

PUBLIC DISCLOSURE COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
SEPTEMBER 30, 2019

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**PREPARED FOR:**

THE TAMPA BAY HISTORY CENTER  
801 OLD WATER STREET  
TAMPA, FL 33602

---

**PREPARED BY:**

CBIZ MHM, LLC  
13577 FEATHER SOUND DR., SUITE 400  
CLEARWATER, FL 33762-5539

---

**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY AUGUST 17, 2020.

PLEASE NOTE THAT SHOULD YOU PROVIDE FORM 990 AND ITS ATTACHMENTS TO ANYONE, INCLUDING ANY STATE GOVERNMENT AGENCY, SCHEDULE B SHOULD BE REDACTED, UNLESS A LIST OF CONTRIBUTORS IS SPECIFICALLY REQUIRED BY THE STATE.

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**FOR THE YEAR ENDING**  
SEPTEMBER 30, 2019

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THE TAMPA BAY HISTORY CENTER  
801 OLD WATER STREET  
TAMPA, FL 33602

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**AMOUNT DUE OR REFUND:**

OVERPAYMENT OF \$189. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO  
THE ESTIMATED TAX PAYMENTS.

---

**MAKE CHECK PAYABLE TO:**

NO AMOUNT IS DUE.

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

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**RETURN MUST BE MAILED ON OR BEFORE:**

AUGUST 17, 2020

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**SPECIAL INSTRUCTIONS:**

THE RETURN SHOULD BE SIGNED AND DATED.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning OCT 1, 2018, and ending SEP 30, 2019

# 2018

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**THE TAMPA BAY HISTORY CENTER**

**59-3058652**

Name and title of officer

**C.J. ROBERTS  
PRESIDENT & CEO**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>3,541,580.</u>
<b>2a</b> Form 990-EZ check here	▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize CBIZ MHM, LLC to enter my PIN 58652  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

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

**50465100222**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ CBIZ MHM, LLC Date ▶ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

<b>B</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	<b>C</b> Name of organization <b>THE TAMPA BAY HISTORY CENTER</b>		<b>D</b> Employer identification number <b>59-3058652</b>
	Doing business as		<b>E</b> Telephone number <b>(813) 675-8976</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>801 OLD WATER STREET</b>		<b>G</b> Gross receipts \$ <b>3,666,904.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>TAMPA, FL 33602</b>		
<b>F</b> Name and address of principal officer: <b>HENRY GONZALEZ</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.TAMPABAYHISTORYCENTER.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1989** **M** State of legal domicile: **FL**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE TAMPA BAY HISTORY CENTER, INC. SERVES AS A DYNAMIC AND ENTERTAINING LEARNING RESOURCE.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>27</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>26</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>35</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>100</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>1,236.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>-287.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>3,795,982.</b>	<b>2,635,709.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>352,672.</b>	<b>346,364.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>18,090.</b>	<b>34,996.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>21,724,161.</b>	<b>524,511.</b>
		<b>25,890,905.</b>	<b>3,541,580.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>19,472,526.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,566,316.</b>	<b>1,895,232.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>707,727.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,091,912.</b>	<b>2,273,671.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,658,228.</b>	<b>23,641,429.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>22,232,677.</b>	<b>-20,099,849.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>34,061,087.</b>	<b>13,940,103.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,457,843.</b>	<b>1,392,932.</b>
		<b>32,603,244.</b>	<b>12,547,171.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	▶ <b>C.J. ROBERTS, PRESIDENT &amp; CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>PAUL DUNHAM</b>				<b>P00100222</b>
Firm's name ▶ <b>CBIZ MHM, LLC</b>			Firm's EIN ▶ <b>27-3605969</b>		
Firm's address ▶ <b>13577 FEATHER SOUND DR., SUITE 400 CLEARWATER, FL 33762-5539</b>			Phone no. <b>727-572-1400</b>		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE TAMPA BAY HISTORY CENTER, INC. SERVES AS A DYNAMIC AND ENTERTAINING LEARNING RESOURCE THAT INSPIRES A SENSE OF PLACE AND PRIDE FOR DIVERSE AUDIENCES OF ALL AGES THROUGH INTERACTIVE EDUCATIONAL PROGRAMS AND ENGAGING EXHIBITATIONS.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 22,362,721. including grants of \$ 19,472,526. ) (Revenue \$ 840,160. ) THE TAMPA BAY HISTORY CENTER, INC. (HISTORY CENTER) WAS INCORPORATED AS THE HISTORY MUSEUM OF TAMPA/HILLSBOROUGH COUNTY, INC. ITS NAME WAS CHANGED IN 1993 TO BETTER REFLECT ITS MISSION AND PURPOSE. THE HISTORY CENTER WAS ORGANIZED FOR THE PURPOSE OF ESTABLISHING FACILITIES FOR INTERPRETATION OF MATERIALS AND ARTIFACTS OF AREA HISTORY; TO FOSTER DISSEMINATION AND UNDERSTANDING OF AREA HISTORY THROUGH EDUCATIONAL AND PUBLIC OUTREACH PROGRAMS; AND TO ENCOURAGE AN INTEREST IN HISTORY THROUGH COOPERATION WITH OTHER HISTORICAL AND CULTURAL ORGANIZATIONS AND EDUCATIONAL INSTITUTIONS.

(CONTINUED ON SCHEDULE O)

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 22,362,721.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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> .....	X	
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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



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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (27), 1b (26), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records MARIA T. STEIJLEN, CFO - (813) 675-8976

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) HENRY GONZALEZ III CHAIRMAN	2.00 0.00	X					0.	0.	0.	
(2) JANET A. NICHOLS VICE CHAIR	2.00 2.00	X					0.	0.	0.	
(3) BET SNYDER SECRETARY	2.00 0.00	X					0.	0.	0.	
(4) CURTIS STOKES TREASURER	2.00 0.00	X					0.	0.	0.	
(5) CHRIS ALVAREZ TRUSTEE (4/17/19-9/30/19)	2.00 0.00	X					0.	0.	0.	
(6) MARUCHI AZORIN TRUSTEE	2.00 0.00	X					0.	0.	0.	
(7) LORI BAGGET TRUSTEE (4/17/19-9/30/19)	2.00 0.00	X					0.	0.	0.	
(8) ROBERT S. BOLT TRUSTEE	2.00 0.00	X					0.	0.	0.	
(9) LUCAS DEVICENTE TRUSTEE (4/17/19-9/30/19)	2.00 0.00	X					0.	0.	0.	
(10) LIANA FERNANDEZ FOX TRUSTEE	2.00 0.00	X					0.	0.	0.	
(11) ELIZABETH FRAZIER TRUSTEE	2.00 0.00	X					0.	0.	0.	
(12) TRUETT GARDNER TRUSTEE	2.00 0.00	X					0.	0.	0.	
(13) BETSY GRAHAM TRUSTEE	2.00 0.00	X					0.	0.	0.	
(14) FRASER HIMES TRUSTEE	2.00 0.00	X					0.	0.	0.	
(15) DENNIS HOLT TRUSTEE	2.00 0.00	X					0.	0.	0.	
(16) KIMBERLY MADISON TRUSTEE (4/17/19-9/30/19)	2.00 0.00	X					0.	0.	0.	
(17) DAVID MOORE TRUSTEE	2.00 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) RICH MULLINS TRUSTEE (4/17/19-9/30/19)	2.00 0.00	X						0.	0.	0.
(19) DAVID NICHOLSON TRUSTEE	2.00 0.00	X						0.	0.	0.
(20) STEVEN M. RANEY IMMEDIATE PAST CHAIRMAN	2.00 0.00	X						0.	0.	0.
(21) R. JAMES ROBBINS, JR. PAST CHAIRMAN	2.00 2.00	X						0.	0.	0.
(22) ROB ROSNER TRUSTEE	2.00 0.00	X						0.	0.	0.
(23) PAUL L. WHITING, JR. TRUSTEE	2.00 6.00	X						0.	0.	0.
(24) RUFUS J. WILLIAMS IV TRUSTEE	2.00 0.00	X						0.	0.	0.
(25) BONNIE M. WISE TRUSTEE	2.00 0.00	X						0.	0.	0.
(26) MARK WOODARD TRUSTEE	2.00 0.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								463,520.	0.	76,614.
<b>d Total (add lines 1b and 1c)</b>								463,520.	0.	76,614.

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 **2**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
CREATIVE ARTS UNLIMITED, INC. 3730 70TH AVE N, PINELLAS PARK, FL 33781	EXHIBIT DESIGN & BUILDER	206,390.
ELECTROSONIC, INC., 4501 VINELAND RD, STE 105, ORLANDO, FL 32811	EXHIBIT DESIGN & BUILDER	145,200.

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 **2**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b> 226,006.				
	<b>c</b> Fundraising events .....	<b>1c</b> 199,775.				
	<b>d</b> Related organizations .....	<b>1d</b> 474,905.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 495,521.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 1,239,502.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h Total.</b> Add lines 1a-1f .....	▶ 2,635,709.				
<b>Program Service Revenue</b>	<b>2 a</b> <b>ADMISSIONS</b> .....	<b>Business Code</b> 712110	312,401.	312,401.		
	<b>b</b> <b>CHILDREN &amp; ADULT PROGR</b> .....	712110	33,103.	33,103.		
	<b>c</b> <b>OTHER PROGRAMS</b> .....	712110	860.	860.		
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....	▶ 346,364.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 35,654.			35,654.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real 59,183.				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....	0.			
	<b>c</b> Rental income or (loss) .....	59,183.				
	<b>d</b> Net rental income or (loss) .....	▶ 59,183.			59,183.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities 1,029.				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	1,609. 78.			
		<b>c</b> Gain or (loss) .....	-580. -78.			
	<b>d</b> Net gain or (loss) .....	▶ -658.			-658.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 199,775. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b> 43,100.				
		<b>b</b> Less: direct expenses .....	<b>b</b> 72,804.			
<b>c</b> Net income or (loss) from fundraising events .....		▶ -29,704.			-29,704.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b> 89,874.					
	<b>b</b> Less: cost of goods sold .....	<b>b</b> 50,833.				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶ 39,041.	37,805.	1,236.		
Miscellaneous Revenue		<b>Business Code</b>				
<b>11 a</b>	<b>CAFE REVENUE</b> .....	541611	283,261.	283,261.		
	<b>b</b> <b>SETTLEMENT INCOME</b> .....	900099	112,000.	112,000.		
	<b>c</b> <b>MANAGEMENT FEES</b> .....	531190	50,000.	50,000.		
	<b>d</b> All other revenue .....	712110	10,730.	10,730.		
<b>e Total.</b> Add lines 11a-11d .....	▶ 455,991.					
<b>12 Total revenue.</b> See instructions .....	▶ 3,541,580.	840,160.	1,236.	64,475.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,472,526.	19,472,526.		
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	520,082.	142,594.	136,829.	240,659.
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	1,125,253.	793,060.	194,304.	137,889.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,297.	8,185.	112.	
9 Other employee benefits	123,087.	81,363.	22,321.	19,403.
10 Payroll taxes	118,513.	68,690.	23,584.	26,239.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	34,295.	25,721.	5,144.	3,430.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,529.	968.	551.	10.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	37,403.	28,558.	4,187.	4,658.
12 Advertising and promotion	178,417.			178,417.
13 Office expenses	182,885.	70,653.	65,629.	46,603.
14 Information technology	81,841.	37,528.	26,494.	17,819.
15 Royalties				
16 Occupancy	488,383.	459,079.	24,420.	4,884.
17 Travel	27,707.	11,083.	8,312.	8,312.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,645.	6,970.	8,408.	9,267.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	993,088.	933,503.	49,654.	9,931.
23 Insurance	20,636.	19,398.	1,032.	206.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM EXPENSES</b>	194,839.	194,839.		
b <b>DESIGN &amp; GRAPHICS</b>	4,312.	4,312.		
c <b>EDUCATION MATERIALS</b>	3,691.	3,691.		
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>23,641,429.</b>	<b>22,362,721.</b>	<b>570,981.</b>	<b>707,727.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	366,469.	<b>1</b>	8,657.
	<b>2</b> Savings and temporary cash investments .....	1,737,122.	<b>2</b>	2,377,131.
	<b>3</b> Pledges and grants receivable, net .....	2,219,703.	<b>3</b>	2,075,886.
	<b>4</b> Accounts receivable, net .....	34,885.	<b>4</b>	59,095.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	41,475.	<b>8</b>	37,180.
	<b>9</b> Prepaid expenses and deferred charges .....	26,459.	<b>9</b>	50,810.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 21,546,967.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 13,254,196.	9,224,676.	<b>10c</b> 8,292,771.
	<b>11</b> Investments - publicly traded securities .....	620,250.	<b>11</b>	1,038,573.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	19,790,048.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	34,061,087.	<b>16</b>	13,940,103.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	321,909.	<b>17</b>	256,498.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	1,135,934.	<b>25</b>	1,136,434.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,457,843.	<b>26</b>	1,392,932.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	31,511,967.	<b>27</b>	11,366,111.
	<b>28</b> Temporarily restricted net assets .....	131,277.	<b>28</b>	221,060.
	<b>29</b> Permanently restricted net assets .....	960,000.	<b>29</b>	960,000.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	32,603,244.	<b>33</b>	12,547,171.	
<b>34</b> Total liabilities and net assets/fund balances .....	34,061,087.	<b>34</b>	13,940,103.	



**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,541,580.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,641,429.
3	Revenue less expenses. Subtract line 2 from line 1	3	-20,099,849.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,603,244.
5	Net unrealized gains (losses) on investments	5	43,776.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,547,171.

**Part XII Financial Statements and Reporting**

Check 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 in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2018)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization **THE TAMPA BAY HISTORY CENTER** Employer identification number **59-3058652**

**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		
<b>Total</b>						

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1713867.	6309503.	4149488.	3795982.	2635309.	18604149.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....	590,909.	590,909.	590,909.	590,909.	590,909.	2954545.
<b>4 Total.</b> Add lines 1 through 3 .....	2304776.	6900412.	4740397.	4386891.	3226218.	21558694.
<b>5</b> 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) .....						3528305.
<b>6 Public support.</b> Subtract line 5 from line 4.						18030389.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	2304776.	6900412.	4740397.	4386891.	3226218.	21558694.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	63,468.	65,010.	76,300.	77,676.	94,837.	377,291.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....				1,326.	1,236.	2,562.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	193,002.	200,790.	293,646.			687,438.
<b>11 Total support.</b> Add lines 7 through 10						22625985.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	24,183,962.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	79.69 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	80.26 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

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

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

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

**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			



**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

**THE TAMPA BAY HISTORY CENTER**

Employer identification number

**59-3058652**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization  <b>THE TAMPA BAY HISTORY CENTER</b>	Employer identification number  <b>59-3058652</b>
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**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	 <hr/> <hr/> <hr/>	\$ <u>415,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>116,436.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>474,905.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>64,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>611,215.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>55,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>THE TAMPA BAY HISTORY CENTER</b>	Employer identification number  <b>59-3058652</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>THE TAMPA BAY HISTORY CENTER</b>	Employer identification number  <b>59-3058652</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

**Name of the organization** THE TAMPA BAY HISTORY CENTER **Employer identification number** 59-3058652

**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).  
 Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area  
 Protection of natural habitat       Preservation of a certified historic structure  
 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? .....

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)? .....

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

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

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	980,250.	1,004,586.	1,012,030.	640,945.	629,875.
b Contributions				360,000.	
c Net investment earnings, gains, and losses	59,352.	16,588.	5,556.	11,085.	37,070.
d Grants or scholarships					
e Other expenditures for facilities and programs		40,924.	13,000.		26,000.
f Administrative expenses	1,029.				
g End of year balance	1,038,573.	980,250.	1,004,586.	1,012,030.	640,945.

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

- a Board designated or quasi-endowment  .00 %
- b Permanent endowment  92.43 %
- c Temporarily restricted endowment  7.57 %

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)		X
3a(ii)		X
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				
c Leasehold improvements		9,127,608.	3,043,015.	6,084,593.
d Equipment				
e Other		12,419,359.	10,211,181.	2,208,178.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,292,771.

**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)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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) INTERORGANIZATIONAL PAYABLE	1,136,434.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,136,434.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,701,400.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	43,776.	
b	Donated services and use of facilities	2b	43,240.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	72,804.	
e	Add lines 2a through 2d	2e		159,820.
3	Subtract line 2e from line 1	3		3,541,580.
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		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		3,541,580.

**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	4,284,947.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	43,240.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	72,804.	
e	Add lines 2a through 2d	2e		116,044.
3	Subtract line 2e from line 1	3		4,168,903.
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	19,472,526.	
c	Add lines 4a and 4b	4c		19,472,526.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		23,641,429.

**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 V, LINE 4:**

THE HISTORY CENTER'S CULTURAL ENDOWMENT IS COMPRISED OF GRANTS AWARDED BY DONORS FOR THE SOLE PURPOSE OF PROVIDING THE MATCHING FUNDS REQUIRED TO SECURE A MATCHING GRANT FROM THE STATE OF FLORIDA CULTURAL ENDOWMENT PROGRAM (THE STATE). THE GRANTS ARE PERMANENTLY RESTRICTED BY BOTH THE DONORS AND THE STATE OF FLORIDA. AS PERMANENTLY RESTRICTED CONTRIBUTIONS, THE ORGANIZATION IS REQUIRED TO MAINTAIN A MINIMUM BALANCE IN THE ENDOWMENT FUND ASSETS OF \$960,000.

THE HISTORY CENTER'S DONORS HAVE PLACED THE RESTRICTION ON INVESTMENT INCOME OR NET APPRECIATION RESULTING FROM THE DONOR-RESTRICTED ENDOWMENT FUNDS BE EXPENDED ONLY FOR OPERATING COSTS INCURRED WHILE ENGAGED IN

**Part XIII** Supplemental Information (continued)

PROGRAMS DIRECTLY RELATED TO CULTURAL ACTIVITIES. THE HISTORY CENTER HAS ADOPTED AN INVESTMENT AND SPENDING POLICY, APPROVED BY THE BOARD OF TRUSTEES, FOR ENDOWMENT ASSETS THAT MEETS THE REQUIREMENTS SET FORTH IN THE AGREEMENT WHICH REQUIRE THE PRESERVATION OF THE \$960,000 CAPITAL VALUE AND THE USE OF INVESTMENT QUALITY FIXED INCOME INSTRUMENTS AS THE PRIMARY INVESTMENT VEHICLE.

## PART X, LINE 2:

THE HISTORY CENTER AND ITS AFFILIATES HAVE BEEN RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE). THE FOUNDATION HAS BEEN DETERMINED TO BE A TYPE 1 SUPPORTING ORGANIZATION UNDER SECTION 509(A)(3) OF THE CODE. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN PRESENTED IN THESE COMBINED FINANCIAL STATEMENTS FOR THESE ENTITIES.

THE ORGANIZATION HAS ADOPTED FASB GUIDANCE REGARDING UNCERTAINTY IN INCOME TAXES AS CODIFIED IN FASB ASC TOPIC 740-10. AT SEPTEMBER 30, 2019, MANAGEMENT DOES NOT BELIEVE IT HAS TAKEN ANY TAX POSITIONS THAT ARE SUBJECT TO A SIGNIFICANT DEGREE OF UNCERTAINTY. THE ORGANIZATION'S INCOME TAX FILINGS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE GENERALLY FOR THREE YEARS AFTER THEY WERE FILED. THE ORGANIZATION'S INCOME TAX FILINGS FOR YEARS AFTER THE FISCAL YEAR ENDED SEPTEMBER 30, 2015 REMAIN OPEN FOR EXAMINATION.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	72,804.
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## PART XII, LINE 2D - OTHER ADJUSTMENTS:

**Part XIII** Supplemental Information (continued)

SPECIAL EVENT EXPENSES NET AGAINST REVENUE 72,804.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT TO TBHC FOUNDATION 19,472,526.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>ANNUAL GALA</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	242,875.			242,875.
	<b>2</b> Less: Contributions .....	199,775.			199,775.
	<b>3</b> Gross income (line 1 minus line 2) .....	43,100.			43,100.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	45,000.			45,000.
	<b>8</b> Entertainment .....	4,500.			4,500.
	<b>9</b> Other direct expenses .....	23,304.			23,304.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				72,804.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-29,704.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **THE TAMPA BAY HISTORY CENTER** Employer identification number **59-3058652**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
THE TAMPA BAY HISTORY CENTER FOUNDATION, INC. - 801 OLD WATER ST - TAMPA, FL 33602	20-2900795	501(C)(3)	19,472,526.	0.	N/A	N/A	ADMINISTER FUNDS FOR THE CHARITABLE & EDUCATIONAL OPERATIONS OF TAMPA BAY HISTORY CENTER, INC.

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **1.**

**3** Enter total number of other organizations listed in the line 1 table ..... ▶

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

Schedule I (Form 990) (2018)



**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

SEVERAL OF THE ORGANIZATION'S BOARD OF TRUSTEES ALSO SERVE AS TRUSTEES OF THE TAMPA BAY HISTORY CENTER FOUNDATION, INC. THE OVERLAPPING OFFICERS AND TRUSTEES ENSURE THAT FUNDS TRANSFERRED TO THE FOUNDATION ARE USED FOR THE INTENDED PURPOSE.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **THE TAMPA BAY HISTORY CENTER**  
 Employer identification number: **59-3058652**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		<input checked="" type="checkbox"/>
<b>2</b>	<input checked="" type="checkbox"/>	
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2018

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) C.J. ROBERTS PRESIDENT & CEO	(i)	197,644.	41,000.	0.	6,564.	20,429.	265,637.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GRANT MARTIN VP CAPITAL CAMPAIGN	(i)	126,689.	0.	0.	3,873.	20,262.	150,824.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 1A:**

THE BUDGET PROVIDES THE PRESIDENT/CEO WITH A DISCRETIONARY SPENDING ACCOUNT FOR THE BENEFIT OF ORGANIZATION. THE ANNUAL BUDGET FOR FISCAL 2019 ALLOWED FOR DISCRETIONARY SALARY AND WAGE ADJUSTMENTS OF \$109,077 AND A CONTINGENCY FUND OF \$25,020. THE BUDGET ALSO PROVIDES FOR THE PRESIDENT/CEO TO JOIN THE UNIVERSITY CLUB OF TAMPA FOR A MONTHLY FEE OF UP TO \$158.

**PART I, LINE 1B:**

THE BUDGET IS APPROVED BY THE BOARD OF TRUSTEES ANNUALLY. THERE IS NO POLICY WRITTEN SPECIFICALLY FOR EXPENSE REIMBURSEMENTS. ALL REIMBURSEMENTS REQUIRE PROPER DOCUMENTATION AND APPROVAL BY THE VICE PRESIDENT OR DIRECTOR OF ACCOUNTING.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

THE TAMPA BAY HISTORY CENTER

Employer identification number

59-3058652

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE HISTORY CENTER'S MISSION IS TO EDUCATE VISITORS ABOUT THE IMPORTANT  
HISTORY THAT HAS SHAPED AND CONTINUES TO SHAPE THE TAMPA BAY AREA.

TODAY, THE TAMPA BAY HISTORY CENTER PROVIDES QUALITY HISTORICAL AND  
EDUCATIONAL SERVICES AND PROGRAMS.

THE TAMPA BAY HISTORY CENTER IS MORE THAN A MERE REPOSITORY FOR  
HISTORICAL FACTS. FUNCTIONING AS A LIAISON BETWEEN THE PAST AND THE  
PRESENT, THE MUSEUM HONORS OUR COMMUNITY'S CHARACTER AND HERITAGE,  
STIRRING THE SPIRIT OF ADVENTURE FOUND IN ALL ITS VISITORS WITH THE  
GENERATIONS OF STORIES IT HAS TO TELL.

THE TAMPA BAY HISTORY CENTER IS A NON-PROFIT EDUCATIONAL INSTITUTION IN  
DOWNTOWN TAMPA, FLORIDA THAT SEEKS TO PRESERVE AND TEACH THE REMARKABLE  
HISTORY OF THE TAMPA BAY AREA. THE TAMPA BAY HISTORY CENTER IS A  
501(C)(3) NON-PROFIT CORPORATION AND IS FUNDED IN PART BY: HILLSBOROUGH  
COUNTY BOARD OF COUNTY COMMISSIONERS AND THE CITY OF TAMPA.

AN ACADEMIC PARTNERSHIP HAS BEEN ESTABLISHED BY THE HISTORY CENTER WITH  
THE UNIVERSITY OF SOUTH FLORIDA - FUNDED BY AN ENDOWMENT. THE  
ENDOWMENT'S INCOME UNDERWRITES PUBLIC EDUCATION PROGRAMS AND ACTIVITIES  
DESIGNED JOINTLY BY THE HISTORY CENTER AND THE FLORIDA STUDIES CENTER  
BASED AT THE USF LIBRARY. OTHER EDUCATION PARTNERS INCLUDE THE  
HILLSBOROUGH COUNTY SCHOOL DISTRICT, THE TAMPA/HILLSBOROUGH COUNTY  
PUBLIC LIBRARY SYSTEM, THE UNIVERSITY OF TAMPA AND HILLSBOROUGH  
COMMUNITY COLLEGE.

Name of the organization THE TAMPA BAY HISTORY CENTER	Employer identification number 59-3058652
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THE HISTORY CENTER BUILDING, LOCATED NEAR THE HISTORICALLY IMPORTANT FORT BROOKE RESERVATION (THE BIRTHPLACE OF MODERN TAMPA), CONTAINS 60,000 SQUARE FEET OF EXHIBITS DEPICTING ALMOST 500 YEARS OF RECORDED HISTORY AND 12,000 YEARS OF HUMAN HABITATION IN THIS REGION. NATIVE AMERICANS AND SPANISH CONQUISTADORS, PIONEER SETTLERS AND CIGAR WORKERS, IMMIGRANTS AND COWBOYS, MILITARY AND SPORTS HEROES, AND ENTREPRENEURS AND WORKERS - WHITE, BLACK, HISPANIC, JEWISH, URBAN, RURAL, OLD, YOUNG - HAVE ALL CONTRIBUTED TO OUR "SENSE OF PLACE." SCHOOLCHILDREN, RESIDENTS AND TAMPA BAY VISITORS WILL FEEL, SENSE AND DISCOVER THESE LIFE STORIES IN WAYS MEANINGFUL TO THEIR FAMILIES AND TO CONTEMPORARY SOCIETY.

THE USE OF MODERN MUSEUM TECHNOLOGY HIGHLIGHTS COUNTLESS ARTIFACTS. PARENT-CHILD LEARNING OPPORTUNITIES ABOUND THROUGH PERMANENT AND CHANGING EXHIBITIONS. MORE THAN 80,000 ITEMS ARE ALREADY IN THE HISTORY CENTER'S COLLECTIONS. UNDOUBTEDLY, THOUSANDS MORE WILL BE ADDED AS INDIVIDUALS AND FAMILIES BECOME AWARE THAT, AFTER TOO MANY DECADES WITHOUT A COMMUNITY HISTORY MUSEUM, THERE IS A RESPECTED AND WELL-FINANCED REPOSITORY FOR THIS AREA'S ARTIFACTS.

THE HISTORY CENTER IS AN IMPORTANT PARTICIPANT IN A SUCCESSFUL PUBLIC-PRIVATE PARTNERSHIP WITH HILLSBOROUGH COUNTY, THE CITY OF TAMPA, THE LOCAL EDUCATION COMMUNITY AND THE PRIVATE SECTOR. THIS CIVIC COALITION HAS ESTABLISHED A MAJOR CULTURAL INSTITUTION THAT SERVES STUDENTS AND OTHER RESIDENTS OF THE TAMPA BAY AREA WHILE ALSO BEING A DESTINATION ATTRACTION FOR AN ACTIVE TOURISM INDUSTRY.

Name of the organization THE TAMPA BAY HISTORY CENTER	Employer identification number 59-3058652
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## EXCERPT OF ACCOMPLISHMENTS FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019:

FL CONVERSATIONS LECTURE SERIES: FLORIDA CONVERSATIONS IS AN INFORMAL MONTHLY LECTURE PROGRAM LED BY TOP SCHOLARS, WRITERS, AND ARTISTS.

THESE PRESENTATIONS EXPLORE EVERYTHING FROM HISTORY, ART, AND ARCHITECTURE TO POLITICS, ARCHAEOLOGY, AND LITERATURE. FLORIDA

CONVERSATIONS IS CO-PRODUCED BY TBHC AND USF LIBRARIES FLORIDA STUDIES CENTER AND SPONSORED BY WUSF PUBLIC MEDIA. THIS PROGRAM IS FREE AND OPEN TO THE PUBLIC AND WAS OFFERED EIGHT TIMES AND SERVED 455 ATTENDEES.

HISTORY ADVENTURE CAMPS: THESE THEMED CAMPS INCLUDE CREATIVE ACTIVITIES THROUGHOUT THE MUSEUM, STREETCAR FIELD TRIPS, INTERACTIVE EXHIBITS, ARTS AND CRAFTS, GAMES, MUSIC, LITERATURE, SPLASH PARK FUN AND INTERACTIONS WITH HISTORIANS AND OTHER EXPERTS. CAMPS ARE LED BY EXPERIENCED EDUCATORS DEDICATED TO PROVIDING UNIQUE AND ENGAGING HISTORY LEARNING EXPERIENCES FOR CAMPERS. CAMPS WERE CONDUCTED FOR FOUR, ONE-WEEK LONG, SESSIONS DURING FY2019.

TEEN COUNCIL: COMPRISED OF LOCAL HIGH SCHOOL STUDENTS AND LED BY HISTORY CENTER EDUCATION STAFF, HIGH SCHOOL STUDENTS ARE TRAINED ON MUSEUM YOUTH EDUCATION PROGRAMS, PROVIDE INPUT TO STAFF FOR THE CREATION OF NEW YOUTH-ORIENTED PROGRAMS, HOST PROGRAMS FOR HIGH SCHOOL STUDENTS SUCH AS AP HISTORY TRIVIA AND TESTING PREPARATION, AND SERVE AS VOLUNTEERS TO HELP FACILITATE MUSEUM PROGRAMS FOR YOUNGER CHILDREN. DURING FY19, TEEN COUNCIL PROGRAMS SERVED A TOTAL OF 101 YOUTH.

SCHOOL TOURS: LED BY TRAINED DOCENTS, SCHOOL STUDENTS ARE PROVIDED WITH AGE-SPECIFIC, TARGETED EDUCATIONAL ACTIVITIES THROUGHOUT THE MUSEUM

Name of the organization THE TAMPA BAY HISTORY CENTER	Employer identification number 59-3058652
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GALLERIES TO ENGAGE THEM IN EXPERIENTIAL AND HANDS-ON LEARNING ABOUT LOCAL AND REGIONAL HISTORY. DURING THE GUIDED TOUR, STUDENTS EXPLORE THE SIGNIFICANT PEOPLE, IDEAS AND EVENTS THAT HAVE HELPED SHAPE OUR REGION AND STATE, AND ANSWER QUESTIONS SUCH AS: WHO WERE FLORIDA'S EARLY NATIVE PEOPLES AND HOW WERE THEY AFFECTED BY THE ARRIVAL OF EUROPEAN EXPLORERS? WHAT KEY EVENTS CAUSED SEMINOLE INDIAN CULTURE TO CHANGE AND ADAPT OVER TIME? WHICH INDUSTRY PUT TAMPA ON THE MAP AND WHO WERE THE IMMIGRANTS CENTRAL TO THAT STORY? DURING FY2019, 156 SCHOOL TOURS WERE CONDUCTED, SERVING A TOTAL OF 9,824 STUDENTS.

SANGRIA AND STORIES PROGRAM: SANGRIA AND STORIES IS A CASUAL, FUN WAY FOR THE PUBLIC TO ENJOY AN AFTER-HOURS-GUIDED TOUR AND HEAR THE HIDDEN STORIES OF THE HISTORY CENTER'S PERMANENT COLLECTION AND TEMPORARY EXHIBITS. SPECIAL GUEST SPEAKERS DISCUSS A SINGLE OBJECT, A TEMPORARY EXHIBIT OR SELECTED PIECES FROM THE PERMANENT GALLERIES. DURING THE FY2019, FIVE PROGRAMS WERE HELD, SERVING 115 INDIVIDUALS.

SCHOOL OUTREACH/HISTORY TO GO: HISTORY-TO-GO KITS OFFER ENGAGING, PRIMARY SOURCE-BASED ACTIVITIES THAT HELP STUDENTS IMPROVE THEIR HISTORICAL THINKING SKILLS. FILLED WITH CULTURAL ARTIFACTS, HISTORIC PHOTOGRAPHS AND OTHER LEARNING MATERIALS, KITS ARE DEVELOPED BY A TEAM OF EDUCATORS AND DESIGNED TO HELP TEACHERS MEET FLORIDA EDUCATION STANDARDS ACROSS THE CURRICULUM. EACH KIT CONTAINS BACKGROUND INFORMATION, OBJECT DESCRIPTIONS AND LESSON PLANS FOR MULTIPLE GRADE LEVELS AND LEARNING STYLES. DURING FY2019, 23 CLASSROOMS RECEIVED KITS, BENEFITTING 346 STUDENTS.

IN ADDITION, EDUCATION STAFF CONDUCTED SCHOOL OUTREACH PROGRAMMING AND



Name of the organization

THE TAMPA BAY HISTORY CENTER

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59-3058652

CURRICULUM ONSITE AT LOCAL ELEMENTARY SCHOOLS, UNIVERSITY OF SOUTH FLORIDA, AFTER-SCHOOL CENTERS SUCH AS BOYS AND GIRLS CLUBS AND MORE, SERVING A TOTAL OF 297 STUDENTS.

SENIOR ADULT CONTINUING EDUCATION CLASSES: IN COOPERATION WITH UNIVERSITY OF SOUTH FLORIDA'S OSHER LIFELONG LEARNING INSTITUTE (OLLI), TBHC OFFERS COURSES FOR SENIORS THROUGHOUT THE YEAR. THE COURSES ARE LED BY UNIVERSITY PROFESSORS, SCHOLARS WITH EXPERTISE IN CERTAIN AREAS AND LOCAL RESIDENTS WITH SPECIAL KNOWLEDGE OF THE AREA. DURING FY2019, A TOTAL OF 17 CLASSES WERE CONDUCTED, SERVING A TOTAL OF 91 SENIOR CITIZENS.

HISTORY KREWE COMMUNITY OUTREACH: TBHC'S "HISTORY KREWE" IS A TEAM OF TBHC VOLUNTEER DOCENTS, WHO PROVIDE COMMUNITY OUTREACH BY TRAVELING TO LOCAL EVENTS, FAIRS, TRADE SHOWS AND OTHER SPECIAL EVENTS, TO BRING TBHC HISTORY EDUCATION AND INFORMATION TO THE PUBLIC, BEYOND THE WALLS OF THE MUSEUM. DURING FY19, THE HISTORY KREWE PROVIDED 100 PRESENTATIONS, SERVING APPROXIMATELY 2,000 INDIVIDUALS.

HISTORY WALKING AND BUS TOURS: HISTORY WALKING AND BUS TOURS OF HISTORICALLY SIGNIFICANT NEIGHBORHOODS IN TAMPA ARE LED BY HISTORY CENTER-TRAINED GUIDES AND OFFER EDUCATION AND INSIGHT TO TAMPA'S MOST HISTORICAL AND STORIED REGIONS. DURING FY2019, A TOTAL OF 30 TOURS WERE CONDUCTED, SERVING A TOTAL OF 458 INDIVIDUALS.

FREE AND DISCOUNTED DAYS:

- JULY 1 - SEPTEMBER 2, 2019 - THE HISTORY CENTER PARTICIPATED IN THE NATIONAL ENDOWMENT FOR THE ART'S

Name of the organization THE TAMPA BAY HISTORY CENTER	Employer identification number 59-3058652
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"BLUE STAR MUSEUMS" PROGRAM AND OFFERED FREE ADMISSION EVERY DAY TO ALL MEMBERS OF THE MILITARY AND UP TO FIVE FAMILY MEMBERS/GUESTS.

- ON MOTHER'S DAY AND FATHER'S DAY, ADMISSION WAS OFFERED AS "BUY ONE GET ONE" TO ANY VISITORS.

- JULY 4, 2019 - THE HISTORY CENTER CELEBRATED INDEPENDENCE DAY BY OFFERING A DISCOUNTED ADMISSION OF FIVE DOLLARS ALL DAY.

- SEPTEMBER 21, 2019 - THE HISTORY CENTER OFFERED FREE ADMISSION ALL DAY DURING SMITHSONIAN MAGAZINE'S MUSEUM DAY.

- DURING FY2019, TBHC PARTICIPATED IN THE PUBLIC LIBRARY COOPERATIVE' DISCOVERY PASS PROGRAM HILLSBOROUGH COUNTY & PINELLAS COUNTIES, WHICH PROVIDES A TBHC FREE ADMISSION PASS THAT ANY MEMBER OF THE COMMUNITY CAN CHECK OUT FROM THE LIBRARY AT NO COST. TBHC ALSO PARTICIPATED IN THE "MUSEUMS FOR ALL" PROGRAM, WHICH OFFERS FREE OR REDUCED ADMISSION FOR EBT CARDHOLDERS.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 IS DISCUSSED WITH THE PREPARER. THE 990 IS REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD AND THEN SENT TO THE FULL BOARD. A DESIGNATED OFFICER SIGNS THE RETURN AFTER CONSIDERING BOARD COMMENTS AND IT IS SUBSEQUENTLY FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CHAIRMAN OF THE BOARD OF TRUSTEES DISCUSSES THE CONFLICT OF INTEREST POLICY WITH BOARD MEMBERS ANNUALLY AND REQUESTS ANY CONFLICTS BE DISCLOSED AT EACH MEETING. THE CONFLICT OF INTEREST POLICY IS INCLUDED IN THE BOARD BOOK PROVIDED TO EACH NEW BOARD MEMBER.

Name of the organization THE TAMPA BAY HISTORY CENTER	Employer identification number 59-3058652
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## FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION FOR THE ORGANIZATION'S PRESIDENT AND CEO IS REVIEWED AND DETERMINED BY THE GOVERNANCE COMMITTEE OF THE BOARD OF TRUSTEES AND THEN APPROVED BY THE ORGANIZATION'S BOARD OF TRUSTEES. THE ORGANIZATION MAINTAINS AN EMPLOYMENT CONTRACT WHICH STATES THAT THE EXECUTIVE DIRECTOR WILL BE EVALUATED ON AN ANNUAL BASIS.

COMPENSATION FOR ALL OTHER EMPLOYEES IS DETERMINED AND APPROVED BY THE CEO. AN EMPLOYEE FILE IS MAINTAINED FOR EACH EMPLOYEE AND THERE IS WRITTEN AUTHORIZATION FOR CHANGES TO SALARY LEVELS THAT ARE SIGNED BY THE PRESIDENT AND CEO OF THE ORGANIZATION. THE BOARD OF TRUSTEES APPROVES THE ANNUAL BUDGET WHICH INCLUDES COMPENSATION INCREASES.

## FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FORM 990, CODE OF ETHICS (WHICH INCLUDES THE CONFLICT OF INTEREST POLICY), STRATEGIC PLAN, DONOR PRIVACY POLICY AND AUDITED FINANCIAL STATEMENTS (COMBINED REPORT) AVAILABLE TO THE PUBLIC ON THE TAMPA BAY HISTORY CENTER'S WEBSITE WWW.TAMPABAYHISTORYCENTER.ORG.

GOVERNING DOCUMENTS, INCLUDING THE ARTICLES OF INCORPORATION AND BYLAWS, ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

## FORM 990, PART XII, LINES 2B &amp; 2C:

THE ORGANIZATION HAS ESTABLISHED AN INDEPENDENT AUDIT COMMITTEE TO PROVIDE ASSISTANCE TO THE GOVERNING BOARD IN FULFILLING ITS RESPONSIBILITIES TO THE USERS OF THE FINANCIAL STATEMENTS. THIS COMMITTEE IS RESPONSIBLE FOR APPROVING THE SELECTION OF THE FINANCIAL STATEMENT AUDITORS INCLUDING ENSURING THE INDEPENDENCE OF THE AUDITORS



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization

**THE TAMPA BAY HISTORY CENTER**

Employer identification number

**59-3058652**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE TAMPA BAY HISTORY CENTER FOUNDATION, INC. - 20-2900795, 801 OLD WATER ST, TAMPA, FL 33602	TO PROVIDE SUPPORT AND ADMINISTER FUNDS FOR THE TAMPA BAY HISTORY CENTER	FLORIDA	501(C)(3)	LINE 12A, I	THE TAMPA BAY HISTORY CENTER, INC.	X	
TBHC FACILITY CORPORATION - 45-2409147 801 OLD WATER ST TAMPA, FL 33602	TO ACQUIRE REAL PROPERTY AND COLLECT RENT AND OTHER INCOME FROM PROPERTY	FLORIDA	501(C)(2)		THE TAMPA BAY HISTORY CENTER, INC.	X	
TBHC HISTORICAL COLLECTIONS CORPORATION - 45-2409300, 801 OLD WATER ST, TAMPA, FL 33602	TO ACQUIRE ARTIFACTS RELATING TO THE HISTORY OF HILLSBOROUGH COUNTY	FLORIDA	501(C)(3)	LINE 12B, II	THE TAMPA BAY HISTORY CENTER, INC.	X	

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

Schedule R (Form 990) 2018

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE TAMPA BAY HISTORY CENTER FOUNDATION, INC.	C	474,905.	CASH TRANSFERRED
(2) THE TAMPA BAY HISTORY CENTER FOUNDATION, INC.	L	50,000.	FAIR MARKET VALUE
(3) THE TAMPA BAY HISTORY CENTER FOUNDATION, INC.	B	19,472,526.	CASH TRANSFERRED
(4)			
(5)			
(6)			







**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2018**

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>THE TAMPA BAY HISTORY CENTER</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>801 OLD WATER STREET</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>TAMPA, FL 33602</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>59-3058652</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)  <b>453220</b></p>
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**C** Book value of all assets at end of year 13,940,103.

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ GIFT SHOP. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? .....  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ MARIA T. STEIJLEN, CFO Telephone number ▶ (813) 675-8976

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>2,135.</u>			
b	Less returns and allowances <u>28.</u> c Balance ▶	1c	2,107.	
2	Cost of goods sold (Schedule A, line 7) .....	2	871.	
3	Gross profit. Subtract line 2 from line 1c .....	3	1,236.	
4 a	Capital gain net income (attach Schedule D) .....	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) .....	4b		
c	Capital loss deduction for trusts .....	4c		
5	Income (loss) from a partnership or an S corporation (attach statement) .....	5		
6	Rent income (Schedule C) .....	6		
7	Unrelated debt-financed income (Schedule E) .....	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F) .....	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) .....	9		
10	Exploited exempt activity income (Schedule I) .....	10		
11	Advertising income (Schedule J) .....	11		
12	Other income (See instructions; attach schedule) .....	12		
13	<b>Total.</b> Combine lines 3 through 12 .....	13	1,236.	1,236.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K) .....				
15	Salaries and wages .....				
16	Repairs and maintenance .....				
17	Bad debts .....				
18	Interest (attach schedule) (see instructions) .....				
19	Taxes and licenses .....				
20	Charitable contributions (See instructions for limitation rules) .....				
21	Depreciation (attach Form 4562) .....	21			
22	Less depreciation claimed on Schedule A and elsewhere on return .....	22a		22b	
23	Depletion .....				
24	Contributions to deferred compensation plans .....				
25	Employee benefit programs .....				
26	Excess exempt expenses (Schedule I) .....				
27	Excess readership costs (Schedule J) .....				
28	Other deductions (attach schedule) .....				
29	<b>Total deductions.</b> Add lines 14 through 28 .....	29			1,523.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30			-287.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31			
32	Unrelated business taxable income. Subtract line 31 from line 30 .....	32			-287.

**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-287.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	-287.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	-287.

**Part IV Tax Computation**

39	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	39	0.
40	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	<b>Proxy tax.</b> See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	<b>Tax on Noncompliant Facility Income.</b> See instructions	43	
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	<b>Total credits.</b> Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	189.
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	<b>Total payments.</b> Add lines 50a through 50g	51	189.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	189.
55	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> 189.   <b>Refunded</b>	55	0.

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Sign Here**  
 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT & CEO**

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: **PAUL DUNHAM** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: **P00100222**

Firm's name: **CBIZ MHM, LLC** Firm's EIN: **27-3605969**

Firm's address: **13577 FEATHER SOUND DR., SUITE 400 CLEARWATER, FL 33762-5539** Phone no. **727-572-1400**

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

# TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING  
SEPTEMBER 30, 2019

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**PREPARED FOR:**

THE TAMPA BAY HISTORY CENTER  
801 OLD WATER STREET  
TAMPA, FL 33602

---

**PREPARED BY:**

CBIZ MHM, LLC  
13577 FEATHER SOUND DR., SUITE 400  
CLEARWATER, FL 33762-5539

---

**TO BE SIGNED AND DATED BY:**

NOT APPLICABLE

---

**AMOUNT OF TAX:**

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: OTHER AMOUNT		0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

---

**OVERPAYMENT:**

CREDITED TO YOUR ESTIMATED TAX	\$	0
OTHER AMOUNT	\$	0
REFUNDED TO YOU	\$	0

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FLORIDA DOR, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE FLORIDA DOR. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FLORIDA DOR.

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

**Florida Tentative Income / Franchise Tax Return  
and Application for Extension of Time to File Return**

**1019**  
F-7004  
R. 01/17  
Rule 12C-1.051  
Florida Administrative Code  
Effective 01/17

**Information for Filing Florida Form F-7004**

F-7004  
R. 01/17

**When to file** - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to [www.floridarevenue.com](http://www.floridarevenue.com)

**Penalties** - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest. There is also a penalty for late-file return when no tax is due.

**Signature** - A person authorized by the taxpayer must sign Florida Form F-7004. They must be an officer or partner of the taxpayer; a person currently enrolled to practice before the Internal Revenue Service (IRS); or attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

**The Florida Form F-7004 must be filed** - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

A. If applicable, state the reason you need the extension:

SEE STATEMENT

B. Type of federal return filed: 990-T

Contact person for questions: MARIA STEIJLEN

Telephone number: (813) 675-8976

Contact Person email address: MSTEIJLEN@TAMPABAYHI

Extension of Time Request	Florida Income/Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 0.00
2. LESS: Estimated tax payments for the taxable year	2. 0.00
3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request.	3. 0.00

Transfer the amount on Line 3 to **Tentative tax due** .

**Make checks payable and mail to:**

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

844961  
09-14-18

**Florida Department of Revenue - Corporate Income Tax  
Florida Tentative Income / Franchise Tax Return  
and Application for Extension of Time to File Return**

**1019**  
F-7004  
R. 01/17

**Name** THE TAMPA BAY HISTORY CENTER  
**Address** 801 OLD WATER STREET  
**City/State/ZIP** TAMPA, FL 33602

FEIN 59-3058652  
Taxable Year End 09/30/19  
FILING STATUS Partnership  S-corporation   
All other federal returns to be filed  **X**  
Tentative Tax Due \$ 0.00

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: \_\_\_\_\_

Date: \_\_\_\_\_

593058652	0	0	0
3	0	0	0
20190930	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

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F-7004

REASON FOR EXTENSION

STATEMENT 1

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EXPLANATION

ADDITIONAL TIME NEEDED TO GATHER INFORMATION FOR A COMPLETE RETURN.



Florida Corporate Income/Franchise Tax Return

F-1120, R. 01/19 1019

FEIN 59-3058652

For calendar year 2018 or tax year beginning

OCT 1

, 2018 ending

SEP 30, 2019

Rule 12C-1.051 Florida Administrative Code Effective 01/19 Page 1 of 6

893302019093000020050378359305865200000

Name THE TAMPA BAY HISTORY CENTER
Address 801 OLD WATER STREET
City/State/ZIP TAMPA, FL 33602

Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

- 1. Federal taxable income (see instructions) - Attach pages 1-5 of federal return Check here if negative X -287.00
2. State income taxes deducted in computing federal taxable income (attach schedule) Check here if negative -
3. Additions to federal taxable income (from Schedule I) Check here if negative -
4. Total of Lines 1, 2 and 3 Check here if negative X -287.00
5. Subtractions from federal taxable income (from Schedule II) Check here if negative -
6. Adjusted federal income (Line 4 minus Line 5) Check here if negative X -287.00
7. Florida portion of adjusted federal income (see instructions) Check here if negative X -287.00
8. Nonbusiness income allocated to Florida (from Schedule R) Check here if negative -
9. Florida exemption 0.00
10. Florida net income (Line 7 plus Line 8 minus Line 9) 0.00
11. Tax due: 5.5% of Line 10 0.00
12. Credits against the tax (from Schedule V)
13. Total corporate income/franchise tax due (Line 11 minus Line 12) 0.00
14. a) Penalty: F-2220 b) Other Line 14 Total
c) Interest: F-2220 d) Other
15. Total of Lines 13 and 14
16. Payment credits: Estimated tax payments 16a \$ Tentative tax payment 16b \$
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19 0.00
18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon
19. Refund: Enter amount of overpayment to be refunded here and on payment coupon

844081 09-17-18

Payment Coupon for Florida Corporate Income Tax Return

1019 F-1120 R. 01/19

Do Not Detach

YEAR ENDING 09/30/19

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name THE TAMPA BAY HISTORY CENTER
Address 801 OLD WATER STREET
City/State/ZIP TAMPA, FL 33602

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

Table with 4 columns: Identification numbers (593058652, 20181001, 20190930, 00000000, 012, 201, -28700, 0) and corresponding values (0, 0, -28700, 0.000000, 0, 0, 0, 0).

0 8933 0 20190930 0002005037 8 3593058652 0000 0





THE TAMPA BAY HISTORY CENTER

FEIN 59-3058652

1019
F-1120
R. 01/19
Page 2 of 6
09/30/19

This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign here, Title: PRESIDENT & CEO, Preparer's signature, Date, Preparer's PTIN: P00100222, Firm's name: CBIZ MHM, LLC, 13577 FEATHER SOUND DR., SUITE 400, CLEARWATER, FL, FEIN: 27-3605969, ZIP: 33762-5539

All Taxpayers Must Answer Questions A through M Below - See Instructions

- A. State of incorporation: FL
B. Florida Secretary of State document number: N3433
C. Florida consolidated return? YES NO [X]
D. Initial return Final return (final federal return filed)
E. Principal Business Activity Code (as pertains to Florida) 453220
F. A Florida extension of time was timely filed? YES [X] NO
G-1. Corporation is a member of a controlled group? YES NO [X] If yes, attach list.
G-2. Part of a federal consolidated return? YES NO [X] If yes, provide: FEIN from federal consolidated return: Name of corporation:
G-3. The federal common parent has sales, property, or payroll in Florida? YES NO [X]
H. Location of corporate books: 801 OLD WATER ST, TAMPA, FL 33602
I. Taxpayer is a member of a Florida partnership or joint venture? YES NO [X]
J. Enter date of latest IRS audit:
a) List years examined:
K. Contact person concerning this return: MARIA STEIJLEN
a) Contact person telephone number: (813) 675-8976
b) Contact person e-mail address: MSTEIJLEN@TAMPABAYHI
L. Type of federal return filed 1120 1120S or 990-T

Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:

Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- Make your check payable to the Florida Department of Revenue.
Write your FEIN on your check.
Sign your check and return.
Attach a copy of your federal return.
Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME THE TAMPA BAY HISTORY CENTER FEIN 59-3058652 TAXABLE YEAR ENDING 09/30/19

<b>Schedule I - Additions and/or Adjustments to Federal Taxable Income</b>	
1. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3.
4. Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida Tax Credit Scholarship Program Credits	12.
13. Renewable energy tax credits	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. s. 168(k) IRC special bonus depreciation	18.
19. Other additions (attach schedule)	19.
20. Total Lines 1 through 19. Enter total on Line 20 and on Page 1, Line 3.	20.

<b>Schedule II - Subtractions from Federal Taxable Income</b>	
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) less direct and indirect expenses \$ _____ <p style="text-align: right;">Total ►</p>	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ <p style="text-align: right;">Total ►</p>	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	
3. Florida net operating loss carryover deduction (see instructions)	3.
4. Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 179, IRC expense (see instructions)	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.
11. Other subtractions (attach statement)	11.
12. Total Lines 1 through 11. Enter total on Line 12 and on Page 1, Line 5.	12.



NAME THE TAMPA BAY HISTORY CENTER FEIN 59-3058652 TAXABLE YEAR ENDING 09/30/19

<b>Schedule III - Apportionment of Adjusted Federal Income</b>					
<b>III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.</b>					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2.					<b>1.000000</b>
<b>III-B For use in computing average value of property (use original cost).</b>	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year	
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) ..... 6a. _____					
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) ..... 6b. _____					
7. Rented property (8 times net annual rent)					
a. Rented property in Florida ..... 7a. _____					
b. Rented property Everywhere ..... 7b. _____					
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida ..... 8a. _____					
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere ..... 8b. _____					
<b>III-C Sales Factor</b>	(a) TOTAL WITHIN FLORIDA (Numerator)		(b) TOTAL EVERYWHERE (Denominator)		
1. Sales (gross receipts)	<b>N/A</b>				
2. Sales delivered or shipped to Florida purchasers			<b>N/A</b>		
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])					
<b>III-D Special Apportionment Fractions (see instructions)</b>	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places		
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

<b>Schedule IV - Computation of Florida Portion of Adjusted Federal Income</b>	
1. Apportionable adjusted federal income from Page 1, Line 6	1.
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.



NAME THE TAMPA BAY HISTORY CENTER FEIN 59-3058652 TAXABLE YEAR ENDING 09/30/19

<b>Schedule V - Credits Against the Corporate Income/Franchise Tax</b>	
1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida Tax Credit: Scholarship Program Credits. (attach certificate)	12.
13. Florida renewable energy technologies investment tax credit	13.
14. Florida renewable energy production tax credit	14.
15. New markets tax credit	15.
16. Entertainment industry tax credit	16.
17. Research and Development tax credit	17.
18. Energy Economic Zone tax credit	18.
19. Other credits (attach schedule)	19.
20. Total credits against the tax (sum of Lines 1 through 19 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	20.

**Schedule R - Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida ..... 1.	_____
(Enter here and on Page 1, Line 8)	

**Line 2. Nonbusiness income (loss) allocated elsewhere**

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere ..... 2.		_____

**Line 3. Total nonbusiness income**

Grand total. Total of Lines 1 and 2 ..... 3.	_____
(Enter here and on Schedule II, Line 7)	



NAME THE TAMPA BAY HISTORY CENTER FEIN 59-3058652 TAXABLE YEAR ENDING 09/30/19

**Estimated Tax Worksheet  
For Taxable Years Beginning On or After January 1, 2018**

- |  |    |    |                |
|--|----|----|----------------|
| 1. Florida income expected in taxable year .....   | 1. | \$ | <u>-287.00</u> |
| 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) ..... | 2. | \$ | _____          |
| 3. Estimated Florida net income (Line 1 less Line 2) .....   | 3. | \$ | _____          |
| 4. Total Estimated Florida tax (5.5% of Line 3) .....  |    | \$ | _____          |
| Less: Credits against the tax .....  | 4. | \$ | _____          |
- 
5. Computation of installments:
- |                       |  |           |
|-----------------------|--|-----------|
| Payment due dates and | If 6/30 year end, last day of 4th month,                     |           |
| payment amounts:      | otherwise last day of 5th month - Enter 0.25 of Line 4 ..... | 5a. _____ |
|                       | Last day of 6th month - Enter 0.25 of Line 4 .....           | 5b. _____ |
|                       | Last day of 9th month - Enter 0.25 of Line 4 .....           | 5c. _____ |
|                       | Last day of fiscal year - Enter 0.25 of Line 4 .....         | 5d. _____ |

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

- |  |     |    |       |
|--|-----|----|-------|
| 1. Amended estimated tax .....   | 1.  | \$ | _____ |
| 2. Less:   |     |    |       |
| (a) Amount of overpayment from last year elected for credit to estimated tax and applied to date ..... | 2a. | \$ | _____ |
| (b) Payments made on estimated tax declaration (Florida Form F-1120ES) .....                           | 2b. | \$ | _____ |
| (c) Total of Lines 2(a) and 2(b) .....   | 2c. | \$ | _____ |
| 3. Unpaid balance (Line 1 less Line 2(c)) .....  | 3.  | \$ | _____ |
| 4. Amount to be paid (Line 3 divided by number of remaining installments) .....                        | 4.  | \$ | _____ |

**References**

*The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at [floridarevenue.com/forms](http://floridarevenue.com/forms).*

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated	Rule 12C-1.051, F.A.C.



THE TAMPA BAY HISTORY CENTER

1019  
F-1120  
R. 01/19

FEIN 59-3058652  
DATA Page 1 of 2

593058652	0	0	0
-28700	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
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0	0	0	0
0	0	0	0



THE TAMPA BAY HISTORY CENTER

1019  
F-1120  
R. 01/19

FEIN 59-3058652  
DATA Page 2 of 2

593058652	0	0	0
1.000000	0	0	0
0	0	0	0
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0	0	0	0

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2018**

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>THE TAMPA BAY HISTORY CENTER</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>801 OLD WATER STREET</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>TAMPA, FL 33602</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>59-3058652</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)  <b>453220</b></p>
--	---------------------	---	---

<p><b>C</b> Book value of all assets at end of year  <b>13,940,103.</b></p>	<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
---	--

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **GIFT SHOP**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **MARIA T. STEIJLEN, CFO** Telephone number ▶ **(813) 675-8976**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>2,135.</u>			
b	Less returns and allowances <u>28.</u> c Balance ▶	1c	2,107.	
2	Cost of goods sold (Schedule A, line 7) .....	2	871.	
3	Gross profit. Subtract line 2 from line 1c .....	3	1,236.	
4a	Capital gain net income (attach Schedule D) .....	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) .....	4b		
c	Capital loss deduction for trusts .....	4c		
5	Income (loss) from a partnership or an S corporation (attach statement) .....	5		
6	Rent income (Schedule C) .....	6		
7	Unrelated debt-financed income (Schedule E) .....	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F) .....	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) .....	9		
10	Exploited exempt activity income (Schedule I) .....	10		
11	Advertising income (Schedule J) .....	11		
12	Other income (See instructions; attach schedule) .....	12		
13	Total. Combine lines 3 through 12 .....	13	1,236.	1,236.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K) .....		14	
15	Salaries and wages .....		15	
16	Repairs and maintenance .....		16	
17	Bad debts .....		17	
18	Interest (attach schedule) (see instructions) .....		18	
19	Taxes and licenses .....		19	
20	Charitable contributions (See instructions for limitation rules) .....		20	
21	Depreciation (attach Form 4562) .....	21		
22	Less depreciation claimed on Schedule A and elsewhere on return .....	22a	22b	
23	Depletion .....		23	
24	Contributions to deferred compensation plans .....		24	
25	Employee benefit programs .....		25	
26	Excess exempt expenses (Schedule I) .....		26	
27	Excess readership costs (Schedule J) .....		27	
28	Other deductions (attach schedule) .....		28	
29	Total deductions. Add lines 14 through 28 .....		29	1,523.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 .....		30	-287.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) .....		31	
32	Unrelated business taxable income. Subtract line 31 from line 30 .....		32	-287.



**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-287.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	-287.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	-287.

**Part IV Tax Computation**

39	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	39	0.
40	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	<b>Proxy tax.</b> See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	<b>Tax on Noncompliant Facility Income.</b> See instructions	43	
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	<b>Total credits.</b> Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	189.
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	<b>Total payments.</b> Add lines 50a through 50g	51	189.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	189.
55	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> 189.   <b>Refunded</b>	55	0.

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT & CEO**

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: **PAUL DUNHAM** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: **P00100222**

Firm's name: **CBIZ MHM, LLC** Firm's EIN: **27-3605969**

Firm's address: **13577 FEATHER SOUND DR., SUITE 400 CLEARWATER, FL 33762-5539** Phone no. **727-572-1400**