gross receipts from activities that are not an unrelated trade or business under section 513	43,006	63,037	29,515	35,302	34,228	205,088
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	74,925	189,882	186,120	287,444	305,978	1,044,349
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						1,044,349

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	74,925	189,882	186,120	287,444	305,978	1,044,349
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	40,548	118,416	122,458	42	65	281,529
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	40,548	118,416	122,458	42	65	281,529
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.)	115,473	308,298	308,578	287,486	306,043	1,325,878
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	78.77 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	73.30 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	21 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	27 %

- 19a** **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒
- b** **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- 20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined 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 .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
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).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- 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.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	
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).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Schedule of Contributors

OMB No. 1545-0047

2019

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

Name of the organization

Employer identification number

YBOR CITY MUSEUM SOCIETY INC

****-***4494**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

YBOR CITY MUSEUM SOCIETY INC

Employer identification number

****-***4494****Part I****Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF TAMPA E. JACKSON ST, 8E TAMPA FL 33602	\$ 46,080	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SWOPE & RODANTE, P.A 1234 EAST 5H AVENUE TAMPA FL 33605	\$ 6,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ROBERT & AIDA CALAFELL 600 GARRISON COVE LANE UNIT PH TAMPA FL 33602	\$ 8,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ARTS COUNCIL OF TAMPA 601 E KENNEDY BLVD TAMPA FL 33602	\$ 15,977	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	HISTORIC PRESERVATION 306 EAST JACKSON ST TAMPA FL 33602	\$ 14,228	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

YBOR CITY MUSEUM SOCIETY INC

Employer identification number

****-***4494****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No

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

Part V Endowment Funds.

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

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

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

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

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

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

- (i) Unrelated organizations
 (ii) Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		439,542	201,571	237,971
c Leasehold improvements		12,850	4,412	8,438
d Equipment				
e Other		709,629	210,767	498,862
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				745,271

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE DEPOSITS	21,664
(3) PAYROLL LIABILITIES	2,939
(4) SALES TAX PAYABLE	662
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	25,265

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

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

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

1	Total revenue, gains, and other support per audited financial statements	1	310,933
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	4,890
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	32,450
e	Add lines 2a through 2d	2e	37,340
3	Subtract line 2e from line 1	3	273,593
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	273,593

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

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

1	Total expenses and losses per audited financial statements	1	280,662
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	4,890
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	32,450
e	Add lines 2a through 2d	2e	37,340
3	Subtract line 2e from line 1	3	243,322
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	243,322

Part XIII Supplemental Information.

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

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

DIRECT RENTAL EXPENSES \$ 32,450

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

DIRECT RENTAL EXPENSES \$ 32,450

Part XIII Supplemental Information (continued)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Employer identification number

YBOR CITY MUSEUM SOCIETY INC****-***4494****FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS**

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

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

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

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

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

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

DIRECT RENTAL EXPENSES	\$	32,450
DIRECT RENTAL EXPENSES	\$	-32,450

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

OMB No. 1545-0172

2019Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

YBOR CITY MUSEUM SOCIETY INC

Identifying number

****-***4494**

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	33,633

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

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	33,633
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

THERE ARE NO AMOUNTS FOR PAGE 2 Form **4562** (2019)

-*4494

Federal Asset Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
1	Cabinets	9/20/92	560				560	5	MO S/L	560	0
2	Equipment	10/16/95	250				250	5	MO S/L	250	0
3	Akia Copier	1/01/96	1,100				1,100	5	MO200DB	1,100	0
4	Computer Assembly	1/20/96	830				830	5	MO200DB	830	0
5	Cash Register	3/16/98	499				499	5	MO S/L	499	0
6	Telephones	1/20/99	463				463	7	MO S/L	463	0
7	VCR	1/23/99	106				106	5	MO S/L	106	0
8	Equipment - Sears	3/08/99	181				181	5	MO S/L	181	0
9	Fax Machine	6/28/99	160				160	5	MO S/L	160	0
10	Copier	3/15/99	2,204				2,204	5	MO S/L	2,204	0
11	Digital Camera	4/13/01	420				420	5	MO S/L	420	0
12	copier	10/01/00	3,361				3,361	5	MO S/L	3,361	0
13	Equipment - Puip	1/16/03	69				69	3	MO S/L	69	0
14	Bunker Building	10/01/00	37,001				37,001	25	MO S/L	18,130	1,480
15	Survey	1/11/02	440				440	25	MO S/L	298	18
16	Bunker Building Improvements	9/30/06	175,078				175,078	25	MO S/L	85,788	7,003
17	Computers	10/29/02	1,450				1,450	5	MO S/L	1,450	0
18	Surge Protector	10/29/02	29				29	3	MO S/L	29	0
19	Computer Systems Improvement	11/12/02	1,735				1,735	5	MO S/L	1,735	0
20	Computer Equipment - Alicia	11/25/02	100				100	5	MO S/L	100	0
21	Computer Equipment	12/10/02	360				360	5	MO S/L	360	0
22	Computer Improvement	12/16/02	305				305	5	MO S/L	305	0
23	Peachtree Upgrade	1/16/03	400				400	5	MO S/L	400	0
24	Computer Equipment - Alicia	1/16/03	53				53	5	MO S/L	53	0
25	Computer Equipment	1/31/03	60				60	5	MO S/L	60	0
26	Software upgrade	2/03/03	110				110	5	MO S/L	110	0
27	Computer Equipment - Alicia	8/13/03	177				177	5	MO S/L	177	0
28	Software Upgrades	10/15/03	900				900	3	MO S/L	900	0
29	Computer Monitor	1/24/05	827				827	5	MO S/L	827	0
30	Computer	3/08/05	1,308				1,308	5	MO S/L	1,308	0
31	dell Computers	3/16/05	2,478				2,478	5	MO S/L	2,478	0
32	Computer Equipment	1/23/07	204				204	5	MO S/L	204	0
33	Museum Improvements	4/09/99	4,750				4,750	20	MO S/L	4,692	58
34	Carpet	6/05/96	1,145				1,145	10	MO S/L	1,145	0
35	Arnold's Custom design	7/30/02	1,350				1,350	25	MO S/L	887	54
36	Improvements	8/31/02	403				403	25	MO S/L	263	16
37	Blueprints	11/12/02	29				29	3	MO S/L	29	0
38	Museum Improvements	4/01/06	1,612				1,612	25	MO S/L	821	64
39	Electrical Improvements	1/11/07	135				135	5	MO S/L	135	0
40	Computer Equip. & Software	8/01/08	2,394				2,394	5	MO S/L	2,394	0
41	Centro Ybor Museum	9/30/01	437,648				437,648	40	MO S/L	188,735	10,942
42	Projector	10/21/03	1,894				1,894	7	MO S/L	1,894	0
43	Furniture & Fixtures	1/01/95	787				787	10	MO S/L	787	0
44	Furniture - Nerrero	3/03/99	150				150	10	MO S/L	150	0
45	Store Shelves	9/30/03	83				83	5	MO S/L	83	0
46	Concrete Specialties	9/30/03	344				344	5	MO S/L	344	0
47	Store Shelves	6/30/03	70				70	5	MO S/L	70	0
48	Cabinets	1/09/04	1,500				1,500	10	MO S/L	1,500	0
49	Outdoor Table & Chairs	12/27/05	5,842				5,842	10	MO S/L	5,842	0
50	Furn & Fixtures	3/14/07	5,027				5,027	10	MO S/L	5,027	0
51	Furniture & Fixtures	5/24/07	132				132	7	MO S/L	132	0
52	Dell Vostro Mini-Tower	3/31/09	578				578	5	MO S/L	578	0
53	Dell Vostro 410	12/24/08	657				657	5	MO S/L	657	0
54	Dell Vostro Tower #2	12/24/08	657				657	5	MO S/L	657	0
55	Museum Improvements	6/01/11	12,850				12,850	25	MO S/L	3,898	514
56	Dell Latitude	4/06/12	900				900	5	MO S/L	900	0
57	Permits & Architects	5/18/16	25,000				25,000	40	MO S/L	1,615	625
58	Baseball exhibit	5/18/16	17,500				17,500	10	MO S/L	4,521	1,750
59	Apple iPad	2/06/13	529				529	5	MO S/L	529	0
60	ApplemKiost	2/07/13	734				734	5	MO S/L	734	0
61	Permits & Architects	5/18/16	23,576				23,576	40	MO S/L	1,523	589
62	Architects & Contractors	5/18/16	12,223				12,223	40	MO S/L	790	306
63	Museum Construction	5/18/16	185,974				185,974	40	MO S/L	12,011	4,649
64	Museum Construction FY2015	5/18/16	93,018				93,018	40	MO S/L	6,007	2,326
65	Creative Arts Exhibits FY2015	5/18/16	20,000				20,000	10	MO S/L	5,167	2,000
66	Museum Construction Drywall	5/18/16	49,539				49,539	40	MO S/L	3,199	1,239
67	Mask for TBM Exhibit	10/07/19	0				0	0	HY	0	0
68	Al Lopez Installation	10/17/19	0				0	0	HY	0	0

-*4494

Federal Asset Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus % 179	Sec Bonus	Basis for Depr	PerConv Meth	Prior	Current
69	Al Lopez Installation	10/17/19	0			0	0 HY	0	0
70	Al Lopez Plaque	10/18/19	0			0	0 HY	0	0
71	Dell Computer	9/19/19	0			0	0 HY	0	0
Total Other Depreciation			<u>1,142,248</u>			<u>1,142,248</u>		<u>382,631</u>	<u>33,633</u>
Total ACRS and Other Depreciation			<u>1,142,248</u>			<u>1,142,248</u>		<u>382,631</u>	<u>33,633</u>
Grand Totals			1,142,248			1,142,248		382,631	33,633
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>1,142,248</u>			<u>1,142,248</u>		<u>382,631</u>	<u>33,633</u>

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AMT Asset Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	Cabinets	9/20/92	0				0	0	HY		0	0
2	Equipment	10/16/95	0				0	0	HY		0	0
3	Akia Copier	1/01/96	0				0	0	HY		0	0
4	Computer Assembly	1/20/96	0				0	0	HY		0	0
5	Cash Register	3/16/98	0				0	0	HY		0	0
6	Telephones	1/20/99	0				0	0	HY		0	0
7	VCR	1/23/99	0				0	0	HY		0	0
8	Equipment - Sears	3/08/99	0				0	0	HY		0	0
9	Fax Machine	6/28/99	0				0	0	HY		0	0
10	Copier	3/15/99	0				0	0	HY		0	0
11	Digital Camera	4/13/01	0				0	0	HY		0	0
12	copier	10/01/00	0				0	0	HY		0	0
13	Equipment - Puip	1/16/03	0				0	0	HY		0	0
14	Bunker Building	10/01/00	0				0	0	HY		0	0
15	Survey	1/11/02	0				0	0	HY		0	0
16	Bunker Building Improvements	9/30/06	0				0	0	HY		0	0
17	Computers	10/29/02	0				0	0	HY		0	0
18	Surge Protector	10/29/02	0				0	0	HY		0	0
19	Computer Systems Improvement	11/12/02	0				0	0	HY		0	0
20	Computer Equipment - Alicia	11/25/02	0				0	0	HY		0	0
21	Computer Equipment	12/10/02	0				0	0	HY		0	0
22	Computer Improvement	12/16/02	0				0	0	HY		0	0
23	Peachtree Upgrade	1/16/03	0				0	0	HY		0	0
24	Computer Equipment - Alicia	1/16/03	0				0	0	HY		0	0
25	Computer Equipment	1/31/03	0				0	0	HY		0	0
26	Software upgrade	2/03/03	0				0	0	HY		0	0
27	Computer Equipment - Alicia	8/13/03	0				0	0	HY		0	0
28	Software Upgrades	10/15/03	0				0	0	HY		0	0
29	Computer Monitor	1/24/05	0				0	0	HY		0	0
30	Computer	3/08/05	0				0	0	HY		0	0
31	dell Computers	3/16/05	0				0	0	HY		0	0
32	Computer Equipment	1/23/07	0				0	0	HY		0	0
33	Museum Improvements	4/09/99	0				0	0	HY		0	0
34	Carpet	6/05/96	0				0	0	HY		0	0
35	Arnold's Custom design	7/30/02	0				0	0	HY		0	0
36	Improvements	8/31/02	0				0	0	HY		0	0
37	Blueprints	11/12/02	0				0	0	HY		0	0
38	Museum Improvements	4/01/06	0				0	0	HY		0	0
39	Electrical Improvements	1/11/07	0				0	0	HY		0	0
40	Computer Equip. & Software	8/01/08	0				0	0	HY		0	0
41	Centro Ybor Museum	9/30/01	0				0	0	HY		0	0
42	Projector	10/21/03	0				0	0	HY		0	0
43	Furniture & Fixtures	1/01/95	0				0	0	HY		0	0
44	Furniture - Nerrero	3/03/99	0				0	0	HY		0	0
45	Store Shelves	9/30/03	0				0	0	HY		0	0
46	Concrete Specialties	9/30/03	0				0	0	HY		0	0
47	Store Shelves	6/30/03	0				0	0	HY		0	0
48	Cabinets	1/09/04	0				0	0	HY		0	0
49	Outdoor Table & Chairs	12/27/05	0				0	0	HY		0	0
50	Furn & Fixtures	3/14/07	0				0	0	HY		0	0
51	Furniture & Fixtures	5/24/07	0				0	0	HY		0	0
52	Dell Vostro Mini-Tower	3/31/09	0				0	0	HY		0	0
53	Dell Vostro 410	12/24/08	0				0	0	HY		0	0
54	Dell Vostro Tower #2	12/24/08	0				0	0	HY		0	0
55	Museum Improvements	6/01/11	0				0	0	HY		0	0
56	Dell Latitude	4/06/12	0				0	0	HY		0	0
57	Permits & Architects	5/18/16	0				0	0	HY		0	0
58	Baseball exhibit	5/18/16	17,500				17,500	10	MO S/L		4,521	1,750
59	Apple iPad	2/06/13	0				0	0	HY		0	0
60	ApplemKiost	2/07/13	0				0	0	HY		0	0
61	Permits & Architects	5/18/16	0				0	0	HY		0	0
62	Architects & Contractors	5/18/16	0				0	0	HY		0	0
63	Museum Construction	5/18/16	0				0	0	HY		0	0
64	Museum Construction FY2015	5/18/16	0				0	0	HY		0	0
65	Creative Arts Exhibits FY2015	5/18/16	0				0	0	HY		0	0
66	Museum Construction Drywall	5/18/16	0				0	0	HY		0	0
67	Mask for TBM Exhibit	10/07/19	0				0	0	HY		0	0
68	Al Lopez Installation	10/17/19	0				0	0	HY		0	0

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AMT Asset Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
69	Al Lopez Installation	10/17/19	0				0	0 HY	0	0
70	Al Lopez Plaque	10/18/19	0				0	0 HY	0	0
71	Dell Computer	9/19/19	0				0	0 HY	0	0
Total Other Depreciation			<u>17,500</u>				<u>17,500</u>		<u>4,521</u>	<u>1,750</u>
Total ACRS and Other Depreciation			<u>17,500</u>				<u>17,500</u>		<u>4,521</u>	<u>1,750</u>
Grand Totals			17,500				17,500		4,521	1,750
Less: Dispositions and Transfers			0				0		0	0
Net Grand Totals			<u>17,500</u>				<u>17,500</u>		<u>4,521</u>	<u>1,750</u>

09/10/2020 3:25 PM

Depreciation Adjustment Report

All Business Activities

AMT
**Adjustments/
Preferences**

Description

Tax

AMT

There are no assets that meet the criteria of this report

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Future Depreciation Report**FYE: 12/31/20**

FYE: 12/31/2019

Form 990, Page 1

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

Future Depreciation Report**FYE: 12/31/20**

FYE: 12/31/2019

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
68	Al Lopez Installation	10/17/19	0	0	0
69	Al Lopez Installation	10/17/19	0	0	0
70	Al Lopez Plaque	10/18/19	0	0	0
71	Dell Computer	9/19/19	0	0	0
Total Other Depreciation			<u>1,142,248</u>	<u>33,573</u>	<u>1,750</u>
Total ACRS and Other Depreciation			<u>1,142,248</u>	<u>33,573</u>	<u>1,750</u>
Grand Totals			<u>1,142,248</u>	<u>33,573</u>	<u>1,750</u>

Form **990****Two Year Comparison Report****2018 & 2019**

For calendar year 2019, or tax year beginning

, ending

Name

Taxpayer Identification Number

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

		2018	2019	Differences
Revenue	1. Contributions, gifts, grants	71,229	81,612	10,383
	2. Membership dues and assessments	8,710	10,295	1,585
	3. Government contributions and grants	46,080	46,080	
	4. Program service revenue	35,302	34,228	-1,074
	5. Investment income	42	65	23
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	89,024	101,313	12,289
	12. Total revenue. Add lines 1 through 11	250,387	273,593	23,206
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	57,750	60,636	2,886
	16. Salaries, other compensation, and employee benefits	35,911	35,615	-296
	17. Professional fundraising fees			
	18. Other professional fees	18,838	23,604	4,766
	19. Occupancy, rent, utilities, and maintenance	30,380	23,209	-7,171
	20. Depreciation and Depletion	33,831	34,117	286
	21. Other expenses	39,820	66,141	26,321
	22. Total expenses. Add lines 13 through 21	216,530	243,322	26,792
	23. Excess or (Deficit). Subtract line 22 from line 12	33,857	30,271	-3,586
Other Information	24. Total exempt revenue	250,387	273,593	23,206
	25. Total unrelated revenue			
	26. Total excludable revenue	124,368	135,606	11,238
	27. Total assets	924,765	913,883	-10,882
	28. Total liabilities	209,964	168,811	-41,153
	29. Retained earnings	714,801	745,072	30,271
	30. Number of voting members of governing body	15	16	
	31. Number of independent voting members of governing body	15	16	
	32. Number of employees	3	3	
	33. Number of volunteers	95	89	

Form **990****Tax Return History****2019**

Name

YBOR CITY MUSEUM SOCIETY INC

Employer Identification Number

****-***4494**

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	28,389	119,160	148,170	117,309	127,692	
Membership dues	3,530	7,685	8,435	8,710	10,295	
Program service revenue	42,651	167,273	149,973	35,302	34,228	
Capital gain or loss						
Investment income				42	65	
Fundraising revenue (income/loss)	25,774	8,425	2,000			
Gaming revenue (income/loss)						
Other revenue				89,024	101,313	
Total revenue	100,344	302,543	308,578	250,387	273,593	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	14,438	57,750	57,751	57,750	60,636	
Other compensation	33,304	86,952	72,717	35,911	35,615	
Professional fees	7,300	8,649	1,150	18,838	23,604	
Occupancy costs	6,312	22,011	22,940	30,380	23,209	
Depreciation and depletion	5,463	29,275	34,214	33,831	34,117	
Other expenses	29,092	131,171	93,799	39,820	66,141	
Total expenses	95,909	335,808	282,571	216,530	243,322	
Excess or (Deficit)	4,435	-33,265	26,007	33,857	30,271	
Total exempt revenue	100,344	302,543	308,578	250,387	273,593	
Total unrelated revenue						
Total excludable revenue	68,425	175,698	151,973	124,368	135,606	
Total Assets	1,006,974	1,002,854	948,975	924,765	913,883	
Total Liabilities	318,772	347,917	268,031	209,964	168,811	
Net Fund Balances	688,202	654,937	680,944	714,801	745,072	

Federal Statements

FYE: 12/31/2019

Tax-Exempt Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
INTEREST	\$ 65		25			
TOTAL	<u>\$ 65</u>					

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Federal Statements

FYE: 12/31/2019

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PROFESSIONAL FEES	\$ 7,330	\$ 7,330	\$	\$
PROGRAM AWARENESS	10,688	10,688		
INTERNS	738	738		
VOLUNTEERS	172	172		
TOTAL	\$ 18,928	\$ 18,928	\$ 0	\$ 0

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
PARK RANGER FEES	\$ 10,295
CASH CONTRIBUTIONS	6,417
CITY OF TAMPA	30,040
CASH CONTRIBUTION	46,080
SWOPE & RODANTE, P.A	
CASH CONTRIBUTION	6,850
ROBERT & AIDA CALAFELL	
CASH CONTRIBUTION	8,100
ARTS COUNCIL OF TAMPA	
CASH CONTRIBUTION	15,977
HISTORIC PRESERVATION	
CASH CONTRIBUTION	14,228
TOTAL	\$ 137,987

Schedule A, Part III, Line 2(e)

Description	Amount
CASITAS/BUNKER/GARDEN	\$ 133,763
TOTAL	\$ 133,763

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Federal Statements

FYE: 12/31/2019

Schedule A, Part III, Line 3(e)

<u>Description</u>	<u>Amount</u>
LEGACY	\$ 12,125
BUILDINGS ALIVE	8,519
SILENT AUCTION	2,500
BRICK PAVER	1,200
VINCENTE MARTIN EVENT	305
HOMERUNS & HISTORY	9,487
CIGAR BOXES	92
TOTAL	\$ <u>34,228</u>

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

<u>Description</u>	<u>Amount</u>
INTEREST	\$ 65
TOTAL	\$ <u>65</u>